

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 4 February 2019
at 9.30am in the Boardroom, Leighton Hospital, Crewe

<p>Present</p> <table> <tr> <td>Mr D Dunn</td><td>Chairman</td></tr> <tr> <td>Mr J Church</td><td>Deputy Chair</td></tr> <tr> <td>Mrs H Barnett</td><td>Director of Workforce and OD</td></tr> <tr> <td>Mrs T Bullock</td><td>Chief Executive</td></tr> <tr> <td>Mr T Brocklebank</td><td>Non-Executive Director</td></tr> <tr> <td>Ms L Butcher</td><td>Non-Executive Director</td></tr> <tr> <td>Dr P Dodds</td><td>Medical Director and Deputy Chief Executive</td></tr> <tr> <td>Mr M Oldham</td><td>Director of Finance & Strategic Planning</td></tr> <tr> <td>Mr C Oliver</td><td>Chief Operating Officer</td></tr> <tr> <td>Mr L Philpott</td><td>Non-Executive Director</td></tr> <tr> <td>Mrs J Tunney</td><td>Director of Nursing and Quality</td></tr> </table> <p>Apologies</p> <table> <tr> <td>Mr M Davis</td><td>Non-Executive Director</td></tr> <tr> <td>Ms L Massey</td><td>Non-Executive Director</td></tr> <tr> <td>Dr K Birch</td><td>Lead Governor</td></tr> <tr> <td>Mrs D Frodsham</td><td>Director of Strategic Partnerships</td></tr> </table> <p>In attendance</p> <table> <tr> <td>Mrs K Dowson</td><td>Trust Board Secretary</td></tr> <tr> <td>Mrs P Pordes</td><td>Quality Matron (<i>to item 19/02/02 only</i>)</td></tr> </table> <p>Observing</p> <table> <tr> <td>Mrs B Beadle</td><td>Public Governor (Crewe & Nantwich)</td></tr> <tr> <td>Mrs J Ollier</td><td>Public Governor (Congleton)</td></tr> <tr> <td>Mrs P Psaila</td><td>Public Governor (Patients & Carers)</td></tr> <tr> <td>Mr R Stafford</td><td>Public Governor (Patients & Carers)</td></tr> <tr> <td>Mr S Topping</td><td>Nantwich Guardian</td></tr> <tr> <td>Mr J Forrester</td><td>Communications Manager</td></tr> <tr> <td>Mr R Lee</td><td>Communications Officer</td></tr> </table>		Mr D Dunn	Chairman	Mr J Church	Deputy Chair	Mrs H Barnett	Director of Workforce and OD	Mrs T Bullock	Chief Executive	Mr T Brocklebank	Non-Executive Director	Ms L Butcher	Non-Executive Director	Dr P Dodds	Medical Director and Deputy Chief Executive	Mr M Oldham	Director of Finance & Strategic Planning	Mr C Oliver	Chief Operating Officer	Mr L Philpott	Non-Executive Director	Mrs J Tunney	Director of Nursing and Quality	Mr M Davis	Non-Executive Director	Ms L Massey	Non-Executive Director	Dr K Birch	Lead Governor	Mrs D Frodsham	Director of Strategic Partnerships	Mrs K Dowson	Trust Board Secretary	Mrs P Pordes	Quality Matron (<i>to item 19/02/02 only</i>)	Mrs B Beadle	Public Governor (Crewe & Nantwich)	Mrs J Ollier	Public Governor (Congleton)	Mrs P Psaila	Public Governor (Patients & Carers)	Mr R Stafford	Public Governor (Patients & Carers)	Mr S Topping	Nantwich Guardian	Mr J Forrester	Communications Manager	Mr R Lee	Communications Officer
Mr D Dunn	Chairman																																																
Mr J Church	Deputy Chair																																																
Mrs H Barnett	Director of Workforce and OD																																																
Mrs T Bullock	Chief Executive																																																
Mr T Brocklebank	Non-Executive Director																																																
Ms L Butcher	Non-Executive Director																																																
Dr P Dodds	Medical Director and Deputy Chief Executive																																																
Mr M Oldham	Director of Finance & Strategic Planning																																																
Mr C Oliver	Chief Operating Officer																																																
Mr L Philpott	Non-Executive Director																																																
Mrs J Tunney	Director of Nursing and Quality																																																
Mr M Davis	Non-Executive Director																																																
Ms L Massey	Non-Executive Director																																																
Dr K Birch	Lead Governor																																																
Mrs D Frodsham	Director of Strategic Partnerships																																																
Mrs K Dowson	Trust Board Secretary																																																
Mrs P Pordes	Quality Matron (<i>to item 19/02/02 only</i>)																																																
Mrs B Beadle	Public Governor (Crewe & Nantwich)																																																
Mrs J Ollier	Public Governor (Congleton)																																																
Mrs P Psaila	Public Governor (Patients & Carers)																																																
Mr R Stafford	Public Governor (Patients & Carers)																																																
Mr S Topping	Nantwich Guardian																																																
Mr J Forrester	Communications Manager																																																
Mr R Lee	Communications Officer																																																
<p>BoD19/02/1 19/02/1.1</p> <p>19/02/1.2</p>	<p>Welcome, Introduction and Apologies</p> <p>The Chairman welcomed all those present to the meeting, reminding observers that he and the Chief Executive would be available at the end of the meeting to answer any questions.</p> <p>The Chairman particularly welcomed the two new Non-Executive Directors, Mr Les Philpott and Mr Trevor Brocklebank and welcomed them to their first meeting of the Board of Directors.</p>																																																
<p>BoD19/02/2 19/02/2.1</p>	<p>Patient Story</p> <p>Mrs Tunney introduced the patient story which described the impact of the new phlebotomy service for patients with learning disabilities, noting that the clinic has an 80% success rate. The Chairman asked what triggers a referral to this service, Mrs Pordes replied that patients are referred by their GP or the learning disabilities community team if the mainstream service is not working for them. The service was set up when it became apparent that some adult patients with learning disabilities were still attending children's outpatients because they felt more supported. To ensure patient dignity it was apparent that there was a need for a similar level of support for adult.</p>																																																

19/02/2.2	Mrs Pordes explained how the clinic runs and that the clinic facilities had been funded by charity money. If the clinic team are unable to take the blood then a home visit is arranged which is almost always successful. Ms Butcher welcomed the service, noting that the health outcomes for those with learning disabilities is worse than for the general population. Ms Butcher asked how many patients are seen each time. Mrs Pordes replied that it is growing, from four per quarter to five to six each clinic. The Chairman asked if the demand will grow as awareness grows. Ms Butcher commented that this is a question for commissioners and there will potentially be a need to consider if it is recognised as a positive health intervention.
19/02/2.3	<p>Mrs Bullock commented that she is very proud of this service as it has made such a significant difference to a small group of patients with a relatively small investment from charities and the feedback from carers has been so positive. Mrs Barnett asked if this is a service that other Trusts run. Mrs Pordes replied that there are a few similar services but the Trust is the only one that follows up with home visits where required and the service was recently shortlisted for an award.</p> <p>Resolved: The Board noted the patient story presented and thanked Mrs Pordes and her team for the service provided to their patients.</p>
BoD19/02/3 19/02/3.1 19/02/3.2	<p>Board Members' Interests</p> <p>Ms Butcher advised that her consultancy work with the Trafford health and care economy has now ended. The Chairman noted that the Board register of interests should be updated.</p> <p>There were no interests declared in relation to open items on the agenda. Mrs Bullock noted that the request to use the Trust seal for a lease with University Hospitals of North Midlands NHS Trust (UHNM) was not a conflict for her as it related to the use of the Trust Seal not the agreement for the lease.</p> <p>Resolved: The Board noted the change in interests.</p>
BoD19/02/4 BoD19/02/4.1 19/02/4.1.1	<p>Minutes of the Previous Meeting Board of Directors meeting held on 7 January 2019</p> <p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> • 19/01/7.2 It was clarified that the acronym CCG referred to both local Clinical Commissioning Groups • 19/01/10.1.11 Dr Dodds noted that the NHS Choice rating should be recorded as 4.5 stars rather than 'good' • 19/01/12.1.1 Mr Oliver advised that the second sentence should read 'the trajectory <i>agreed with</i>' rather than 'set by NHSI'. The end of the sentence should be 'higher than <i>October</i>' rather than November. Mr Oliver advised that the following sentence should read. 'this was a similar <i>performance</i>' rather than level • 19/01/12.1.4 Mr Oliver asked that 'as well as vacancies and sickness cover' should be replaced with 'due to escalation beds' • 19/01/12.2.2. Mr Oliver advised that 'Five' at the start of the third sentence should be removed • 19/01/14.6.6 Ms Butcher asked that the last sentence is changed to read 'Ms Butcher commented that this is a huge amount of change for staff and the volume of change needs to be assessed'. <p>Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 7 January 2019.</p>

BoD19/02/5 19/02/5.1	Matters Arising and Action Log The Chairman noted that there was one action on the Board action log Resolved: Actions to be closed as complete.
BoD19/02/6	Annual Work Programme The Chairman explained that the workplan attached had not changed since the last meeting. Resolved: The Board noted version 2 of the Board Work Programme 2018/19.
BoD19/02/7	Chairman's Announcements The Chairman reported on the following items.
BoD19/02/7.1 19/02/7.1	Annual Board Committee Meetings The Chairman reported that the schedule of annual committee meeting reviews is almost complete, with just Transformation and People (TAP) Committee to take place this week. The Chairman confirmed that following this any generic issues will be identified and discussed at the next Board Away Day.
19/02/7.2	The Chairman noted that he intends to confirm membership for each committee for the next year soon, incorporating the two new Non-Executive Directors (NEDs) into committee roles.
BoD19/02/7.2	Chief Executive Recruitment The Chairman reported that there is a good level of interest and potential applicants have been meeting with Mrs Bullock and himself. The closing date is the 15 February and interviews will take place on 28/29 March. A definitive schedule for the interview dates has now been circulated and should be noted. Prior to this Gatenby Sanderson will be conducting preliminary interviews and psychometric testing post-shortlisting stage.
BoD19/02/7.3	Meeting with East Cheshire Trust The Chairman informed the Board that Mrs Bullock and he met had with their counterparts at East Cheshire NHS Trust (ECT). Items for discussion had included the Cheshire East Partnership (CEP), the Health & Care Partnership (H&CP) Acute Sustainability Board post meeting briefing on ECT and Southport & Ormskirk Hospital NHS Trust and the forthcoming Board to Board planned for 18 April. Mr Church asked if the Board had all seen the H&CP Acute Sustainability Board post meeting briefing. ACTION: H&CP Acute Sustainability Board post meeting briefing on acute Trusts to be circulated.
BoD19/02/7.4	CCICP Partnership Showcase Event The Chairman noted an additional item which is an invitation to the Board for a showcase event for the Central Cheshire Integrated Care Partnership (CCICP) Board. This will be an opportunity for key stakeholders to meet with CCICP to see its progress and plans.
BoD19/02/8 BoD19/02/8.1 19/02/8.1.1	Governors Items Council of Governors – 24 January 2019 The Chairman reported the Council of Governors met recently for a well-attended and useful meeting. The Council approved the appointment of Mr Philpott and Mr Brocklebank as Non-Executive Directors (NEDs) and a good presentation was received from the Director Operations on Access and Flow transformation projects. Thanks were given to the retiring NEDs and to Mrs Bullock for her leadership.

	Resolved: The Chairman's items were noted.
BoD19/02/9 BoD19/02/9.1	Chief Executives Report System Update
19/02/9.1.2	Mrs Bullock reported that the scope for the pre-consultation business case which is the next step of the CEP strategy is now being developed by a small core of Cheshire East partners. The next step will be to agree who will support the substantial costs of the next phase. An application has been made for funding from the Cheshire & Merseyside Health & Care Partnership (H&CP) to fund this work. The H&CP has already committed money to CEP to carry on the transformation work that has already started, for example the clinical leadership for the care communities and collaborative work with ECT.
19/02/9.1.2	The Chairman asked if NHS Improvement (NHSI) are satisfied with progress on CEP planning. Mrs Bullock replied that NHSI are pleased that the approach is an integrated one including community services and mental health. However, it is important that the CEP assess the NHS long term plan and ensure that the it aligns with the CEP strategy.
19/02/9.1.3	Mrs Bullock advised that an independent chair, Mr Steven Michael has been appointed to the CEP Board. Mr Church observed that he had been on the interview panel and Mr Michael has a strong public sector background. Mrs Bullock reminded the Board that she is the Executive lead for CEP until 31 March. Two candidates have now expressed their interest in taking on this role and an interview process will take place in the coming weeks to ensure there is someone in place before Mrs Bullock leaves.
BoD19/02/9.2 19/02/9.2.1	Executive to Executive Meeting with ECT Mrs Bullock noted that the high level services line reviews are complete and the next meeting will be a confirm and challenge session for all services and decisions. The aim will be to inject some pace and progress into this process. This is also likely to be a topic for the Board to Board meeting. Ms Butcher asked what the timetable and plan is for the reviews and Mrs Bullock explained that these are high level reviews and where there is agreement for collaboration further detailed plans will then be developed. Where there is not agreement a process of challenge will take place.
19/02/9.2.2	The Chairman commented that keeping the momentum going was key as the public voice has not yet been heard. Mrs Bullock agreed that producing a pre-consultation business case (PCBC) which will provide more granular details is key to enable public and stakeholder engagement to begin.
BoD19/02/9.3 19/02/9.3.1	Executive Away Day Mrs Bullock advised that the Executive had met for one of their regular away days. This one focused more on development with a guest speaker who was the Director of Integration at Royal Wolverhampton NHS Foundation Trust (RW). Mrs Bullock reported that this was an interesting discussion on collaborating more closely with primary care and the different models that may include. A further discussion at a Board Away Day would be useful to get into some of the detail. Mrs Bullock explained that RW now sell a completed package of legal documents to set up a similar system to theirs and provides a number of days of support and advice.
19/02/9.3.2	Mrs Bullock advised that Hill Dickinson presented a session on the various options for provider models and formal agreements for Integrated Care Partnerships (ICPs). The Executives also met with the Medicine and Emergency Care Division (M&EC), key challenges for this division are workforce, 4-hour transit time performance, 7 day services and finance.

BoD19/02/9.4 19/02/9.4.1	NHSI Performance Review Meeting Mrs Bullock reported that the Trust met recently with representatives of NHS Improvement for a regular quarterly review meeting. Discussion items included quality, workforce, 7 day services, serious incidents and performance. There was a focus on the 4-hourly transit time target, waiting lists and referral to treatment (RTT) target. A detailed discussion was had on the 2018/19 financial year end position and the contract discussions for 2019/20. Mrs Bullock noted that NHSI are minded to maintain the Trust in segment two for the Single Oversight Framework.
BoD19/02/9.5 19/02/9.5.1	NHS Long Term Plan Mrs Bullock announced that the much anticipated NHS Long Term Plan was recently published and copies and summaries have been circulated to the Board. Mrs Bullock advised that Mr Oliver, with Divisional General Managers is going to review the plan against the Trust's strategy and complete a gap analysis which will be discussed at a future Board Away Day. Resolved: The updates from the Chief Executive were noted.
BoD19/02/10 BoD19/02/10.1 19/02/10.1.1 19/02/10.1.2 19/02/10.1.3 19/02/10.1.3 19/02/10.1.4	CARING Quality, Safety and Experience Report Mrs Tunney presented the report based on data from December 2018. Mrs Tunney advised that the report is presented based on exceptions to expected performance. Mrs Tunney reported on hospital acquired pressure ulcers (PU) which while slightly up only one of these was deemed avoidable. The number of avoidable PUs continues to improve following the focused work including the new divisional panels which are now embedded. Ms Butcher commented on the positive progress made in this area. Mrs Tunney advised of the number of in-patient falls which have risen slightly. 98% resulted in low or no harm and 2% were classed as moderate harm although 1 more has since been downgraded to low as there was no patient harm. Every fall is reviewed to understand the causes. The Chairman asked if there was any particular ward identified. Mrs Tunney replied that it was across all areas and no obvious themes have been identified. Mrs Tunney reminded the Board that at the last meeting she had advised of the findings of the deep dive into medication incidents and that these would be monitored closely going forward. This month all incidents were low harm and no particular areas or themes have been identified. Mr Church noted that the trend for medication incidents is going in the wrong direction at the moment and maybe the target needs to be reconsidered. Mrs Tunney agreed that the direction is wrong and all targets will be assessed at the end of the year as the focus needs to be on the right outcomes. In response to a question from Mr Philpott, Mrs Tunney advised how the classification between low, moderate or serious harm is scored. Mrs Tunney reported that community acquired PUs have increased by 15 to 69 in month but there has been very good progress in avoidability with none recorded in December. A similar number of medication errors occurred in December which were a mixture of administration, prescription and omission error. Mrs Bullock asked who sets these targets and Mrs Tunney replied that they are set locally and are stretch targets based on national guidance. Mrs Tunney noted that the Trust has had no MRSA cases confirmed this year until January which is the first in twelve months and this will be reported at the next Board. There were three e-coli cases in December and this target remains behind the trajectory which is a stretch target for the Trust. NHSI have written to the Trust to note the improvement.

19/02/10.1.5	Mrs Tunney advised that the harm free care national point prevalence audit is 97% which is not an exception and no areas are over three incidents which would trigger a deep dive.
19/02/10.1.6	Mrs Tunney reported that the registered nurse requirement fill rate of 85% was under in four areas in December but at no time were any of these areas unsafe. Ward 9 staffing adapts to the numbers of beds open as this is an elective ward. Ward 21B utilised other staff members including Healthcare Assistants (HCA), Matrons and Ward Managers in response. Ward 6 had additional HCAs at night. Ward 5 was under in both day and nights shift and recruiting to this speciality is challenging, the role has now been linked to rotational posts in critical care and another recruitment day is taking place on Saturday. The Chairman observed that this is a complex and dense grid, staff manage the workforce flexibly and monitor levels through the day to meet demand and ensure the right staff are in the right place at the right time. The assurance the Board should look to is whether the wards safe.
19/02/10.1.7	Mrs Bullock asked why vacancies continue to rise when turnover remains steady, the Trust has a lot of successful recruitment events and asked if there a lag between recruiting and staff starting which is still identified as a vacancy. Mr Church noted that there is a paper coming to TAP this week which identifies the increasing number of vacancies year on year therefore a deep dive into this would be helpful. The Trust is under pressure because agency spend is increasing. Mrs Bullock acknowledged that the answers may come through TAP's work. The Chairman noted that the Trust does better than many others in terms of its recruitment. Mrs Tunney added that the Trust has just made offers of employment to twelve international nurses but it will take some time to get those nurses here and working.
19/02/10.1.8	Mrs Tunney presented the patient experience section of the report noting a small reduction in complaints and a lower number about communication. Mrs Tunney noted that following a question at the last Board more detail has been provided on Ombudsmen reviews. There has been a 50% reduction in referrals to the Ombudsman and none have been upheld in 2018-19. Mrs Tunney outlined the top trends for complaints noting that every closed complaint is reviewed for themes each month. Details of all closed complaints are in the paper and Mrs Tunney invited any further questions.
19/02/10.1.10	<p>Mrs Tunney advised that NHS Choices rating remains static at 4.5 stars for Leighton Hospital and 5 stars for Victoria Infirmary which is a good score. Mrs Tunney noted that Friends & Family (F&F) remains low for outpatients but this should improve with the switch to text messaging in February, following the resolution of technical issues. Maternity has dipped to a 13% response, this is a challenging area as women are asked four times through their pregnancy and post-delivery when it can be particularly difficult to get women to respond after having their baby. The ratings for F&F remain in the high 90%'s for most departments with the Emergency Department at 87% which has been a steady improvement over the last six months. Compliments also remain high with December traditionally seeing a peak at over 500 in the month.</p> <p>Resolved: The assurance provided in the Quality, Safety and Experience report was noted.</p>
BoD19/02/11 BoD19/02/11.1 19/02/11.1.1	<p>SAFE</p> <p>Draft Quality Governance Committee (QGC) – 14 January 2019</p> <p>Dr Dodds presented the minutes of the most recent meeting due to the absence of Ms Massey. Dr Dodds noted that there were five items for verbal escalation to the Board. These were:</p>

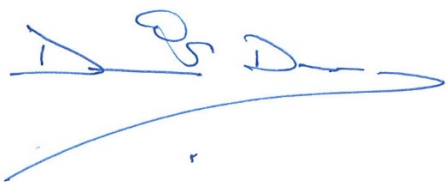
19/02/11.1.2	<ul style="list-style-type: none"> • Getting it Right First Time (GIRFT) Urology improvement plan received which was primarily based around the business case presented in January to Board • National Hip Fracture Database presentation received showing where the Trust is performing well and where there are opportunities for improvement some of which are historical and long standing • Well Led Development review improvement plan which will be discussed in more detail at the February Board Away Day • Well Led Development Review improvement plan was closed, a new plan will be agreed following the Board Away Day • Improving Quality Together Programme to be discussed at the April Board Away Day <p>The Chairman commented that it was good to hear the number of colleagues coming to present to QGC which is an opportunity for them as well as being helpful for QGC.</p> <p>Resolved: The Board noted the items escalated by QGC.</p>
BoD19/02/11.2 19/02/11.2.1 19/02/11.2.2	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p> <p>Dr Dodds advised that there was one SUI to report which was an in-patient fall resulting in a fractured neck of femur. A Root Cause Analysis (RCA) will take place in due course. Dr Dodds noted that when the National Hip fracture Database was presented at QGC Mr Duckett noted that the Trust has relatively low rates compared to national figures.</p> <p>Dr Dodds advised that there were no RIDDOR reportable events.</p> <p>Resolved: The Board noted the report of SUIs and RIDDOR events.</p>
BoD19/02/12 BoD19/02/12.1 19/02/12.1.1 19/02/12.1.2 19/02/12.1.3	<p>RESPONSIVE Performance Report</p> <p>Mr Oldham presented the performance report which uses data from December 2018, three of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in December. The 4-hour transit time achieved 83.56% which is 10% higher than December 2017 and remains above average compared to regional Trusts. As indicated to the Board in January the 62-day cancer screening target was 81.80% against a target of 90% but the quarterly target was still met. Mr Oldham explained that the 62-day target was missed due to patient choice over the Christmas period, however the quarterly target has been met.</p> <p>Mr Oldham noted that the RTT was just met in December, but this remains a significant risk over winter if elective work has to be postponed. The Trust remains the second best performer out of seven in the region who submitted data for RTT performance. Mr Oldham reported that Delayed Transfers of Care (DToC) remain well within target following a spike in October while Cheshire East council retendered its domiciliary care services. Ms Butcher commented that the Trust has a consistently strong performance for DToC. Mrs Bullock noted that DToC should not be the only measure as there remain other stranded patients that do not meet the national DToC sitrep definitions and further work is required to ensure that they are supported to leave hospital when their condition is optimised and that all medically optimised. Mrs Bullock assured Board that these patients are identified and the number can be considerably more than the reportable DToC. Some of this work was described by the Director of Operations at the recent Council of Governors.</p> <p>Mr Oldham presented the secondary drivers for performance including medical outliers and bed occupancy which remain high. Ms Butcher noted that the number of ambulance arrivals was remaining steady which was helpful, Mr Oliver replied that last December was particularly high and rates are now back closer to expected. Mrs</p>

19/02/12.1.4	<p>Bullock added that North West Ambulance Services are also working hard on schemes to treat patients at home and not always convey to hospital.</p> <p>Mr Oldham presented planned care noting that activity remains above the national target. The target to not increase waiting list numbers between 31 March 2018 and 31 March 2019 still requires work as it is currently over this target. Mrs Bullock reminded the Board that last summer the Trust was the highest performer nationally for RTT and were instructed by regulators to bring the performance down and therefore the waiting list grew. Since then regulators have given more focus to the size of the waiting list which is frustrating. Mrs Bullock noted that GP referrals are also up. The Chairman commented that this is counterintuitive for a Trust that aspires to excellence.</p>
19/02/12.1.5	<p>Finance</p> <p>Mr Oldham reported that the Trust has a deficit of £1.8M to date which is £2.2M worse than the planned surplus of £0.4M. The end of year forecast position still includes the £3.9M due to the Trust through the Memorandum of Understanding (MoU) with the Clinical Commissioning Groups (CCG). Regulators have since recommended a settlement which is about affordability for both sides. The proposal is that the CCG pay the Trust £4.5M of the current forecast end of year £9M gap, therefore the Trust is likely to be about £4.5M off plan but NHSI have stated that this is within the expectation of an acceptable outcome.</p>
19/02/12.1.6	<p>Mr Oldham explained that the Trust will not receive the Provider Sustainability Fund (PSF) for quarter four for meeting its Control Total or for the 4-hourly transit time target. However, any Trust that accepted the original Control Total can expect some national money at the end of the year which will be calculated using a formula that is not yet known. The cash impact of the settlement with the CCG is approximately £6M but if money is received through the redistribution of PSF then this position should be improved and will be manageable into 2019/20. Mr Oldham was pleased to note that positive relationships with the CCG have been maintained throughout discussions.</p>
19/02/12.1.7	<p>Mr Church clarified that the Trust is now forecasting an end of year deficit of £4.5M compared to the Control Total. Mr Oldham agreed that this was the difference from plan, the final end of year figure is expected to be around £7.7M deficit but with an expectation of some additional money from the year end PSF still to be received. Mr Oldham noted that the system of PSF will be changing after this year. Mr Ian Dalton, Chief Executive of NHSI has stated that the end of year distribution is not helpful.</p>
19/02/12.1.8	<p>Mr Oldham reported that there were no exceptional movements in the figures up to December 2018. Agency over spend, medical and nursing pay is continuing to cause pressure on the budget. This is due to a number of factors including use of high cost agencies, vacancies, sickness and escalation beds being open. Gaps in Radiology and Pathology continue to require outsourcing for reporting. There are also some carbon reduction pressures. Mr Oldham noted that CCICP are underspent by £0.5M and are therefore offsetting the acute contract which is not sustainable going forward. Partners understand that despite this no spend on CCICP is being held back.</p>
19/02/12.1.9	<p>Mr Oldham described progress on the Cost Improvement Programmes (CIP) which are challenging as the extra activity and staffing challenges are impacting the ability of teams to deliver these. The Capped Expenditure Programme legacy scheme is also challenged due to similar reasons. The two schemes will be combined next year as a CIP.</p>
19/02/12.1.10	<p>Mr Oldham advised that there has been £10.7M spent against the £18M capital budget. There is some slippage due to the delays of decisions on borrowings applied for from central government. Some of these investments are mission critical for the</p>

<p>19/02/13.4.2</p> <p>19/02/13.4.3</p>	<p>consuming although are necessary to ensure data is accurate. Mrs Barnett also advised of national changes to ESR which have compounded the situation</p> <p>Mrs Barnett outlined the planned approach which involves three main aspects, putting the data right, creating resilience in the team and providing better business intelligence. Currently workforce sickness levels are understood at Trust and divisional level but data is more unreliable at ward or department level. Following the proposed work turnover rates may be lower and appraisal data should be unchanged as it is fairly accurate. Mrs Barnett noted that the reliability of mandatory training compliance data is more of a concern. It is in ESR but it is difficult to extract it and manipulate and if the compliance is not presented to divisions accurately and quickly, rates can deteriorate very quickly. Again this requiring manual input to ensure as accurate as possible.</p> <p>Mr Church commented that TAP is very supportive of the proposed direction of travel and recognises the challenges with the data and the plan to put it right. The ability to dive deeper and find causative effects of statistics at Trust level will be of great benefit. The Chairman asked whether there is sufficient emphasis on the quality of data input and Mrs Barnett confirmed this. The Chairman confirmed with Mrs Barnett that TAP have formally agreed option 3 as the approach to take. Mrs Barnett added that it will take 12 months to complete and is within the funding budgets of the department. Mrs Barnett noted that she will flag any issues with TAP and escalate any associate risks.</p> <p>Resolved: The Board noted the direction of travel set out in the paper.</p>
<p>BoD19/02/13.4 19/02/13.5.1</p>	<p>Gender Pay Gap Report</p> <p>Mrs Barnett asked the Board to note the report on the Trust's Gender Pay Gap for 2018 which is the second report to be produced and shows a small improvement from 2017. Mrs Barnett reminded the Board that this is not about equal pay for the same role but the cultural impact of job choices. Mrs Barnett recognised that the Trust knows why there is gap, the majority of higher banded roles such as consultants are male and the majority of band 4-5 roles are female in nursing or administrative roles. The wider debate is about how society encourages people into their roles and careers. Mrs Barnett confirmed that the report will be uploaded to the Trust website and to the Equality Commission website.</p> <p>Resolved: The Board noted the Gender Pay Gap Report.</p>
<p>BoD19/02/13.5</p>	<p>Trust Seal</p> <p>Mrs Bullock asked the Board to approve the use of the Trust Seal for a lease agreement between the Trust and University Hospitals of North Midlands NHS Trust (UHNM). Mrs Bullock confirmed that there was no conflict of interest for her in her new role as Chief Executive of UHNM as the Board decision was to use the Trust Seal not to agree the lease.</p> <p>Resolved: The Trust Seal to be used for the agreed lease.</p>
<p>BoD19/02/14 BoD19/02/14.1 19/02/14.1.1</p>	<p>EFFECTIVE Workforce Report</p> <p>Mrs Barnett presented the Workforce Report using data from December 2018. Sickness rates continue to deteriorate in month to over 5% from a steady 4.5% for some time. Mrs Barnett reflected that talking to staff it does feel that sickness is higher and more people are ill. Mrs Barnett advised the Board that bespoke sickness focus groups have been set up, along with training and a new policy which has just been approved. The Chairman asked if the Trust is an outlier and Mrs Barnett replied that she will need to check the peer data again.</p>

19/01/14.1.2	<p>Mrs Barnett reported that appraisal rates have reduced again, it has slipped steadily across the year and needs refocus away from an annual formal conversation to more everyday conversations. Mrs Barnett advised that there is no mandatory training figure this month due to changes to the ESR database. BIU have a workaround in place and will be able to produce the data next month. Mrs Barnett noted that turnover remains reasonable, at 10% compared to 18% across the region. Mr Church observed that the Trust may therefore need to consider its target as it is flagging as red. Mrs Barnett noted the agency spend figures as discussed earlier in the meeting.</p> <p>Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.</p>
BoD19/02/14.2 19/02/14.3.1 19/02/14.3.2	<p>Transformation and People Committee (TAP) notes</p> <p>Mr Church presented the notes of the meeting of TAP from 10 January, noting that the Gender Pay Gap paper and the Workforce Data Quality report were on the agenda. Mr Church explained that there were also four items for verbal escalation:</p> <ul style="list-style-type: none"> • Agency spend, an update on this has been requested for the February TAP meeting • Presentation on the cancer services agenda received • Schedule for reporting on the three transformation projects reviewed • Terms of reference reviewed in regard to quoracy <p>Mr Church noted that TAP had agreed the first three 90 day transformation projects as part of the refocused approach. Mr Church advised that some changes to the terms of reference have been made and are coming back for ratification on Thursday. Vacancies and recruitment and temporary staffing will also be covered The Chairman added that as the TAP annual review is on Thursday further changes for the terms of reference may need to be considered.</p> <p>Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.</p>
BoD19/02/14.3 19/02/14.3.1	<p>Consultant Appointments</p> <p>Dr Dodds advised that no new consultant appointments have been made; unfortunately the candidate for the Paediatric Diabetologist post had withdrawn the afternoon before due to personal circumstances.</p>
BoD19/01/15	<p>Any Other Business</p> <p>There were no further items of business.</p>
BoD19/01/16	<p>Time, Date and Place of the next meeting</p> <p>Board of Directors Meeting to be held in Public on Monday 4 March 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.</p>
The meeting closed at 11:41 am hours.	

Signed



Chairman

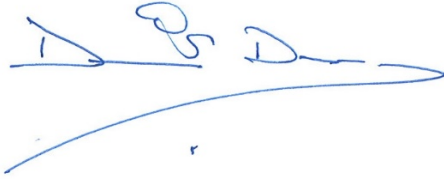
Date 14 March 2019

Minutes of Board Meeting held in 'Private'
Monday 4 February 2019
In the Boardroom, Leighton Hospital, Crewe

<p>Present Mr D Dunn Mrs H Barnett Mr T Brocklebank Mrs T Bullock Ms L Butcher Mr J Church Dr P Dodds Mr Oldham Mr C Oliver Mr L Philpott Mrs J Tunney</p> <p>In Attendance Mrs K Dowson</p> <p>Apologies Mr M Davis Mrs D Frodsham Ms L Massey Dr K Birch</p>	<p>Chairman Director of Workforce and OD Non-Executive Day Chief Executive Non-Executive Director Deputy Chair Medical Director and Deputy Chief Executive Director of Finance & Strategic Planning Chief Operating Officer Non-Executive Director Director of Nursing and Quality</p> <p>Trust Board Secretary</p> <p>Non-Executive Director Director of Strategic Partnerships Non-Executive Director Lead Governor</p>
<p>BoD2/19/02/1</p>	<p>Welcome and Apologies</p> <p>The Chairman welcomed Board members to the private section of the meeting and noted the apologies given.</p>
<p>BoD2/19/02/2</p> <p>2/19/02/2.1</p>	<p>Board Members Interests</p> <p>There were no interests declared in relation to open items on the agenda.</p>
<p>BoD2/19/02/3</p> <p>2/19/02/3.1</p>	<p>Minutes of the Previous Meeting</p> <p>Ms Butcher noted that Mr Davis was listed twice in the attendance list and Mrs Davis, Deputy Director of Finance who was deputising for Mr Oldham was not listed.</p> <p>Resolved: Subject to the amendments to attendance, the minutes were agreed as a true and accurate record of the meeting held in private on 7 January 2019.</p>
<p>BoD2/19/02/4</p> <p>2/19/02/4.1</p> <p>2/19/02/4.2</p>	<p>Matters Arising and Actions from Previous Meeting</p> <p>There were no matters arising in addition to those included on the agenda.</p> <p>It was noted that there were no outstanding actions to be reviewed.</p>
<p>BoD2/19/02/5</p> <p>2/19/02/5.1</p>	<p>Effective Medical Staffing Update</p> <p>Paragraph removed under Section 40 of the Freedom of Information Act.</p>

	Resolved: The Medical staffing update was noted.
BoD2/12/12/6 BoD2/12/12/6.1 BoD2/12/12/6.2 2/19/02/6.2.1 2/19/02/6.2.2	Well Led System Update Paragraph removed under Section 36 of the Freedom of Information Act. Executive Away Day Mrs Bullock added that the Wolverhampton model presented to the Executives is something that the Trust should consider going forward but needed to do so with caution as it could be viewed negatively by some partners and GPs. Any move in this direction would need to be led by GPs although the Trust, through its outward relationships could make it clear how they could support and be helpful to GPs. GP partnerships are increasingly unsustainable and a growing number are seeking salaried roles rather than partnerships. The advent of the Integrated Care Partnership (ICP) may well overtake any such model. The Chairman asked if the local Clinical Commissioning Groups (CCG) have made any study on the sustainability of the 31 local practices. Dr Dodds confirmed that three practices are single handed GP practices which are at higher risk. Mrs Bullock added that the CCG are aware of the patterns of retirement among the local GP workforce and which Practices are currently struggling in relation to workforce and growing lists etc. Mrs Bullock noted that the trajectory for many practices is towards a more supported environment.
BoD2/19/02/7 2/19/02/7.1 2/19/02/7.2	Any Other Business Item removed under Section 42 of the Freedom of Information Act. Item removed under Section 42 of the Freedom of Information Act.
BoD2/19/02/8	Review of the Board meeting Mr Church reviewed the meeting noting the interesting patient story and an overall agenda that was more operational than strategic. The workforce paper on workforce data was key and the importance of getting the right data and analysis. Part II was more strategic with a positive update on. Reference removed under Section 42 of the Freedom of Information Act. Mr Church concluded it was a positive meeting despite the challenges of the annual plan and end of year finances as a consequence of a softer end of year landing than originally feared. The Chairman agreed and thanked Mr Church for the review of a meeting with its emphasis on workforce and the direct financial impact of this on agency spend.
BoD2/19/01/9	Time, Date and Place of the next meeting The Board of Directors Meeting is to be held in Private on Monday 4 March 2019 following the Board meeting held in Public. The meeting closed at 12:21 pm

Signed

A handwritten signature in blue ink, appearing to be 'I. S. D.', written over a horizontal line. A long, sweeping underline extends from the end of the signature across the page.

Chairman

Date: 14 March 2019