

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 4 March 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>Mr M Davis</td><td>Non-Executive Director</td></tr> <tr> <td>Dr P Dodds</td><td>Medical Director and Deputy Chief Executive</td></tr> <tr> <td>Ms L Massey</td><td>Non-Executive Director</td></tr> <tr> <td>Mr M Oldham</td><td>Director of Finance and 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>		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	Mr M Davis	Non-Executive Director	Dr P Dodds	Medical Director and Deputy Chief Executive	Ms L Massey	Non-Executive Director	Mr M Oldham	Director of Finance and Strategic Planning	Mr C Oliver	Chief Operating Officer	Mr L Philpott	Non-Executive Director	Mrs J Tunney	Director of Nursing and Quality
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<p>In attendance</p> <table> <tr> <td>Mrs D Frodsham</td><td>Director of Strategic Partnerships</td></tr> <tr> <td>Dr K Birch</td><td>Lead Governor</td></tr> <tr> <td>Mrs K Dowson</td><td>Trust Board Secretary</td></tr> <tr> <td>Mrs K Williams</td><td>PIU Ward Manager (<i>item 19/03/2 only</i>)</td></tr> </table>		Mrs D Frodsham	Director of Strategic Partnerships	Dr K Birch	Lead Governor	Mrs K Dowson	Trust Board Secretary	Mrs K Williams	PIU Ward Manager (<i>item 19/03/2 only</i>)																		
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<p>Observing</p> <table> <tr> <td>Mrs B Beadle</td><td>Public Governor (Crewe & Nantwich)</td></tr> <tr> <td>Mrs J Roach</td><td>Public Governor (Crewe & Nantwich)</td></tr> <tr> <td>Mr M Long</td><td>Public Governor (Patients & Carers)</td></tr> <tr> <td>Mrs J Ollier</td><td>Public Governor (Congleton)</td></tr> <tr> <td>Mr J Pritchard</td><td>Public Governor (Patients & Carers)</td></tr> <tr> <td>Mr S Topping</td><td>Nantwich Guardian</td></tr> <tr> <td>Dr C Gillon</td><td>ST8 Paediatrics</td></tr> </table>		Mrs B Beadle	Public Governor (Crewe & Nantwich)	Mrs J Roach	Public Governor (Crewe & Nantwich)	Mr M Long	Public Governor (Patients & Carers)	Mrs J Ollier	Public Governor (Congleton)	Mr J Pritchard	Public Governor (Patients & Carers)	Mr S Topping	Nantwich Guardian	Dr C Gillon	ST8 Paediatrics												
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<p>BoD19/03/1 19/03/1.1</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>BoD19/03/2 19/03/2.1</p>	<p>Patient Story</p> <p>Mrs Tunney introduced the patient story which was from a patient who attends the Planned Intervention Unit (PIU) which provides treatment for patients who otherwise would need to be admitted to hospital. Mrs Tunney described the work of the PIU, noting some patients attend once and others for an extended length of time. The patient described the benefits of being treated by the same staff and building up a relationship with them, commenting that he is greeted like an old friend and the staff work hard to keep service pressures away from patients. Mr Philpott commented on how positive the comments are. Mrs Williams explained that there are ten chairs for treatment but that these can be filled up to three times each per day as treatment time varies.</p>																										
<p>19/03/2.2</p>	<p>Mr Church observed that he and Mrs Tunney have visited PIU as part of their Freedom to Speak up Guardian role and patients were very positive about the service. Mrs Bullock asked whether some of these patients have the potential to be treated at home. Mrs Williams replied that this is being considered as some of the injections may be</p>																										

19/03/2.3	<p>able to be undertaken by staff in the community. Mr Oliver explained that the case for creating a home IV service is in draft form and this could encompass other treatments as well. Mrs Frodsham noted that district nurses are being trained in anticipation as there are up to 80 patients in hospital on IV antibiotics at any time for up to three weeks but this case depends on agreed investment. Mrs Williams added that staff teach patients and carers how to administer their own IV antibiotics and they then come in for a weekly check up.</p> <p>The Chairman commented that he has often visited PIU and patients are generally very positive and the free patient Wi-Fi which has recently been rolled out will be of benefit to these patients. Mr Oliver noted that the recent move from the James Cross Unit to the Treatment Centre had been managed well by staff as there had been no disruption to service. An additional move to co-locate with the Surgical Ambulatory Care Unit is being planned, if investment to refurbish the old intensive care unit is agreed. The Chairman congratulated Mrs Williams and her team for maintaining a good level of service during the recent move and for creating such a pleasant and welcoming environment for patients which is so important for patients.</p> <p>Resolved: The Board noted the story presented and thanked Mrs Williams and her team for their hard work and commitment.</p>
<p>BoD19/03/3 19/03/3.1</p> <p>19/03/3.2</p>	<p>Board Members' Interests</p> <p>Mr Church advised that he has stepped down from his role as acting Chief Executive at Save the Family but remains as Chairman. There were no further declarations of changes in interests of Board Members.</p> <p>Mr Oldham advised that he has an interest in item 12.5 Workforce and OD structure as his wife is part of the HR team. There were no further interests declared in relation to open items on the agenda.</p>
<p>BoD19/03/4 BoD19/03/4.1</p> <p>19/03/4.1.1</p>	<p>Minutes of the Previous Meeting Board of Directors meeting held on 4 February 2019</p> <p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> • 19/02/7.2 Mrs Barnett noted that that last sentence should end 'psychometric testing post-shortlisting stage' not 'in advance of shortlisting' • 19/02/12.1.5 Mr Oldham corrected the figures in the last sentence of the paragraph to read '...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...' • 19/02/12.1.10 Mr Oldham advised the fourth sentence should read '<i>Slippage on the capital programme</i> is helping the cash position.' • 19/02/13.2 Mr Oldham proposed that the paragraph is changed to read 'Mr Oldham advised the Board that the Audit Committee <i>recommend to Board that they approve a segmental approach</i> for the accounts which needs to be declared for the end of the year'. Resolved: <i>The Board approved the recommendation of the Audit Committee.</i> <p>Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 4 February 2019.</p>
<p>BoD19/03/5 19/03/5.1</p>	<p>Matters Arising and Action Log</p> <p>The Chairman noted that there is one action on the Board action log 19/02/7.4 which has been completed.</p> <p>Resolved: Action to be closed as complete.</p>
<p>BoD19/03/6</p>	<p>Annual Work Programme</p> <p>The Chairman explained that the workplan attached is the new workplan for 2019/20</p>

	<p>and has been revised for the forthcoming year. Mrs Dowson explained that there were some minor adjustments in timing of regular reports and the inclusion of reports that are required to be reviewed by Board.</p> <p>Resolved: The Board approved version 1 of the Board Work Programme 2019/20.</p>
BoD19/03/7	<p>Chairman's Announcements The Chairman reported on the following items.</p>
BoD19/03/7.1	<p>Chief Executive Appointment The Chairman informed the Board that longlisting has now taken place for the CEO appointment and initial interviews have been conducted by Gatenby Sanderson. A good level of national and local interest has been received.</p>
BoD19/03/7.2	<p>Remuneration Committee (RemCo) – 22 February The Chairman reported that RemCo met to discuss one item which was the longlisting of CEO candidates. Five candidates were subsequently long-listed to the next stage. A further meeting of RemCo will take place this afternoon to determine the final shortlist ahead of interviews on 28/29 March. The Chairman noted that the process is on schedule and the candidates are of a good quality. Mrs Bullock added that she has met or talked to all of the candidates to support them to decide if this is the right role for them and it is likely that short-listed candidates will make further visits to meet with Executives over the coming weeks.</p>
BoD19/03/7.3 19/03/7.3.1	<p>Board Committee Membership The Chairman reminded the Board that he had written to the Board to confirm the proposed Board Committee membership following the annual review process and the appointment of two new Non-Executive Directors (NEDs).</p>
19/03/7.3.2	<p>The Chairman asked the Board to approve the new committee membership:</p> <ul style="list-style-type: none"> • Trustee Sub Committee (TSC) – Mr Church as Chair replacing Mr David Hopewell • Performance & Finance (PAF) – Mr Davis (Chair), Mr Philpott (Deputy Chair) • Transformation & People (TAP) – Ms Butcher (Chair), Mr Brocklebank (Deputy Chair) • Quality Governance Committee (QGC) – Ms Massey (Chair), Mr Brocklebank (Deputy Chair)
19/03/7.3.3	<p>The Chairman also reminded the Board that Mr Les Philpott was appointed as Audit Chair as previously reported to Board. Mr Davis was formally confirmed as Deputy Chair of Audit Committee at the Board Away Day on 25 February 2019.</p> <p>Resolved: The Board approved the new Board Committee Membership.</p>
BoD19/03/7.4	<p>Board Away Day – 25 February 2019 The Deputy Chair summarised the day as the Chairman had been absent. Mr Church noted that there had been an excellent presentation on cyber security and the Board's responsibilities for this and the need to be vigilant. There had also been a presentation on the external review of the Well Led Framework and this was relevant to discussions at Board Committee, for example in regard to workforce data. The Chairman noted that the Annual Board Committee reviews had been discussed at the Board Away Day and were now complete for the year.</p>
BoD19/03/7.5	<p>Health and Social Care Leader's Summit 2019 The Chairman reported he had attended this meeting which was focused on disseminating good research at national level. The focus at this meeting was on Hospital to home services and the significance of this if properly supported in reducing incidents of readmission. This includes good engagement with other agencies and working across multidisciplinary teams. The Chairman suggested that this would be a good discussion item at a future Board Away Day.</p>

BoD19/03/7.6	Meeting with East Cheshire Trust The Chairman advised the Board that he and Mrs Bullock had met with the Chair and Chief Executive of East Cheshire NHS Trust (ECT) for a positive meeting updating on relative positions and developments. The draft agenda for the planned Board to Board meeting in April was also agreed.
BoD19/03/8 BoD19/03/8.1 BoD19/03/8.2 BoD19/03/8.3	Governors Items Council of Governors – 24 January 2019 The Chairman noted that this meeting was reported to the Board in February. Chat with the Chairman – 21 February 2019 The Chairman reported that a number of Governors had attended this informal meeting and the main item for discussion had been the Chief Executive appointment, also discussed was the BMI South Cheshire Private Hospital (SCPH) and the Capped Expenditure Programme. Nominations & Remuneration (N&R) Committee Membership The Chairman advised the Mr Ben Selby has accepted a place on the N&R Committee. Resolved: The Chairman's items were noted.
BoD19/03/9 BoD19/03/9.1 19/03/9.1.1 19/03/9.1.2 19/03/9.1.3 19/03/9.1.4	Chief Executives Report System Update Mrs Bullock updated the Board on Cheshire East Place (CEP) noting Ms Jacki Wilkes has been appointed as Senior Responsible Officer (SRO) for the Integrated Care Partnership (ICP). Mrs Bullock reminded the Board that following her departure from the Trust in April she will also be vacating the Executive Lead role for CEP. Interviews are taking place this week for a replacement and two system leaders will be interviewed this week for the position. Mrs Bullock advised of the recent Exec to Exec meeting with East Cheshire NHS Hospital Trust (ECT) to discuss collaborative opportunities around clinical services and complete a confirm and challenge process. Mrs Frodsham is working with Kath Senior, Director of Nursing at ECT on joint governance arrangements and terms of reference between the two Trusts which will be presented for approval at the Board to Board in April. Mrs Bullock advised that there are early conversations to discuss the evolution of community services across CEP in the future and there will be a further discussion at the next Exec to Exec meeting to decide if this should be a Board to Board agenda item. Mrs Bullock added that the Trust remains frustrated by the pace of change and this needs to be debated further at the Board to Board. Items agreed for the Board to Board to date are collaborative opportunities for clinical services, Governance for joint working and Terms of Reference, the future of the collaboration and potentially the evolution of Community Services.
BoD19/03/9.2 19/03/9.2.1	Director of Finance and Strategic Planning Mrs Bullock advised that Mr Oldham has been appointed to the Chief Finance Officer post at University Hospitals of North Midlands NHS Trust (UHNM), no leaving date has yet been set as there are a number of outstanding pieces of work that Mr Oldham would like to conclude first such as the 2019/20 contract, the annual plan and budgets and the financial due diligence on the BMI transaction. Mrs Bullock advised that Dr Dodds and Mrs Barnett are leading on securing interim arrangements, pending a new Chief Executive (CEO) appointment. Mrs Bullock noted there may be an opportunity to look at closer collaboration with ECT but their preference is to wait until a new CEO appointment is made which is sensible. The Chairman congratulated Mr Oldham on behalf of the Board and expressed his confidence that an able and professional interim

19/03/9.2.2	<p>can be found until the new CEO is in post who will appoint to the substantive and potentially shared post.</p> <p>Finally, in respect of the Chief Executive appointment Mrs Bullock agreed with Mr Dunn's reflections and was delighted with the calibre of applicants, noting this is not always the case for such appointments nationally. Mrs Bullock noted her confidence in securing an excellent future CEO and how this reflects well on the Trust's reputation as being a stable and well performing.</p> <p>Resolved: The updates from the Chief Executive were noted.</p>
BoD19/03/10 BoD19/03/10.1 19/03/10.1.1	<p>CARING</p> <p>Quality, Safety and Experience Report</p> <p>Mrs Tunney presented the report based on data from January 2019, highlighting exceptions to expected performance against local and national targets. Mrs Tunney informed the Board that there had been one Serious Untoward Incident (SUI) not two as described in the report. There had been an inpatient fall on Ward 18 resulting in a fractured neck of femur. This is being reviewed through a Root Cause Analysis and any lessons learnt will be disseminated to staff.</p>
19/03/10.1.2	<p>Mrs Tunney reported that there were 15 hospital acquired Pressure Ulcers (PU) with only one classified as avoidable, this is a continued trend in the right direction in terms of avoidability. CCICP had one SUI in month which was a Grade 4 PU at Sandbach District Nursing, although the PU Panel is still establishing whether this was acquired in care or not. Otherwise, while CCICP have reported 73 PU in month, none of these were classified as avoidable which is excellent and this is the third month in a row.</p>
19/03/10.1.3	<p>Mrs Tunney advised that there were 90 inpatient falls in month which is a similar level to the previous month. Mrs Tunney noted the number of falls have been moving off trajectory and while this may partly be because it is a stretch target there has been a deep dive into Ward 1 and Ward 21b which was reviewed at Executive Quality Governance Group. Four themes have been identified which include length of stay and mealtime visits to the bathroom. The Trust is taking part in an innovative pilot developed regionally which focuses on 'safe journey to the bathroom' using steps on the floor with a safe pathway using handrails and other support.</p>
19/03/10.1.4	<p>Ms Massey asked if there is an inherent tension between getting people mobile and preventing PJ paralysis with the unintended consequences being an increase in the rate of falls. Mrs Tunney replied that some patients have a green ticket which allows them to mobilise by themselves in the day whilst noting there will always be a risk whilst promoting the independence of patients. Les Philpott asked for clarification if the data included multiple falls by one patient and Mrs Tunney confirmed it did. Patients that have had several falls will show as separate incidents.</p>
19/03/10.1.5	<p>Mrs Tunney was disappointed to report that there had been a further two MRSA Bacteraemia infections in February following the one reported to the last Board noting a number of causal factors have been identified including screening, documentation and Aseptic No Touch Technique (ANTT). All three post-infection reviews will be presented together to Executive Infection Control Group as there are likely to be some common themes. Mrs Tunney advised of the significant actions that have been taken.</p>
19/03/10.1.6	<p>Mrs Tunney advised that she had invited the Clinical Commissioning Group (CCG) to lead an unannounced inspection visit last week and the feedback had been good with good hygiene processes observed. Mrs Tunney asked the Board to take assurance from these actions that the processes are being tested and good progress is being made. The Chairman commented that was right for the Trust to be cautious as it is some time since the Trust had a confirmed MRSA Bacteraemia case. Mrs Bullock added that she was also disappointed and had discussed the response in length and</p>

	<p>detail with Mrs Tunney and was assured that the level of action being taken was over and above what would be required.</p>
19/03/10.1.7	<p>Mr Davis noted that the Care Quality Commission (CQC) inspection last year had picked up hand hygiene as an area for improvement and asked if this was evidence that the Trust had been unsuccessful in improving compliance or has it fallen off after a period of attention. Mrs Tunney replied that the causes are about invasive aseptic procedures and the Trust remains on track against where it should be on CQC improvement plan. Mrs Barnett advised that all the Board should demonstrate good practice and lead by example by being bare below elbows and adhering to uniform and Infection Prevention and Control Policies when doing walkrounds. Ms Massey commented that it was assuring to hear about the intense level of investigation and follow up but that it must be distressing for patients and families; how have communications to those effected been managed. Mrs Tunney replied that patients and families were informed at the time and once the investigation is completed the Trust will meet with them and fulfil its duty of candour. Mrs Tunney reported that there had been one E-Coli case which has been deemed unavoidable due to the clinical condition of the patient.</p>
19/03/10.1.8	<p>Mrs Tunney explained that on review of the harm free care point prevalence survey, any areas with three or more reportable cases is subject to review. Mrs Tunney advised that two areas had three hospital acquired PU and the detail of these was provided to the Board and highlighted a Ward which had five catheter acquired urinary tract infections noting that a deep dive is taking place.</p>
19/03/10.1.9	<p>Mrs Tunney explained the actions taken in the six areas where the Registered Nurse fill rates fell below the 85% target. This included higher rates of Healthcare Assistant (HCA) support and the use of other roles such as Advanced Nurse Practitioners and Matrons to ensure that at no time any area was unsafe. Mr Oldham noted that one of the areas had a rapidly escalating spend on Agency staff and Mrs Tunney advised that she will look at this in more detail.</p>
19/03/10.1.10	<p>Mrs Tunney presented the patient experience section noting an increase in complaints this month and the key themes. Mrs Tunney advised that all complaints are reviewed and it was disappointing to see communication as the top trend again. There is another communications study day in March and staff involved in the complaints will be invited in particular as the previous study day had led to an improvement.</p>
19/03/10.1.11	<p>Mrs Tunney noted the closed complaints and asked the Board for any comments. Mr Davis asked that the outcome of the investigation into a complaint about the Urology Medical Staff is brought back to QGC.</p> <p>ACTION: Complaint investigation to be reviewed by QGC (Mrs Tunney).</p>
19/03/10.1.12	<p>Mrs Tunney noted that the NHS Choices star ratings remain the same and this is good. Friends and Family (F&F) ratings remain at good levels, ED is at 87% which is lower than other areas of the Trust but this is in line with or better than peers; any comments are picked up and fed back to staff. The response rate remains low, text message reminders have now started in Outpatients and IT issues have been resolved so that the Central Cheshire Integrated Care Partnership (CCICP) results will be available from April</p> <p>Resolved: The Quality, Safety and Experience report was noted.</p>
BoD19/03/11 BoD19/03/11.1 19/03/11.1.1	<p>SAFE</p> <p>Draft Quality Governance Committee (QGC) – 18 February 2019</p> <p>Ms Massey presented the minutes of the recent meeting noting that two items escalated from QGC are on today's agenda. These are the Board Assurance Framework (BAF) Quarterly Report and the Quarterly Learning from Deaths Report.</p>

19/03/11.1.2	<p>Ms Massey advised that the committee had received the new 7-day services Board Assurance Framework which generated significant discussion, this is a national mandate from NHS Improvement (NHSI) replacing the bi-annual survey.</p> <p>The Trust is compliant on two of the four identified key standards. These are the time for consultant review and access to diagnostic tests. The gaps are well understood by the Trust and the Board has recently agreed business cases relating to investment in consultant time and service cover but these do have a financial implication and are therefore being reviewed as part of the annual planning round which includes agreement of which investments will go forward. The Trust will no longer be able to benchmark against this survey and noted QGC will review the Trust's submitted plans and the Board will receive fuller feedback in due course.</p>
19/03/11.1.3	<p>Ms Massey noted that QGC had welcomed Mr Brocklebank to his first meeting as a new NED.</p> <p>Resolved: The Board noted the items escalated by QGC.</p>
BoD19/03/11.2	Serious Untoward Incidents (SUI) and RIDDOR Events
19/03/11.2.1	Dr Dodds advised that there was one SUI to report which was an in-patient fall resulting in a fractured neck of femur.
19/03/11.2.2	<p>Dr Dodds advised that there were two RIDDOR reportable events and details are available to Board Members.</p> <p>Resolved: The Board noted the report of SUIs and RIDDOR events.</p>
BoD19/03/12 BoD19/03/12.1 19/03/12.1.1	<p>RESPONSIVE Performance Report</p> <p>Mr Oliver presented the performance report which uses data from January 2019. Mr Oliver noted that two of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in January. Mr Oliver advised that while there continued to be a strong performance in the rapid access for cancer symptoms, the 62-day screening programme had not met the target in January. This is a national standard reported monthly against a quarterly target and the quarter is still on track to be achieved; noting this is an achievement given the 20% increase in referrals.</p>
19/03/12.1.2	Mr Oliver noted that the 4-hour transit time achieved was 78.89% which is a drop from December and a change in direction from what had been an improving position. The January position was a similar percentage to last year but the Trust has seen 500 more patients in January 2019, despite no increase in the physical capacity of the Emergency Department (ED). Mr Oliver noted that it had been recognised by regulators that the Trust had enacted its winter plan in full but was still not able to deliver the three aspirations for regulators, due to allocated funding.
19/03/12.1.3	Mr Oliver was disappointed to report that the Trust has failed the Referral to Treatment (RTT) target for the first time, 91.30% of patients were seen in 18 weeks against a target of 92%. This is not unexpected given the postponement of elective work during the busiest winter period to help capacity. Elective work was restarted in February and a return to target is anticipated. The Trust has seen a 5% growth in GP referrals but has still achieved improvements in the RTT in some specialties.
19/03/12.1.4	Mr Oliver advised that the RTT was also impacted by the Delayed Transfers of Care (DTOC) rate which rose in January and delayed the restarting of all elective work apart from Orthopaedics. The rise in DTOC was disappointing given the increase in support provided to Local Authorities and Length of Stay also increased as a result. The main delays were in Cheshire East Council following a change to the rapid response process

	and a review of the impact of this is being worked through the A&E Delivery Board with partners.
19/03/12.1.5	The Chairman commented that achieving the RTT, having been told to reduce performance last year, is very challenging and disappointing although the annual performance is still above target. Mr Oliver noted the target allows no flexibility into winter and this needs to be factored in to winter planning next year allowing for a potential increase in capacity before winter but this will have an investment implication. Mr Church noted an upward trend in 30 day readmissions, Mr Oliver replied that this tends to be very variable through the year and this was discussed in detail at PAF. A review into readmissions from Elmhurst concluded that there had been no inappropriate readmissions into the Trust.
19/03/12.1.6	Mr Oliver advised that the Trust's financial position at the end of January 2019 is a deficit of £2.2M which is £2.8M worse than planned. The position now includes £3.75M, representing ten months of the agreed settlement of £4.5M against the Memorandum of Understanding with the Clinical Commissioning Groups (CCG). Pay spending is worse than plan by £2.8M, this is partly due to unfunded beds being required before the winter ward was opened, there are also a number of medical locums in post, outsourcing of diagnostics and estates costs. Mr Oliver noted that receipt of Provider Sustainability Funding is off plan due to the non-delivery of the 4-hour transit time target and this is also having a significant impact on the cash position which is £2.9M less than anticipated.
19/03/12.1.7	Mr Oliver advised that CCICP remain on track for a £550k surplus and that the Cost Improvement Plans (CIP) and Capped Expenditure Process schemes remain static in performance. Agency costs remain high and the Trust is currently £1.5M worse than plan for Agency spend; however medical spending has reduced and there is now more spending on nursing pay through bank rather than agency, although the overall total remains static. Mr Oliver explained that the number of nursing vacancies reported includes posts that have been filled but the nurse has not yet started, there are 75 gaps for ward based nurses. Resolved: The Board noted the Performance Report.
BoD19/03/12.2 19/03/12.2.1	Draft Performance and Finance (PAF) Committee notes Mr Church presented the notes of the meeting of 21 February 2019 in the absence of Mr Davis and noted the following items for escalation to the Board for information: <ul style="list-style-type: none"> • Non-achievement of the RTT and ongoing risk • Agency ceiling has been exceeded • The impact of the MoU agreement and the subsequent change of the budget forecast which has been issued as Board Assurance Statement. The Trust is not going to meet its Control Total and therefore a Board Assurance Statement has been issued with potential mitigations • Increasing agency costs • Commercial trading accounts reviewed and assured that catering, laundry and car parking are making a positive contribution although further work is required on the laundry as its contribution is quite small • Assurance on HED data which highlight the areas of opportunity comparing favourably with other providers in the region.
19/03/12.2.2	Mr Church noted that it had been Mr Philpott's first meeting of PAF. The Chairman thanked Mr Church for stepping in to chair the meeting. Resolved: The Board accepted the report of PAF and the items escalated to the Board for information.

BoD19/03/12.3 19/03/12.3.1	Legal Advice Mrs Bullock advised that there had been no new legal advice taken in the month. Sentence redacted under Section 42 of the Freedom of Information Act.
BoD19/03/12.4 19/03/12.4.1 19/03/12.4.2 19/03/12.4.3 19/03/12.4.4 19/03/12.4.5	Annual Plan and Budget Mr Oldham gave a verbal update of progress on the annual plan, noting that the full budget pack will be tabled at the April Board meeting. As advised to the Board previously the Trust has been unable to accept its Control Total for 2019/20 as this would require CIPs of £11M which would be a 5 to 6% efficiency which is unrealistic; the Trust currently has £5M identified. The proposed Control Total does not recognise the underlying position the Trust starts with because of 2018/19 year end position. Mr Oldham noted that there will be a control and challenge session tomorrow with divisions to agree cost and investments which will inform the final plan. Mr Oldham reminded the Board that the capital plan had been discussed in some detail at the Board Away Day and some elements have been moved from capital to revenue which will worsen the position further. Feedback has been received from NHSI on the initial plan which questioned the level of capital spend and its affordability and asked whether the CIPs can be pushed further. NHSI have advised that reducing the Control Total is unacceptable as the whole sector needs to show a surplus position. There is no guarantee of any PSF as it is non-recurrent. Mr Oldham noted that a number of local Trusts have not accepted their Control Totals. Mr Oldham advised that contract discussions are taking place with the CCG to ensure that the contract value is aligned with the Trust position. It is accepted that the CT is not affordable for the CCG and the system and meetings are taking place to work out how the system gap can be met. The principles established during the Capped Expenditure Process are still being used. Mr Oldham advised that if the Trust do not accept their Control Total then they could be subject to fines from the CCG for any underperformance next year. The CCG have confirmed that they do not want to return to this and the risk will be mitigated in the contract. Mr Oldham advised that following a Board discussion and decision on 1 April the final submission is due on 3 April. Mr Oldham noted that the discussions with NHSI have been reasonable, they accept and recognise the challenge and have asked to be kept appraised if the final position is likely to be different to the initial submission in February. The Chairman asked what the Board will be asked to agree. Mr Oldham replied that the planned investment will have to be considered as it is unreasonable to suggest that the gap can be closed with a CIP programme. The Chairman expressed his disappointment that there is no good scenario outcome here, the Board will be agreeing the least worst position. Mr Oldham added that NHSI need to understand the underlying position of the organisation which is a £9M deficit with a plan to address this over the next few years. An agreed system plan is due in the autumn which needs to describe the journey from deficit to break even position for the system. Resolved: The Board noted the update from the Director of Finance.
BoD19/03/12.5 19/03/12.5.1 19/03/12.5.2	Workforce and OD Structure Review Business Case Mrs Barnett presented the business case for the Workforce and Organisational Development (OD) Structure Review which is based on the Workforce Strategy approved in 2018 and outlines the structure needed to deliver this strategy. The priority has been to understand the capacity and skills required. Mrs Barnett outlined the drivers for change which include the ability to provide meaningful workforce data to inform business decisions, to build medical workforce knowledge in the team and respond to the demand for OD and change support both

	<p>in the Trust and system wide. Currently HR Business Advisors do not have the capacity to get involved in workforce and recruitment planning so it tends to be driven by finances. There is a growing business need to tackle sickness and agency issues and the organisation has grown in size and complexity over the last few years. Mrs Barnett noted that sickness and agency spend is low where there are good leaders in post and there is a strong correlation.</p>
19/03/12.5.3	<p>Mrs Barnett explained the proposed HR and OD business partner model which will involve greater strategic input from divisions and enable more involvement with the quality improvement agenda. Areas such as equality, diversity and inclusion also need more support. The current structure is quite flat which does not encourage career progression. Mrs Barnett suggested that HR could be attending performance reviews as finance and IT do to provide advice and input.</p>
19/03/12.5.4	<p>Mrs Barnett advised that the current HR function is efficient and cost effective compared to peers but this also reflects the need for greater investment. Mrs Barnett presented the three options, one of which is to do nothing and the second to restructure without investment but this will leave the service as reactive, not proactive. The ambition is to create a service much closer to business need with more senior input at business level and to support the wider system work and drive forward other agendas.</p>
19/03/12.5.5	<p>Mrs Barnett described the preferred option which is 3, this would be a two year phased change focused on upskilling staff which will therefore take some time. There will be further opportunities to work more closely with ECT. Further consultation will be required with Divisions but Divisional General Managers (DGMs) are supportive of the direction of travel to create an enabling function for divisions. Ms Butcher commented that she was pleased to see the paper at Board following discussions at TAP and building on the paper on ESR and workforce data brought to the Board recently. Ms Butcher added that it was important to position for change by having the right HR and OD structures to support divisions. Mr Church noted that the discussion around the Well Led Framework report at the Board Away Day also focused on the importance of workforce and succession planning.</p>
19/03/12.5.6	<p>Mr Brocklebank noted that the required investment of £159k is probably a small proportion of the HR budget so, given the potential benefit, he would support the business case. Mrs Barnett replied that it was about boosting and amending posts not creating new posts. Mr Oldham confirmed that this is a small proportion of the overall HR pay budget. Mr Philpott expressed his support for the case but asked if there would be any additional call on divisions which has not been included in the case for example if there is a requirement for more information from divisions or more projects is there capacity for this? Mrs Barnett replied that the structure will provide resource into the divisions and provide more senior support for them; combined with system improvements divisions will have more intelligence which will help business improvement.</p>
19/03/12.5.7	<p>Mr Brocklebank observed that if it is about upskilling people, they need to be the right ones rather than promoting the available people. Mrs Barnett replied that the team is good and there are people who can do the roles, there are some skills gaps and there is one role which may require external recruitment but this is what the first phase of the restructure will be; testing, skills assessments and learning needs analysis.</p>
19/03/12.5.8	<p>Ms Massey commented that it is an excellent paper with good analysis and clarity which is impressive for a new Director. Ms Massey backed the case, stating that if the Trust has ambitions to be outstanding this is a pillar of investment that needs to be made. Mr Brocklebank asked if it could be self-financing as the case suggests there are cost efficiencies to be found. Mrs Bullock replied that this was not likely to be possible. Mrs Bullock advised that the Executives have reviewed the case and agreed that while it is a relatively small amount, given the overall financial position, this is still challenging to find. The current annual plan does not include any investments and</p>

19/03/12.5.9	<p>there is still a prioritisation process to go through. Mrs Frodsham suggested that the Board could agree in principle to Option 3 subject to funding investment being agreed on funding.</p> <p>The Chairman summarised the agreement in support of the case as it is recognised the Trust is increasingly diverse and is only going to grow further. The Chairman noted the level of ambition in the case which was positive to see as high performing organisations do not have mediocre HR departments.</p> <p>Resolved: The Board approved Option 3 in principle and the aspiration to excellence for this HR department, this is subject to financial agreement.</p>
BoD19/03/13 BoD19/03/13.1 19/03/13.1.1	<p>WELL-LED</p> <p>Visits of Accreditation, Inspection or Investigation</p> <p>Mrs Bullock reported that there had been no other visits other than the invited CCG quality visit.</p> <p>Resolved: The Board noted the report.</p>
BoD19/03/13.2 19/03/13.2.1	<p>Outline LIMS Business Case</p> <p>The Chairman noted that item has been withdrawn from the agenda.</p>
BoD19/03/13.3 19/03/13.3.1	<p>Board Assurance Framework (BAF) Quarter 3 Report</p> <p>Dr Dodds presented the Quarter 3 report of the BAF which is an escalation from QGC. Dr Dodds noted that as usual all the Executive leads had met with the team, before being reviewed at QGC.</p> <p>Resolved: The Board approved the Quarter 3 BAF report.</p>
BoD19/03/13.4 19/03/13.4.1	<p>Learning from Deaths Quarter 3 Report</p> <p>Dr Dodds summarised the Quarter 3 report on Learning from Deaths which is an escalation from QGC. At this stage it appears likely that there will be less deaths this year than 2017/18. Dr Dodds advised that the Trust has yet to identify any potentially avoidable deaths through the Structured Judgement Reviews (SJR) methodology. Those that are being identified are through Quality Summits or investigation reports which happen more quickly than the SJR process. A further cohort of Consultants have been trained to deliver the SJRs.</p>
19/03/13.4.2	<p>Dr Dodds noted that the report identified two active mortality outlier alerts which were open at the time of writing with the CQC but these have now been closed. Further detail on Paediatric mortality rates is provided in section 4.4, a deep dive had identified a data recording issue which has since been rectified. A parallel case note review was presented to the Trust Mortality Reduction Group and triangulated with the mortality figures and no significant gaps in care were identified.</p>
19/03/13.4.3	<p>Mr Davis thanked Dr Dodds for the report and praised the improved and shortened format which provides a lot of assurance and it is very positive that the Trust expects to have a lower level of deaths this year. Mr Davis asked if the data quality automation check was a system problem or human error and Dr Dodds confirmed it was down to two staff members but it has been corrected now.</p> <p>Resolved: The Learning from Deaths report for Quarter 3 was noted.</p>
BoD19/03/14 BoD19/03/14.1 19/03/14.1.1	<p>EFFECTIVE</p> <p>Workforce Report</p> <p>Mrs Barnett presented the Workforce Report using data from January 2019, noting that the rolling 12 month sickness absence has improved slightly while the in-month position has deteriorated and is now at 5.45%. Mrs Barnett advised that a revised sickness policy is being launched next month in consultation with Trade Union leaders.</p>

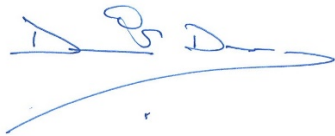
<p>19/03/14.1.2</p> <p>19/03/14.1.3</p>	<p>Sickness surgeries continue and from last month the first group of mental health first aiders are in place and already receiving reviews and contacts. Mrs Barnett explained that she is working with Mrs Tunney on reporting sickness out of hours and there are 3-4 different workstreams working on this across operations and the nursing team. New targets have been agreed for sickness absence working to a trajectory to reduce rates.</p> <p>Mrs Barnett reported that training and appraisal rates remain amber with a reduction in appraisal compliance but an improvement in training. Mrs Barnett noted that she is reviewing the mandatory training requirement against the core skills framework to ensure it is as efficient as possible. Turnover has improved slightly and remains good compared to peers.</p> <p>Mrs Barnett reported that agency spend reduced overall in January, with medical increasing and nursing reducing however the target and the NHSI ceiling were both exceeded in month. The most significant increase in agency spend was in CCICP. Mrs Barnett informed the Board that there is regional work taking place to review the agency rate card and agree a rate for agency across Trusts which should help bring rates down. The Trust teams continue to work to drive agency rates down. Mr Oliver observed that at the NHSI Chief Operating Officer network this week a network ceiling for certain bands had been discussed.</p> <p>Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p>BoD19/03/14.2 19/03/14.3.1</p>	<p>Transformation and People Committee (TAP) notes</p> <p>Mr Church presented the notes of the meeting of TAP from 7 February 2019, noting that there are six verbal items for escalation to the Board. The Chairman explained that these are:</p> <ul style="list-style-type: none"> • Sickness target for 2019/20 agreed as 3.9% as 3.4% was unrealistic compared to actual figures but this will still retain an element of stretch. This is the number used for financial projections • Level of workforce data required by the committee was discussed, are their potential efficiencies if a focus on divisional sickness and agency spend achieves a reduction • Workforce structure presentation received • 90-day projects information received, progress and results at next meeting • Patient Knows Best presentation received • Quarter 3 Guardian of Safe Working Hours Report received <p>Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.</p>
<p>BoD19/03/14.3 19/03/14.3.1</p>	<p>Consultant Appointments</p> <p>Dr Dodds advised that a new Respiratory Consultant has been appointed which is a joint appointment with Central Manchester Foundation Trust and is focusing on the lung cancer agenda.</p>
<p>BoD19/03/14.4 19/03/14.4.1</p>	<p>International Recruitment Business Case</p> <p>Mrs Tunney presented the business case for international recruitment of qualified nurses which developed from a discussion at the Board Away Day in October. The NHS Long Term Plan identifies international recruitment as a way forward and this is also one of the five things identified across Cheshire & Merseyside for a workforce charter. Mrs Tunney presented the case for investing in international recruitment to reduce agency spend which costs the Trust £1.7M and the Trust's vision for Registered Nurse (RN) recruitment which includes apprenticeships and the UK adaption programme.</p>

19/03/14.4.2	Mrs Tunney advised there is a widening gap between the establishment and RNs in post that is currently being met by agency spend. Mrs Tunney outlined the three options which are do nothing, continue with the current approach or the preferred option which is to pursue a planned large scale approach to international recruitment. Currently the Trust does recruit internationally but it is a small number and it takes a long time to get staff into place. Mrs Tunney advised that Option 3 will fill some of the 75 ward vacancies rather than just recruit enough to cover staffing attrition.
19/03/14.4.3	Mrs Tunney described the benefits of permanent staff which increases morale and reduces sickness rates. There will also be increased opportunities for flexibility as the e-roster system is rolled out. Mrs Tunney advised that the costs of the scheme will be £425k per year which will potentially be recovered if vacancies and agency are reduced by 25% as a result. Mrs Tunney advised that a procurement process will need to take place to choose an agency with a strong track record of recruiting and converting to posts.
9/03/14.4.4	Mr Davis agreed that something is needed and this is in line with NHS England (NHSE) policy. If the predicted saving of £300k is reached this will be a good investment but it is also important for quality, morale and the welfare of staff. Mr Oliver advised that the proposal had been discussed with DGMs who are fully supportive; having permanent staff who are used to the Trust, the paperwork and their Ward is the best option. Ms Butcher agreed with the rationale of the case which is to improve quality of care as well as making a financial case. Mr Oldham suggested that the case could be refined to show the benefits more clearly and to ensure that they are not double counted as agency reduction is being tagged against a number of projects. Mr Oldham added that the case makes financial sense and would be good value for money however initial investment is needed which is not in the current plan and will worsen the position.
19/03/14.4.5	Mr Philpott expressed his support for this as a quality initiative but asked what the plan is to mitigate against the risk of capacity to provide support for so many new staff. Mrs Tunney agreed that this was important to address and therefore an additional Practice Education Facilitator will also need to be recruited to support the new staff through induction, provider mentorship and pastoral support. Mrs Bullock noted that the new recruits would come completely ready to work with all tests completed including language checks and this process is significantly condensed by using an agency. Mr Davis asked what accommodation could be found given the pressures on the existing residential accommodation. Mrs Tunney replied that off site options are being explored.
19/03/14.4.6	<p>The Chairman summarised the general support for the case which is compelling as bringing in overseas staff will add to the diversity of the workforce and if the agencies don't recruit they will not be paid.</p> <p>Resolved: The Board approved the international recruitment business case.</p>
BoD19/01/15	Any Other Business
19/03/15.1	Dr Dodds invited the Board to attend a leaving presentation for Mrs Bullock on Friday 22 March for the Board before going to the staff wide event in the Post Graduate Lecture Hall.
19/03/15.2	Dr Dodds advised that the 3 June Board Meeting will take place offsite at Hunter's Lodge, Crewe and will be followed by a presentation of the annual plan for senior leaders and divisions.
19/03/15.3	Mr Brocklebank commented that one month in he is having a very positive experience in a great organisation, the Board papers are excellent and his induction has been comprehensive.

BoD19/01/16	Time, Date and Place of the next meeting Board of Directors Meeting to be held in Public on Monday 1 April 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.
The meeting closed at 11:47am hours.	

Signed

Date 18 April 2019

A handwritten signature in blue ink, appearing to be 'D. S. D.', with a long horizontal flourish extending to the right.

Chairman

Minutes of Board Meeting held in 'Private'
Monday 4 March 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 Mr M Davis Dr P Dodds Mr Oldham Mr C Oliver Ms L Massey Mr L Philpott Mrs J Tunney</p> <p>In Attendance Mrs D Frodsham Mrs K Dowson Dr K Birch</p>	<p>Chairman Director of Workforce and OD Non-Executive Day Chief Executive Non-Executive Director Deputy Chair Non-Executive Director Medical Director and Deputy Chief Executive Director of Finance & Strategic Planning Chief Operating Officer Non-Executive Director Non-Executive Director Director of Nursing and Quality</p> <p>Director of Strategic Partnerships Trust Board Secretary Lead Governor</p>
<p>BoD2/19/03/1</p>	<p>Welcome and Apologies The Chairman welcomed Board members to the private section of the meeting and noted that all Board Members were present.</p>
<p>BoD2/19/03/2 2/19/03/2.1</p>	<p>Board Members Interests There were no interests declared in relation to open items on the agenda.</p>
<p>BoD2/19/03/3 2/19/03/3.1</p>	<p>Minutes of the Previous Meeting There were minor amendments proposed.</p> <ul style="list-style-type: none"> • 2/19/02/5.1 Dr Dodds advised that the doctor in question had been in contact with all Board Members not just Executives. • 2/19/02/7.2.5 Mr Oldham asked that 'private but' is removed from the fifth line down and replaced with 'NHS and'. <p>Resolved: Subject to the amendments proposed, the minutes were agreed as a true and accurate record of the meeting held in private on 4 February 2019.</p>
<p>BoD2/19/03/4 2/19/03/4.1 2/19/03/4.2</p>	<p>Matters Arising and Actions from Previous Meeting 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>BoD2/19/03/5 2/19/03/5.1</p>	<p>Effective Medical Staffing Update</p> <p>Sentence redacted under Section 40 of the Freedom of Information Act.</p> <p>Resolved: The Board noted the update provided.</p>

BoD2/19/03/6 BoD2/19/03/6.1 2/19/03/6.1.1 2/19/03/6.1.2 2/19/03/6.1.3 2/19/03/6.1.4 2/19/03/6.1.5 2/19/03/6.1.6 2/19/03/6.1.7 2/19/03/6.1.8 2/19/03/6.1.9	Well Led System Update Paragraph redacted under Section 36 of the Freedom of Information Act. Paragraph redacted under Section 36 of the Freedom of Information Act. Paragraph redacted under Section 36 of the Freedom of Information Act. Ms Butcher said that a collective understanding of risks and benefits for each option would enable a shared and agreed understanding. The Chairman agreed that the first step is a discussion at the Board to Board to explore different views and decide what is in the best interest of the Trust. The new CEO will have experience in integrated working to bring to this discussion. The Trust is ambitious and should look to being proactive not reactive. Paragraph redacted under Section 36 of the Freedom of Information Act. Paragraph redacted under Section 36 of the Freedom of Information Act. Paragraph redacted under Section 36 of the Freedom of Information Act. Paragraph redacted under Section 36 of the Freedom of Information Act. The new regional director is Mr Bill McCarthy who started on 1 March and will be meeting with Mrs Bullock soon. Paragraph redacted under Section 36 of the Freedom of Information Act. Resolved: The Board noted the need to come to a view with ECT on the direction of future working.
BoD2/19/03/6.2 2/19/03/6.2.1 2/19/03/6.2.2 2/19/03/6.2.3 2/19/03/6.2.4	BMI South Cheshire Private Hospital (SCPH) Mr Oldham advised that the purchase of SCPH is now public and the reaction has been fairly positive and staff are enthused. The consultant body see the challenges ahead and want to maintain their income levels. Heads of Terms have been signed and the due diligence is due to be uploaded on Friday. Mr Oldham advised that two significant risks have been identified. The first is engagement and arrangements with the consultant body to ensure they can continue to work at SCPH. The second is to establish commercial arrangements with insurers, these are in place for the three major organisations but there is a long list of smaller insurers and this work will not be complete by 1 April. Mr Oldham advised that there will be initial financial pressures as staff are currently paid less than Trust staff and rates for insurers will be lower than had been agreed with BMI. Mr Oldham also noted that there is a risk that visiting consultants who do NHS work at SCPH may not have sufficient work as the Trust can absorb the NHS work in some cases. Therefore, the economic model may not be attractive to the Trust at the beginning but the Board should remember that they are getting the building and its assets for a good price and it is the long term benefits that are of interest. Mr Oldham advised that there will be a weekly meeting of workstream leads to ensure the project moves at pace and they met last Friday to check on progress. Mrs Bullock advised that this meeting should report directly to Part II of the Board as the project cuts across all areas. Mrs Bullock also noted that an Extra Ordinary Board may be required at some point to sign off the purchase. Mrs Bullock commented that while the BMI model may not be right on day 1 it is still the right long term strategy for the Trust. The Chairman agreed that it is a long term investment and advised that he had visited SCPH last week and staff are very positive. The Chairman suggested that no date should be fixed for the handover until there is clarity about when the contract will be ready and everything in place. Mr Oldham advised that the Trust is taking a risk based approach, identifying all risks and putting in place mitigation before agreeing a final date. A discussion in regard to further communications to staff will take place this week.

2/19/03/6.2.5	<p>Mr Oldham agreed that an Extra Ordinary meeting of the Board is likely to be required when due diligence is completed. Mr Oldham confirmed that this is not a transaction that is required to be taken to the Council of Governors although it was noted that they would be kept appraised.</p> <p>Resolved: The Board agreed the direction of travel for the purchase of SCPH.</p>
BoD2/19/03/7 2/19/03/7.1 2/19/03/7.1.1	<p>Any Other Business Paragraph redacted under Section 42 of the Freedom of Information Act.</p> <p>Resolved: The Board noted the update.</p>
BoD2/19/03/8 2/19/03/8.1 2/19/03/8.2 2/19/03/8.3 2/19/03/8.4	<p>Review of the Board Meeting Mr Davis reviewed the meeting welcoming the patient story on PIU and the good constructive debate on quality, safety and assurance especially in regard to the MRSA Bacteraemia cases. Mr Davis noted that the non-elective demand continues to exceed capacity which has impacted on two Single Oversight Framework targets.</p> <p>Mr Davis noted the people and 'Our Workforce Matters' came out strongly in discussions on the Well Led Framework external review at the Board Away Day which included the comment that it is absolutely clear that sustained leadership attention to making the Trust a great place to work. This was emphasised in the two business cases on workforce investment in the HR and OD teams and on international nurse recruitment. There was a compelling case for the HR and OD workforce restructure to support the transformation agenda across the system and towards closer working with ECT.</p> <p>Mr Davis commented that Part II was much more strategic with discussions on ICP versus merger before the first Board to Board with ECT in April as well as progress on the BMI purchase. Mr Davis noted that it was six years ago shortly after joining the Trust that he met the CEO of Monitor who commented that Mid Cheshire was too small to survive and that they needed to find a big Trust to merge with quickly. The Trust has survived and done a great job for its population and staff compared to peers and much of the credit must go to Mrs Bullock and Mr Oldham who have been an exceptional team who are now moving on to future challenges. They leave behind a strong organisation and a great legacy.</p> <p>Mr Davis concluded that 2019-20 will be a pivotal year but if the Trust continues to be outward looking and strong system leaders they will be able to keep up the pace for the integration of local services. The Chairman thanked Mr Davis and added his great appreciation to Mrs Bullock in what will be her last Board meeting at the Trust.</p>
BoD2/19/01/9	<p>Time, Date and Place of the next meeting</p> <p>The Board of Directors Meeting is to be held in Private on Monday 1 April 2019 following the Board meeting held in Public.</p> <p>The meeting closed at 12:49pm.</p>

Signed

Date 18 April 2019

Chairman