

Board of Directors Meeting
Minutes of the Meeting held in Public
Tuesday, 7 May 2019
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Mrs H Barnett	Director of Workforce and OD
Mr T Brocklebank	Non-Executive Director
Ms L Butcher	Non-Executive Director
Mr J Church	Deputy Chair
Mr M Davis	Non-Executive Director
Dr P Dodds	Interim Chief Executive
Mr M Luckas	Interim Medical Director
Ms L Massey	Non-Executive Director
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

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mr R Favager	Interim Director of Finance & Strategic Planning
Mrs K Dowson	Trust Board Secretary
Mr N Boyce Cam	Consultant Orthopaedic Surgeon (to item 19/05/2 only)
Name removed under Section 40 of the Freedom of Information Act	Staff Nurse (to item 19/05/2 only)

Apologies

Dr K Birch	Lead Governor
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Observing

Mr J Sumner	Incoming Chief Executive Officer
Dr C Hammel	Interim Deputy Medical Director
Mr R Sutton	Public Governor (Vale Royal)
Mr G McCourty	Public Governor (Crewe & Nantwich)

BoD19/05/1
19/05/1.1

Welcome, Introduction and Apologies

The Chairman welcomed all those present to the meeting. The Chairman extended a warm welcome to Mr James Sumner, incoming Chief Executive as observer to the Board. The Chairman also welcomed Mr Russ Favager to his first meeting of the Board since starting as Interim Director of Finance and Strategic Planning and Dr Clare Hammel who is observing in her new role as Interim Deputy Medical Director.

BoD19/05/2
19/05/2.1

Patient Story

Mrs Tunney introduced the patient story about a patient who has used the Virtual Fracture Clinic several times since it began in October 2017. The service has been very well received and won two national awards.

19/05/2.2

Mr Boyce Cam explained how the Virtual Fracture Clinic (VFC) works and how that has in turn benefited patients by facilitating discharge direct from the Emergency Department (ED) without the need to reattend at Fracture Clinic. The VFC reviews between 30 and 40 patients per hour. About 90% of patients who do need to attend Fracture Clinic are now seen in clinic within 72 hours because capacity has been freed up. This means that patients are being seen within the time set in national guidelines. All patients are given a safety network for additional support which includes a direct phone line.

19/05/2.3	The story shown was from a patient who has needed the services of the VFC three times in the last year and commended the services provided. They were able to access the same sub-specialist consultant each time and receive much of their treatment outside hospital. The Chairman asked Name removed under Section 40 of the Freedom of Information Act how each patient is communicated with once reviewed at the VFC and she explained that they are given a direct number to leave a message if they have any concerns prior to their appointment or as they recover. Mr Boyce Cam added that the service has conducted a patient survey which has been very positive.
19/05/2.4	Ms Butcher asked what the interface with primary care is in regard to the experience and care intervention and what is the financial impact. Mr Boyce Cam replied that all patients get a letter which is copied to their GP. Previously if there were any problems patients would have gone back to their GP or gone to A&E. Mr Boyce Cam added that patients are now being given splints rather than plaster where appropriate and in addition Emergency Nurse Practitioners (ENPs) have been upskilled to discharge patients with splints; this all saves costs. Mr Oliver commented that the upskilling for ENPs within the Emergency Department has been very positive and a benefits realisation paper on the VFC will be presented to Performance and Finance Committee (PAF) in the next few months.
19/05/2.5	Mrs Frodsham asked how much work has been undertaken to spread the good practice with partners and other local trusts. Mr Boyce Cam replied that lots of teams have come to visit and view how it work. Warrington and Halton Hospitals NHS Trust visited and have now opened their own service. University Hospitals of the North Midlands NHS Trust (UHNM) have expressed interest but have not visited. Mrs Frodsham advised that she will pick this up with UHNM. Mr Boyce Cam added that the team has a prepared package of information including copies of the business case to help others to establish a service using the experience of the Trust.
19/05/2.6	The Chairman asked if there is generic learning for other services to develop their own virtual services from. Mr Luckas advised that a number of specialities are actively looking at options and Gynaecology has started a virtual service. Mr Oldham commented that the service is very good for patient experience and that it is primarily a quality investment. Some patients have to be seen twice now, once in VFC and then they are referred to fracture clinic. The Clinical Commissioning Group (CCG) is hoping to make significant savings by investing in virtual clinics but the experience so far is that there is not a lot of cost being removed from the system.
19/05/2.7	The Chairman thanked Mr Boyce Cam and Name removed under Section 40 of the Freedom of Information Act and their team and added his congratulations on their recent Patient Experience Network (PEN) awards and Health Service Journal (HSJ). This project encapsulates what the Trust's mission is 'excellence in healthcare through innovation and collaboration'. embodies all elements. Resolved: The Board noted the story presented.
BoD19/05/3 19/05/3.1	Board Members' Interests There were no declarations of changes in interests of Board Members.
19/05/3.2	There were no interests declared in relation to open items on the agenda.
BoD19/05/4 BoD19/05/4.1	Minutes of the Previous Meeting Board of Directors meeting held on 1 April 2019
19/05/4.1.1	The minutes of the meeting were agreed subject to the following amendments: <ul style="list-style-type: none"> 19/04/12.1.2 Mr Oliver amended the last line of the paragraph to read 'is increasing <i>because</i> of the work being carried out...'

	<ul style="list-style-type: none"> 19/04/14.1.3 Mrs Barnett asked that '<i>chat and challenge</i>' is corrected to '<i>check and challenge</i>'. <p>Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 1 April 2019.</p>
BoD19/05/5 19/05/5.1	<p>Matters Arising and Action Log</p> <p>The Chairman noted that the outstanding action on the Board action log has been completed and can now be closed. Mr Luckas and Mrs Tunney chaired a comprehensive review this week and this will be reported to Quality Governance Committee (QGC) in June.</p> <p>Resolved: Actions to be closed as complete.</p>
BoD19/05/6	<p>Annual Work Programme</p> <p>The Chairman noted that there were no proposed changes to the workplan.</p> <p>Resolved: The Board noted version 2 of the Board Work Programme 2019/20.</p>
BoD19/05/7 BoD19/05/7.1 19/05/7.1.1	<p>Chairman's Announcements</p> <p>Chief Executive Appointment</p> <p>The Chairman announced that the new Chief Executive Officer (CEO), Mr James Sumner has accepted the role of CEO and will be starting with the Trust on 22 July 2019, with his first day in the office being 29 July 2019.</p>
BoD19/05/7.2 19/05/7.2.1	<p>Interim Director of Finance & Strategic Planning</p> <p>The Chairman formally welcomed Mr Favager to his first Board meeting and into the Trust. He and Mr Oldham will have a four week handover before Mr Oldham leaves at the end of May.</p>
BoD19/05/7.3 19/05/7.3.1	<p>Non-Executive Director (NED) Appraisals</p> <p>The Chairman updated the Board that the NED appraisals for 2018-19 have now been completed with each NED. These will be reported to Nominations & Remuneration Committee later today.</p>
BoD19/05/7.4 19/05/7.4.1	<p>CCICP Showcase Event</p> <p>The Chairman reported on this useful event which was very well staged and illustrated the progress made. The Chairman noted his disappointment that no Board Members from Cheshire and Wirral Partnership NHS Foundation Trust had attended.</p>
BoD19/05/7.5 19/05/7.5.1	<p>Meetings with East Cheshire NHS Trust</p> <p>The Chairman formally reported that the Board had met with the Board of East Cheshire Hospitals NHS Trust (ECT) on 18 April for the first time for an interesting and useful meeting. Following the meeting the Chairman and Dr Dodds agreed a joint statement with the Chair and Chief Executive of ECT which was presented to the Cheshire East Place (CEP) Partnership Board last week. A further meeting is planned for the end of summer following Mr Sumner's start with the Trust.</p>
BoD19/05/7.6 19/05/7.6.1	<p>Board Away Day – 15 April 2019</p> <p>The Chairman advised that the Board had met for a day which had been a useful preparation for the Board to Board. The Board had met as Corporate Trustees for the Mid Cheshire Hospitals Charity in the morning and noted the good work being led by the Charity Manager.</p>
BoD19/05/7.7 19/05/7.1.1	<p>PEN Awards</p> <p>The Chairman was pleased to announce that two teams from the Trust had won awards at the recent PEN awards. These were for the Virtual Fracture Clinic and the Surgical Ambulatory Care Unit.</p>

BoD19/05/8 BoD19/05/8.1 19/05/8.1.1	Governors Items Extra Ordinary Council of Governors Meeting – 3 April 2019 The Chairman reported that the Governors had met to formally ratify the appointment of Mr James Sumner to the CEO post. The Governors had expressed their satisfaction with the rigour and quality of the national recruitment process.
BoD19/05/8.2 19/05/8.2.1 19/05/8.2.2	Council of Governors Meeting – 25 April 2019 The Chairman reported that the Council of Governors had met recently. The patient story item which was introduced a year ago is proving very engaging for Governors and this month they heard the story about Critical Care outreach. Presentations were also received on the National Staff Survey and the Trust's workforce strategy. The Chairman was sorry to announce the resignation of Cllr Stephen Burns partner Governor representing Cheshire West and Chester Council. Cllr Burns was not re-elected in last week's Local Authority elections. The Chairman advised that he will contact the new Leader once they are confirmed in place to request a new representative.
BoD19/05/9 BoD19/05/9.1 19/05/9.1.1	Chief Executives Report System Update Dr Dodds reported that Mrs Frodsham was leading bids against the £1m of transformation funding allocated to Cheshire West Place. If successful the funding would be used to replicate in Vale Royal some of Central Cheshire Integrated Care Partnership (CCICP)'s services such as frailty.
BoD19/04/9.2 19/05/9.2.1	Exec to Exec Meeting with ECT Dr Dodds advised that the Executives had held a meeting with the Executives from ECT and discussed the end of year position, control totals, collaboration at scale and an electronic patient record (EPR) across the two Trust's.
BoD19/04/9.3	CQC Engagement Meeting Dr Dodds advised that he, Mrs Tunney and Mrs Hayley Cavanagh, Interim Associate Director of Integrated Governance had met with the Care Quality Commission (CQC) for its regular Engagement Meeting. Dr Dodd's highlighted that Mrs Tunney and Mrs Cavanagh provided excellent responses to the CQC's questions and took the opportunity to showcase some of the Trust's improvement work on quality.
BoD19/04/9.4 19/05/9.4.1 19/05/9.4.2	NHSI Quarterly Review Meeting Dr Dodds reported that NHS Improvement (NHSI) had met with the Executives for a regular Quarterly Review Meeting. NHSI had been very positive about the preparation and quality of the information that the Executives had presented at the meeting. The next meeting with NHSI is planned for July. The Chairman advised that he had met with Mr Bill McCarthy, North West Regional Director for NHSI and NHS England this week and advised them of the start date for Mr Sumner. Resolved: The updates from the Interim Chief Executive were noted.
BoD19/05/10 BoD19/05/10.1 19/05/10.1.1	CARING Quality, Safety and Experience Report Mrs Tunney presented the report based on data from March 2019 and therefore for the year end. Mrs Tunney advised that she would be presenting the report based on exceptions to expected performance. Mrs Tunney reported there was one Serious Untoward Incident (SUI) in March which was an inpatient fall resulting in fractured neck of femur. Lessons identified from the review of this SUI will be disseminated across divisions.

19/05/10.1.2	Mrs Tunney reported on Hospital Acquired Pressure Ulcers (PU) advising there were 14 in month which is similar to previous months. One was classed as avoidable and seven are not yet classified. Mrs Tunney noted that from April 'avoidable' will be reported as 'lapses of care'. Mrs Tunney noted that the level of lapses of care has come down significantly through the year due to the focused work in this area which will continue. Mr Church asked if the Trust has achieved the target of a reduction of 10% of all PUs. Mrs Tunney said that they had not and going forward this will be separated out into total number and lapses in care.
19/05/10.1.3	Ms Butcher acknowledged the hard work in this area and the journey over the last twelve months and asked what the key learning has been. Mrs Tunney replied that the Trust has not achieved the overall 10% reduction because staff have been encouraged to report more. The pressures on the Trust of more beds, higher occupancy and more agency staff have also presented challenges to the education and training of staff. Mr Oliver observed that the work on super stranded patients and high length of stay is focused on a similar elderly, frail cohort. The Chairman noted that there are compelling reasons for not achieving the target but there was knowledge of this when it was set and while stretch targets are ambitious, it is not so good to regularly fail them. Mrs Tunney advised that there is a paper on achievement against end of year targets which is being reviewed at Executive Quality Governance Group (EQGG).
19/05/10.1.4	Mrs Tunney noted that there were 96 inpatient falls in March which is an increase of 13. 90 of these were low or no harm. Mrs Tunney advised that the 'footsteps' programme which was being piloted as part of the Cheshire & Merseyside Falls Group is now being trialled on two wards. The focused falls programme on Ward 1 has seen a 40% reduction in falls with no falls that resulted in harm. This is positive although the amount of support provided by the corporate nurse has been considerable so will be a challenge to replicate.
19/05/10.1.5	Mrs Tunney reported on one lapse of care PU in CCICP. Ms Massey suggested that the launch of the ward accreditation scheme next week will provide an opportunity to distil overall patient safety issues, drive more internal improvement and enable collaborative work to maintain the momentum on wards. Ms Massey added that the launch is a fantastic opportunity to refocus on patient safety and reflects the climate of vigilance, focus and attention in the Trust. Ms Tunney agreed that since quality metrics started in January every ward has a printed copy which illustrates where their quality improvement project needs to be. Mrs Tunney invited the Board to attend the launch on Friday which is International Nurses Day.
19/05/10.1.6	Mrs Tunney advised that disappointingly there had been one MRSA Bacteraemia case in March which makes the year end total four. The cause was an invasive device in a complex patient. A post infection review has taken place with the CCG attending and an overarching improvement plan has been agreed. This includes weekly documentation audits, drop in sessions and a multi-disciplinary approach. NHSI have been cited on the situation and have commended the Trust for doing over and above the minimum in response. The CCG have sent a breach of contract letter which was expected and the Trust has responded. The CCG also attended Executive Infection Prevention Group (EIPG) last month.
19/05/10.1.7	Mrs Tunney advised that an external peer review took place on 12 April and a number of findings were made about care of patient lines, aseptic non touch technique and vascular access but nothing not already identified by the Trust was found. A specialist nurse is working through the recommendations with Executives. Mrs Tunney advised that no link has been found between the four patients and a deep clean has taken place in Wards 5 and 13 and in the Anaesthetic room. A 90 day improvement plan is now underway, which will be monitored by EPIG and escalated to a Board committee if needed. This will include education and training. Mrs Tunney confirmed that there have been no cases in April. Mr Philpott thanked Mrs Tunney for her full account and

	asked if there had been any regulator involvement. Mrs Tunney replied that it had been reported immediately to NHSI, CQC and the CCG but all appeared satisfied with the Trust's action as it has not been raised at recent review meetings. The Chairman commented that the response had been comprehensive and the search for learning from this incident was notable.
19/05/10.1.7	Mrs Tunney reported that there had been one MSSA case in March which was unavoidable and sadly the patient had since died but this was not linked to the infection. Mrs Tunney noted that the rate of MSSA infection had reduced by 50% in the year and NHS England had commended the Trust earlier in the year for its improvement. Mrs Tunney advised that there had also been one unavoidable E-Coli case in March but overall in the year there had been a slight decrease.
19/05/10.1.8	Mr Davis asked what is driving the adverse direction of the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Rate (HSMR). The outcome compared to peer is particularly worrying and given the lag of data is there any further information the Trust has on current data. Mr Luckas advised that the comparison to peer should not be of a concern but only whether the Trust is in the expected range. While the rate has deteriorated for the Trust the Board should be aware that there is very solid evidence that there is no link between these indicators and avoidable deaths. When the Trust reviews avoidable deaths it has been noted that the level is less than the national average and this was confirmed in a national study two years ago. More up to date data is difficult because of the way it is reported.
19/05/10.1.9	Mr Davis acknowledged that this is a complex area but asked if there is any other data that the Trust can use to assure itself that avoidable deaths are being reduced. SHIMI and HSMR trends are adverse and this is not necessarily explained in a very helpful way in the report. Mr Church asked if 'as expected' could be better defined. Dr Dodds explained that the majority of trusts are in the 'as expected' range and that the next Board Learning from Deaths report will show that the number of deaths in the Trust has reduced this year. Hospital Mortality Reduction Group (HMRG) has identified on the most common factors in avoidable deaths is failure to recognise the deteriorating patient. HSMR is linked to palliative care coding and there were gaps in this in the Trust which has now been corrected and this is improving HSMR.
19/05/10.1.10	Mr Davis asked if the narrative in the Quality Report can be explained better as without the additional knowledge it could create concerns. The Chairman suggested that given the position the Trust was as an outlier three to four years ago the Trust needs to ensure there is confidence in how it is addressing this area and the Annual Report needs to be accurate in its portrayal of what the Trust is doing. Dr Dodds observed that mortality is now low on the agenda for regulators as it is in the 'as expected' range. The Chairman noted that the lag in data is unsatisfactory for managing this area. Dr Dodds advised that HMRG do have access to the HED system which while it does not replicate national data it can identify trends in real time.
19/05/10.1.11	Mrs Tunney reported on registered nursing (RN) staffing levels noting that eight areas were below 85% for both days and nights in various areas which are being dealt with in a number of ways. For day time fill rate other staff are used such as ANPs, Matrons and Healthcare Assistants. At night the RN may be moved to cover other gaps or to open a new area, no areas were left unsafe at any time. Mrs Tunney added that all staff have access to the incident reporting system to log any concerns and there is a staff meeting every day to focus on staffing levels. A fourteenth ward has now been added to the e-roster system and this enables a wider forward view on staffing levels
19/05/10.1.12	Mrs Tunney highlighted the work taking place to address vacancies, trajectories have been agreed to reduce sickness with all divisions and a new improvement plan is in place. The Trust has agreed an investment of £1m over two years in staffing including international recruitment and new approaches are being trialled including videos for

	<p>recruitment. New roles on wards are being trialled such as Pharmacy Assistants. Ms Butcher asked if the impact of e-rostering is being felt yet. Mrs Tunney replied that for the first time there is a six week forward view off duty and information is readily available on sickness fill rates and availability and quality and finance improvements are expected to emerge. Mrs Barnett added that staff have been very positive about the system even from those not used to working with IT systems. The Chairman asked when any recruits from the international recruitment programme may be starting and Mrs Barnett advised that this could be as little as 6-9 months away. The Chairman noted the work being undertaken and the RN fill rate and the key assurance that no wards were ever at unsafe levels of staffing.</p>
19/05/10.1.13	<p>Mr Philpott asked if a key for which ward is which could be circulated for those who are newer to the Trust.</p> <p>ACTION: List of ward functions to be circulated (Mrs Dowson)</p>
19/05/10.1.9	<p>Mrs Tunney summarised the complaints report noting an increase in month; communication remains the main trend. The Trust now has two study days per year to address this area which are attended by up to 60 staff each time. The Trust has also introduced Schwartz rounds which are a good opportunity for staff to reflect. The most recent session was on 'The patient I will never forget'. Mrs Tunney advised that there were 18 complaints closed in March of which 6 were upheld. The details of these have been included in the report. Mr Davis noted the complaint from Cardiology about follow up appointments which flagged that there is no system in place to track the number of times a patient has been cancelled. Mr Oliver replied that additional capacity in Cardiology has very recently been put in place. There will be an electronic system in place for tracking cancellations within six weeks and in the meantime, there is a paper system in place.</p>
19/05/10.1.10	<p>The Chairman commented that there had been a discussion at the Council of Governors about the trend of communications as this appears to be an ongoing theme for the Trust. The Governors asked what lies behind this theme as it can cover a wide range of issues. For example, something classified as poor communication may in fact be a lack of compassion. The Chairman said that it is important to get behind this theme and report back to the Governors. Mrs Tunney agreed that triangulating complaints for lack of compassion will be done.</p> <p>ACTION: To review complaints for any that indicate a lack of compassion (Mrs Tunney) ACTION: To feedback to Governors (Chairman)</p>
19/05/10.1.11	<p>Mrs Tunney reported that there were 97 informal concerns raised in March with no one trend identified. The NHS Choices remain at 5 stars for Victoria Infirmary and 4.5 stars for Leighton Hospital. Friends and Family recommendation rates for treatment remain high with the ED now up to 87% which is the highest it has been and continues a steady improvement over the last few months. Response rates remain lower than ideal partly due to technical issues in CCICP which have now been resolved. All areas will have text reminders in place from May.</p> <p>Resolved: The assurance provided in the Quality, Safety and Experience report was noted.</p>
BoD19/05/11 BoD19/05/11.1 19/05/11.1.1	<p>SAFE Draft Quality Governance Committee (QGC) – 8 April 2019 Ms Massey presented the minutes of the most recent meeting noting that there were no formal items for escalation but there were verbal updates. The committee had received a presentation on the Getting it Right First Time (GIRFT) dashboard on</p>

19/05/11.1.2	<p>Diabetes from Dr Robertson and an update on the action plan will be reviewed at QGC in June.</p> <p>Ms Massey advised that assurance had been received from the Never Event report which led to a detailed discussion as to how the organisation may benefit if it applied the same scrutiny to near misses. This is what high reliability organisations do as part of their safety culture and practices which drives a high level system for vigilance. The committee also recommended the approval of the Annual Governance Statement to the Audit Committee following a debate on what the top five organisational risks should be and the addition of a sixth risk. Ms Massey reported that the Committee also agreed the terms of reference for QGC and the Annual Report of the Committee.</p> <p>Resolved: The Board noted the items escalated by QGC.</p>
<p>BoD19/05/11.2 19/05/11.2.1</p> <p>19/05/11.2.2</p> <p>19/05/11.2.3</p>	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p> <p>Mr Luckas advised that there was six SUI to report which included four in March and two historical incidents which have now been classified as SUIs. The four in March were:</p> <ul style="list-style-type: none"> • A failure following a failed migration of data from one server to another, involving the Soliton radiology system. A full Root Cause Analysis (RCA) will be held and so far there have been no patient safety incident as a result. Ms Butcher asked if this will be reported to the Information Commissioners Officer (ICO) and Mr Luckas confirmed that it had been • An inpatient fall resulting in a fractured neck of femur • An inpatient fall resulting in a fractured neck vertebrae • A potentially avoidable death due to a failure to escalate the care of a deteriorating patient appropriately <p>The two historical SUIs reported are:</p> <ul style="list-style-type: none"> • A potentially avoidable death from December 2018 as the patient was not commenced on non-invasive ventilation • A missed diagnosis following two admissions and a scan which delayed treatment for a stroke. <p>The Chairman noted that this was an unusually high number to report to a single board and the outcomes of the RCA on each one will be significant although learning is already being disseminated. Mr Davis asked if the feedback through Quality Governance Committee (QGC) can include any correlation between incidents so there is a clustered approach to any cause or defects.</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>
<p>BoD19/05/12 BoD19/05/12.1 19/05/12.1.1</p> <p>19/05/12.1.2</p>	<p>RESPONSIVE Performance Report</p> <p>Mr Oliver presented the performance report which uses data from March 2019. The Trust achieved three of the five oversight standards in March. Mr Oliver noted that the four Cancer standards were met but are under significant pressure particularly against growing two week rapid access referrals and delays in external diagnostics being undertaken by tertiary Trusts. There were nearly 200 more patients seen in March 2019 compared to March 2018 within the 2 week pathway. Mr Oliver noted that PAF had reviewed in some detail recently the impact of the Appendix 9 changes to waiting times that were introduced in September 2018.</p> <p>Mr Oliver noted that the 4 hour transit time standard remains challenged with 80.41% of patients seen in 4 hours in A&E in March. This is the third month that the rate has</p>

	<p>been higher than in 2018 against an increased attendance of 500 more in Jan and Feb and 400 in March. This is as well as the increase in acuity of patients for example the number of patients requiring resuscitation jumped from 700 to 1100 in March and there are similar increases in paediatric presentation. 2018-19 saw 5000 more attendances at A&E over the year. This equates to a 7.7% increase if attendance to the Minor Injuries Unit and Urgent Care Treatment Centre are removed.</p>
19/05/12.1.3	<p>Ms Butcher asked what the learning is from everything going on in the system, which changes are having the biggest impact and where is the opportunity to take stock. Mr Oliver suggested that this is something that is taken through PAF. Traditionally, A&E's struggle because of the wait for beds, here it is the wait to be seen. The workforce model does not meet patient demand and there is a business case being prepared which Executives will review this week which will have a remodelled workforce plan based on attendances by day and hour. Mr Oliver noted that other metrics such as Length of Stay are good and the patient flow has been commended by external review but patients are still waiting for too long. The Chairman observed that it was frustrating that the ED is so limited by its physical size which is one of the factors that limits the number of staff that can be deployed safely and this needs to be unlocked. There is a bid for money in and in the meantime staff are working very well in dealing with the increase in patient numbers and performing better than last year.</p>
19/05/12.1.4	<p>Mr Oliver reported that stranded patients are still a focus with the Director of Operations reviewing the 100 longest stay patients every week to go through the key actions to support timely discharge. Therapy support over seven days has been approved and the Division are now recruiting to these posts. Those patients awaiting packages of care or care home beds are being escalated to the A&E Delivery Board (AEDB) as the council has received funding for this.</p>
19/05/12.1.5	<p>Mr Oliver advised that the Referral to Treatment Target (RTT) of 92% of patients treated within 18 weeks has been failed for Quarter 4. Mr Oliver reminded the Board that the Trust reduced its position last year at the regulators request and the pause in the elective programme over the winter has meant that it has fallen below the 92% threshold. Mr Oliver advised that April has not been fully validated but it is currently at 91.4%. All failing specialities have a trajectory in place and additional capacity is being added where workforce is constraining the service. An improvement is expected in quarter 1 to above 92%.</p>
19/05/12.1.6	<p>The Chairman asked if the planned changes to the constitutional targets include a change to the RTT. Mr Oliver advised that PAF has reviewed a paper on the proposed changes and RTT is under review and the number of weeks and percentage threshold may change. Mr Oliver advised that changes are proposed to the Cancer standards and the two week target may go with a refined target on time to treatment introduced. The Trust is planning to shadow monitor the new standards from September with an expectation that formal reporting will begin in 2021. The 4-hour transit time target is likely to be replaced with a 1-hour target for certain critical conditions.</p>
19/05/12.1.7	<p>Mr Church noted that the Use of Resources metric is a three and asked whether this is likely to improve in 2019/20. Mr Oldham noted that this should be a two which is the current rating.</p>
19/05/12.1.8	<p>Mr Oldham presented the financial year end position noting that the Extraordinary Board on the 20 May will review the end of year accounts. Mr Oldham summarised the end of year position which is for a normalised surplus of £1m after a general distribution of wider sustainability funding of £3.6m at the end of the year. Mr Oldham noted that the Trust had received £7.4m of the Provider Sustainability Fund (PSF) out of £8.4m that was available at the beginning of the year, so the end of year distribution has not inflated the final position beyond the funds earmarked for the Trust. Mr Oldham noted the improved performance of £6.5m compared to the quarter 4 forecast of £7.7m</p>

<p>19/05/12.1.9</p> <p>19/05/12.1.10</p>	<p>deficit. This means that the plan for 2019/20 which was based on forecast as the starting point is already improved due to this better starting point.</p> <p>Mr Oldham presented the Income and Expenditure report which shows a £600k underspend in CCICP and a £5.1m overspend in the MCHFT position. Both segments end the year in a positive position. Mr Oldham advised that the commissioner income analysis table reflects the Cheshire East Place adjustment for income received back to the value of the contract if it had been on a payment by results basis. This activity was costed at £2m but the final settlement was £4.5m, hence an adjustment of £2.5M.</p> <p>Mr Oldham presented the end of year achievement for efficiencies which came in at £6m which equates to 2.6% which is in line with expectations. Capital spending slipped further so that £7.8m was spent against a £18m target however it should be noted that much of this investment was dependent on external money and borrowings for which approval has been delayed. The end of year cash position is £11.2m which is better than expected with the £3.6m PSF still to be received. The Chairman congratulated Mr Oldham and his team on a more positive than anticipated end of year position. This follows ten years of the most challenging efficiency targets that the NHS has seen which makes the surplus at the end of year figure a real achievement.</p> <p>Resolved: The Board noted the Performance Report.</p>
<p>BoD19/05/12.2</p> <p>19/05/12.2.1</p>	<p>Draft Performance and Finance (PAF) Committee notes</p> <p>Mr Davis presented the notes of the meeting of 26 April 2019 and noted that there are a number of items for verbal escalation to the Board.</p> <ul style="list-style-type: none"> • Non-achievement of the 4-hour transit time standard and RTT standard in March • Reviewed CQUINs for quarter 3 and noted the new CQUINs for 2019/20, there are only five but these will be more focused and monitored on a quarterly basis through QGC 1.25% of income of the Trust's income is attached to achieving these. PAF considered them good targets that may foster early intervention • Received a report on stranded patients and discussed the impact of the new ambitious targets which are mainly held by the A&E Delivery Board. Mr Oliver observed that Ward 19 with 30 patients who could be treated outside the Trust is a clear illustration of the impact of these patients. Ms Butcher asked how many of these patients are waiting for Continuing Healthcare (CHC). Mr Oliver confirmed this is about 16 at the moment and this is being escalated to the CCG. Cheshire West & Chester Council (CWAC) are reacting much quicker than Cheshire East Council to these patients • Reviewed the updated Annual Plan and recommended approval by the Board. The Trust is in a much better place than forecast and risks are clearly defined. • Received a deep dive report on Agency spend and the achievement of an end of year position within the Agency ceiling set by NHSI • Reviewed Q4 BAF • Discussed the impact of the Soliton (Radiology) incident and the impact on diagnostic waits which will be significant. This is being monitored by QGC. Mr Davis observed that the resilience of IT systems that the Trust relies on must be high. <p>Resolved: The Board accepted the report of PAF and the items escalated to the Board for information.</p>
<p>BoD19/05/12.3</p> <p>19/05/12.3.1</p>	<p>Legal Advice</p> <p>Dr Dodds advised that there had been no new legal advice taken in the month. Ongoing advice is being provided on an employment matter, the acquisition of the</p>

	South Cheshire Private Hospital (SPCH) and a contract dispute with an external provider.
BoD19/05/12.4 19/05/12.4.1	Freedom to Speak up Guardian (FSUG) 2018-19 Q4 Report Mrs Tunney noted that there had been no reports to the FSUG in quarter 4. The Trust is compliant with national reporting. The Whistleblowing policy is under review to incorporate FSUG and best practice from elsewhere with the support of Mrs Barnett and Mr Church as the NED FSUG. Mrs Tunney highlighted the activity taking place including suggestion boxes which are being trialled in ED and Maternity, a link has been added to incident reports on Ulysses and posters and a newsletter have been distributed across the Trust.
19/05/12.4.2	<p>Ms Tunney advised that the Trust were not alone in having no FSUG concerns raised in a reporting period but that regulators such as CQC are keen to see an increase in reporting. The Trust does have an open culture already with lots of feedback mechanisms, but it is important for staff to be able to raise concerns in a variety of ways.</p> <p>Resolved: The Board noted the FSUG report for quarter 4.</p>
BoD19/05/12.5 19/05/12.5.1	Budget Update Mr Oldham presented the final budget for 2019-20 explaining that the initial budget discussed by the Board was predicated on the notified control total (CT) of £2.3m deficit prior to MRET and PSF which the Board had agreed to reject even though this would give no access the PSF or the non-elective tariff funding. A budget position of £10.7m deficit was instead submitted. Discussions have been ongoing with NHSI to reach a CT that is achievable and this has now been agreed as a £9.3M deficit prior to MRET and PSF. This now allows access to a potential £7.5M additional, leaving a bottom line position of £1.8m deficit. Of the additional funds the Trust will be able to access £3.2m of emergency tariff and £4.3m PSF which remains linked to performance. The Trust will also need to find additional Cost Improvement Plans (CIP) of £1.4m above the original budget agreed. Last year the Trust achieved £1.6m better than forecast and some of the position for 2019/20 is therefore already achieved although not all of this is recurrent.
19/05/12.5.2	Mr Oldham outlined the proposed plan for the additional £1.4m CIPs which includes moving the LIMS project back into capital from a revenue budget (£360k). Nursing pressures and Radiology outsourcing has already started to bring savings that are recurrent and can be consolidated. Further non pay savings are forecast from the new operating model for procurement. Mr Oldham advised that further savings have already been identified because of slippage on investments such as posts that have not been recruited to. In addition, CCICP is receiving a lot of investment this year which is welcome but will be challenging to transact in 2019/20 so it likely that this will slip. Other CIPs have now been realigned where they are now challenged for example the Neonatal tariff which was forecast to be £650k has been confirmed at £400k so this has been adjusted. Any expected benefit from the SCPH acquisition has been removed for 2019/20 and unconfirmed CIPs have been reduced by £0.05m.
19/05/12.5.3	Mr Oldham advised that the capital programme has been refined to include the agreed £0.5m slippage from community services for 2019/20. The carry forward figures are now actuals. Mr Davis asked if the IT system to replace and refresh Soliton is a new addition following the recent incident. Mr Oldham confirmed that this was always in the plan and it was a server issue not the system itself that caused the problem. Mr Oliver confirmed that following the previous Board discussion on the capital programme at the Board Away Day in February the £1.2m proposed refurbishment for the ambulatory care facility has been confirmed. This will enable the refurbishment of both Wards 1 and 9 in 2020/21 and therefore meet the agreed end point with Cheshire Fire and

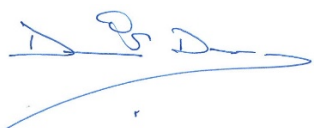
	Rescue. Mr Oldham advised that previously this project was dependent on borrowing but the new budget plan allows for this scheme to be funded from cash and therefore the decision to invest is purely with the Board.
19/05/12.5.4	Mr Oldham advised that the loan approved by NHSI 2018/19 from the Department of Health and Social Care (DH) to fund critical schemes such as ward refurbishment is still with the Treasury awaiting final approval. The Trust had to proceed with work at risk which was understood by NHSI. The Trust plan assumes it will be able to draw down the £4.1m at some point but working capital may be required if the approval is not received. Mr Oldham advised that the proposed funding for the capital programme for 2019/20 will reduce the cash balance by £5.1m in order to invest.
19/05/12.5.5	Mr Oldham reported that the Financial Risk Ratings for 2019/20 are forecast at 3 from an end of year 2018/19 year position of 2 which feels counterintuitive. However, the maximum overall score is 3 if any indicator is at a 4. The capital servicing indicator is a 4 because there is a loan due for payment in year, this is the £5m consolidated loan that was taken out previously to consolidate historic debt and reduce interest rates. This is not a situation unique to this Trust and other providers have moved repayment to a future date. The Trust intends to write to NHSI to ask if this loan can be treated in the same way. This would improve the capital servicing capacity but the loan would need to be restructured at some point.
19/05/12.5.6	Mr Davis clarified if the total capital figure of £19.2m is correct as it is higher than the summary of capital investments. Mr Oldham confirmed that the £19.2m also includes the brought forward from 2018/19. Mr Oldham advised that the cash position was positive at the year end with good debtor and creditor balances which will give some leeway on working capital. Mr Oldham summarised the key risks associated with the delivery of the financial plan and the proposed mitigation to reduce the impact of these risks if they occur. These risks will be monitored through the year.
19/05/12.5.7	The Chairman asked if Mr Favager was in agreement with the recommendations of the paper and to deliver the budget proposed and Mr Favager agreed. The Board were happy to accept the recommendations in the paper to: <ol style="list-style-type: none"> 1. Note the contractual progress 2. Approve the proposed revenue budgets including associated investments. 3. Approve the final capital programme subject to approvals detailed 4. Note the key risks and delegate to Performance and Finance Committee ongoing monitoring with appropriate escalation. 5. The Board to accept the revised Control Total
19/05/12.5.8	Mr Philpott commented that the paper had been discussed in some depth at PAF and Mr Davis added that as a committee they are happy to recommend it for approval subject to some small corrections. The Chairman thanked Mr Oldham for his work and the speed in which this budget plan had been amended. Resolved: The Board approved the Annual Plan and Budget for 2019/20.
BoD19/05/13 BoD19/05/13.1 19/05/13.1.1	WELL-LED Visits of Accreditation, Inspection or Investigation Dr Dodds reported that there were no visits to report. Resolved: The Board noted the visits reported.
BoD19/05/13.2 19/05/13.2.1	Quality Account Ms Tunney presented the Quality Account for 2018/19 which will form part of the Annual Report & Accounts of the Trust to be laid before Parliament in June. Mrs

<p>19/05/13.2.2</p> <p>19/05/13.2.3</p>	<p>Tunney stated that the report aimed to provide a balanced picture of performance quality and care, the year on year achievements and the challenges. Mrs Tunney highlighted ED, financial sustainability, workforce and infection control as the main challenges.</p> <p>Mrs Tunney outlined some of the achievements of the year including a reduction in complaints and set out the priorities for improvements. The report sets out progress against the Quality Safety and Improvement Strategy and includes narrative about the end of year position. Mrs Tunney noted that many sections of the report are mandated and the Governors have chosen mortality as their quality indicator for audit. Mrs Tunney explained that this report has been sent to key stakeholders including Healthwatch, Local Authorities and the Lead Governor for comment which is included. The report will also be presented to Cheshire East Council's Overview and Scrutiny Committee in June following submission to NHSI and auditors.</p> <p>Mrs Tunney recognised that there are some highlighted areas where end of year targets need adding and some typos to be corrected. Mrs Tunney asked that any further comments are sent to herself his week. Mr Davis asked that the mortality measures narrative is reviewed so that the measures are clear and the public can understand what good looks like.</p> <p>Resolved: The Board noted the report.</p>
<p>BoD19/05/13.3</p> <p>19/05/13.3.1</p> <p>19/05/13.3.2</p>	<p>Report on the Use of the Trust Seal</p> <p>The Chairman asked the Board to note the report on the use of the Trust Seal in the last six months.</p> <p>The Chairman reported that since the Board papers were issued the seal has been used for a further lease under Chairman's Action. This is for a renewal of a lease for offices on the Leighton Hospital site with the Stroke Association.</p> <p>Resolved: The Board noted the report on the use of the Trust Seal.</p>
<p>BoD19/05/13.4</p> <p>19/05/13.4.1</p> <p>19/05/13.4.2</p>	<p>Providers Licence Self-Certification 2018-10</p> <p>Dr Dodds advised that the Board need to consider the statements of self-certification circulated for the Board to approve which are assurance that the Trust is compliant with the conditions of the Provider Licence. Dr Dodds explained that this is a self-certification and NHSI will audit a small number of providers to ensure compliance. Each condition should be confirmed or not and any mitigation or explanation included.</p> <p>Dr Dodds advised that the following conditions need to be certified:</p> <ol style="list-style-type: none"> 1. <u>Condition G6(3):</u> The provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution. (Appendix 2) 2. <u>Condition G6(4):</u> Publication of the above G6(3) self-certification. 3. <u>Condition FT4 (8):</u> The provider has complied with required governance arrangements – Corporate Governance Statement (Appendix 3) 4. <u>Condition CoS7 (3):</u> The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to foundation trusts that are providers of Commissioner Requested Services (CRS). (Appendix

19/05/13.4.3	<p>5. <u>Training of Governors</u>: The provider has reviewed whether their Governors have received enough training and guidance to carry out their roles. (Appendix 4)</p> <p>Dr Dodds advised that the Trust is confident that it can confirm full compliance with all conditions and recommended that the certification was made and signed by Dr Dodds and the Chairman. Mr Philpott asked that at point 1 on the FT4 declaration the mitigation of appointing auditors was described as 'to assure internal controls...' rather than ensure.</p> <p>Resolved: The self-certifications were confirmed by the Board subject to the one amendment to the mitigation on the FT4 declaration.</p> <p>ACTION: Self-certifications to be signed and G6 declaration to be published on the Trust website. (Mrs Dowson)</p>
<p>BoD19/05/14 BoD19/05/14.1 19/05/14.1.1</p> <p>19/05/14.1.2</p> <p>19/05/14.1.3</p>	<p>EFFECTIVE Workforce Report</p> <p>Mrs Barnett presented the Workforce Report using data from March 2019. Mrs Barnett advised that TAP will be reviewing a new workforce report in May with refreshed metrics to look at the data available more smartly and feed different intelligence through to the Board. Mrs Barnett reported that the sickness rolling rate had gone up slightly but that the in-month position had improved across all divisions except for Medicine and Emergency Care (DMEC) which has the highest rate at 5.31%.</p> <p>Mrs Barnett advised that there had been a focus on Appraisals across all divisions, a trajectory for improvement has been put into place to achieve 90% Trust-wide by 31 October 2019. Some divisions are close to this target already, in particular CCICP and Diagnostics. Corporate is a concern as there is no reason for appraisal not to be scheduled and completed. Each executive has made a commitment to follow up rate in their own portfolios. Mandatory training is making a slow recovery from the changes in the autumn when requirements were reset. DMEC are the most challenged on training and alternative options are being considered including making paper versions available. Mrs Barnett noted that staff turnover is continuing to reduce and is below 10%.</p> <p>Mrs Barnett reported that agency spend has improved and is on the right trajectory, bank use rather than agency is increasing and consideration needs to be given at TAP about a long term solution to agency given the pressures in DMEC in particular. Mrs Barnett advised that DMEC presented to Executive Workforce Assurance Group (EWAG) to account for their performance on workforce metrics. Support is being given such as sickness surgeries training and health and wellbeing support. Progress will be reviewed in three months. Mr Brocklebank asked if this is a common issue for Trusts or is it a particular concern for this Trust. Mrs Barnett agreed that it is a common problem across many Medicine and Emergency Divisions. There are lots of drivers such as moving staff around wards and not being able to release staff for appraisals. Mrs Barnett noted that there had been changes in senior management in the division and this should drive positive change.</p> <p>Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p>BoD19/05/14.2 19/05/14.2.1</p>	<p>Transformation and People Committee (TAP) notes</p> <p>Ms Butcher presented the notes of the meeting of TAP from 4 April, noting that there are three items for verbal escalation:</p> <ul style="list-style-type: none"> • Received and noted the Transformation Project decision-making tool • Received and noted the Workforce Plan

19/05/14.2.2	<ul style="list-style-type: none"> Discussed the acquisition of South Cheshire Private Hospital and which committee should review the detail or should it go direct to the Board. <p>Ms Butcher reflected that the challenge for the committee is reconciling the workforce plan with the transformation agenda and this is a focus for the committee. Ms Butcher noted that this month's TAP will discuss as an escalation the capacity to support transformation will be discussed as the scale of transformation desired is challenging.</p> <p>Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.</p>
BoD19/05/14.3 19/045/14.3.1	<p>Consultant Appointments</p> <p>Mr Luckas advised that three new Consultant appointments have been made. A Paediatrician with an interest in Cystic Fibrosis and two Anaesthetists.</p>
BoD19/05/15	<p>Any Other Business</p> <p>Dr Dodds noted that this was the last Board meeting for Mr Oldham after over 30 years at the Trust. Dr Dodds thanked Mr Oldham for his hard work and commitment to the Trust reminding the Board that CQC at the last inspection had commented that Mr Oldham is one of very few Directors of Finance who understands quality. Dr Dodds wished Mr Oldham good luck in his new role at UHNM. The Chairman added that following a career of 30 years at the Trust Mr Oldham leaves the Trust with many good wishes and affection from his colleagues. Mr Oldham thanked the Board adding that his 30 years at the Trust have been very happy because of the organisation it is and the people in it,</p>
BoD19/04/16	<p>Time, Date and Place of the next meeting</p> <p>Board of Directors Meeting to be held in Public on Monday 3 June 2019 at 9.30 am in the Autumn Suite, Hunters Lodge, Crewe.</p>
The meeting closed at 12:10 pm hours.	

Signed



Chairman

Date: 20 June 2019

Minutes of Board Meeting held in 'Private'
Tuesday 7 May 2019
In the Boardroom, Leighton Hospital, Crewe

<p>Present Mr D Dunn Mrs H Barnett Mr T Brocklebank Ms L Butcher Mr J Church Mr M Davis Dr P Dodds Mr M Luckas Mr R Favager Mr Oldham Mr C Oliver Ms L Massey Mr L Philpott Mrs J Tunney</p> <p>In Attendance Mr J Sumner Mrs K Dowson Mrs D Frodsham Dr C Hammel</p> <p>Apologies Dr K Birch</p>	<p>Chairman Director of Workforce and OD Non-Executive Director Non-Executive Director Deputy Chair Non-Executive Director Interim Chief Executive Interim Medical Director Interim Director of Finance & Strategic Planning Director of Finance & Strategic Planning Chief Operating Officer Non-Executive Director Non-Executive Director Director of Nursing and Quality</p> <p>Incoming Chief Executive Trust Board Secretary Director of Strategic Partnerships Interim Deputy Medical Director</p> <p>Lead Governor</p>
BoD2/19/05/1	<p>Welcome and Apologies The Chairman welcomed Board members to Part 2 of the meeting and noted that all Board Members were present.</p>
<p>BoD2/19/05/2 2/19/05/2.1</p>	<p>Board Members Interests Mr Oldham declared his new role at University Hospitals of North Midlands NHS Trust (UHNH) in regard to the Pathology outline business case but noted that the case will produce joint benefits for both Trusts so there is no conflict.</p>
<p>BoD2/19/05/3 2/19/05/3.1</p>	<p>Minutes of the Previous Meeting There were no amendments proposed.</p> <p>Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 1 April 2019.</p>
<p>BoD2/19/05/4 2/19/05/4.1 2/19/05/4.2</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>BoD2/19/05/5 2/19/05/5.1</p>	<p>Effective Medical Staffing Update</p> <p>Paragraph removed under Section 40 of the Freedom of Information Act.</p>

	Resolved: The Board noted the update provided.
BoD2/19/05/6 BoD2/19/05/6.1 2/19/05/6.1.1 2/19/05/6.1.2 2/19/05/6.1.3	<p>Well Led System Update</p> <p>Paragraph removed under Section 36 of the Freedom of Information Act.</p> <p>Mr Davis acknowledged that this is a sensitive issue and asked if it needs to be routinely monitored through a committee, Mr Oldham noted that Executive Infrastructure Delivery Group (EIDG) does monitor this and reports to PAF but this is from an estates perspective. Dr Dodds suggested that similar to the proposed acquisition of South Cheshire Private Hospital (SCPH) this should be reported to Part II of Board. Mrs Frodsham proposed that a timeline is drafted and work is undertaken in readiness for a consultation.</p> <p>Cheshire East Place Ms Butcher advised that at the Cheshire East Place (CEP) Partnership Board reference was made to a piece of work commissioned by the Health & Care Partnership (H&CP) for an acute Cheshire review. Mrs Frodsham advised that this is not a review that has engaged directly with the acutes yet but Mr Stephen Michael, Independent Chair of the CEP is aware of the purpose and focus of this review. Ms Butcher advised that CEP has asked organisations if they have any capacity for transformation to release into the system and Mrs Frodsham confirmed that the same request has been made from Cheshire West Integrated Care Partnership,</p> <p>Resolved: The Board noted the system update.</p> <p>BoD2/19/05/6.2 2/19/05/6.2.1 Governance Framework for Cheshire East Place Mrs Frodsham advised that this paper is with the Board for approval following discussion at the recent Board to Board with East Cheshire Hospitals NHS Trust (ECT). This paper establishes a framework and goodwill to be more effective in collaborative working. Both Boards had agreed to take the paper to formal approval and publish it together once both Boards have approved it. Ms Butcher commented that CEP are reviewing their governance framework and it will be important to ensure that Mr Sumner is linked in fully to discussions.</p> <p>Resolved: The Board approved the Governance Framework.</p>
BoD2/19/05/6.3 2/19/05/6.3.1 2/19/05/6.3.2	<p>Outline Business Case for the North Midlands Pathology Network Mrs Frodsham presented the Outline Business Case to the Board and explained that if approved it will be followed by a full Business Case. Mrs Frodsham reminded the Board that this network was the result of a central directive allocating the Trust to a Pathology Network with UHNM and ECT over a year ago. Discussions have been ongoing since then to agree on the opportunities presented and how these could be delivered. The Trust has been able to build on its successful experience of creating a joint Pathology service across the Trust and ECT.</p> <p>Mrs Frodsham explained that there are some concerns whether the suggested £1.5m of savings can be released when two organisations have already achieved savings of £1m on consumables through procurement and £0.5m on overheads and staffing through economies</p>

<p>2/19/05/6.3.3 2/19/05/6.3.4 2/19/05/6.3.5 2/19/05/6.3.6</p>	<p>of scale. Mrs Frodsham advised that the qualitative savings outweigh the quantative. There are good opportunities and UHNM already have good staff numbers and sub specialist staff.</p> <p>Paragraphs removed under Section 43 of the Freedom of Information Act.</p> <p>Resolved: The Board approved the outline business case for the Pathology Network for North Midlands.</p>
<p>BoD2/19/05/6.4 2/19/05/6.4.1</p> <p>2/19/05/6.4.2</p> <p>2/19/05/6.4.3</p> <p>2/19/05/6.4.4</p> <p>2/19/05/6.4.5</p>	<p>Acquisition of BMI South Cheshire Private Hospital (SCPH) Update Mr Oldham presented the update paper to advise the Board on the current position in regard to the potential acquisition of SCPH. Mr Oldham advised that the paper includes a risk assessment from Aldwych Partners on the likely interest from the Competitions and Mergers Authority (CMA) which would lengthen any acquisition considerably. A legal due diligence report from Hill Dickinson is also included. Mr Oldham advised that the acquisition has already been a big piece of work and requires dedicated resource to progress to a point when a final decision can be made. Mr Oldham advised that the Trust is meeting with a potential project manager this week who has been recommended by the Trust's internal auditors. Mansfield Associates are also advising the Trust on entering the private sector and helping work though commercial relationships with insurance companies.</p> <p>Mr Oldham asked the Board to note the key risks and issues which have been identified so far. The quality of the estate will be a challenge as there has been very little investment and the Trust will inherit considerable backlog maintenance. The validation of the theatres is essential and BMI have committed to achieving this before any sale. Mr Oldham advised that a considerable investment in IT will also be required including a new fibre optic link to increase speeds.</p> <p>Paragraph removed under Section 36 of the Freedom of Information Act.</p> <p>Mr Oldham observed that BMI demand a higher rate than competitors in the market because of the volumes treated but insurers may be keener to use SCPH following acquisition because it will be better value. In the meantime, there is an active diversion of business from SCPH because of the uncertainty around the transaction. Mr Oldham noted that CQC are due to inspect SCPH and it was postponed because of the original transaction date of 1 April. Because of the delay CQC may decide to visit this summer as SCPH was rated as 'Requires Improvement' in Safe and Well Led in 2017. Mr Oldham noted a further consideration in the wider capacity at the Trust for functions currently provided by BMI corporate team especially those that the Trust does not have such as marketing.</p> <p>Mr Philpott thanked Mr Oldham for the paper and noted his concern about interest from CMA which would impact the timescale, the lack of a project manager and the condition of the estate. This is in addition to the challenges that will always exist when two teams are brought together with different cultures and this needs to be included in the risks. Mr Brocklebank commented that the costs are not very clear. Mr Oldham agreed, but reminded the Board that this is a work in progress and the</p>

2/19/05/6.4.6	final business case will be clear about the cost of investment needed. The Chairman observed that following due diligence the purchase price will need to be agreed based on the value of SCPH as a going concern.
2/19/05/6.4.7	Paragraphs removed under Section 43 of the Freedom of Information Act.
2/19/05/6.4.8	Mr Oldham agreed that the amount of backlog maintenance is higher than first thought so the valuation on the balance sheet is too high. On the other hand the Trust currently receives £1m income annually for providing services to SCPH that would be at risk if there was no service at SCPH. Ms Butcher commented that the Board will need to consider the balance of risks and the impact of not purchasing SCPH.
2/19/05/6.4.9	Mrs Frodsham commented that the discussion is reminiscent of the discussion prior to agreeing the acquisition of community services in 2016. That was in the Trust's long term strategy as is picking up the work currently going to private providers. Mrs Frodsham reminded the Board that key aims were to ensure the long term sustainability of the Trust, bring in external work and repatriate the Cheshire pound. Building SCPH into a Trust asset is a key part of this growth strategy. The Trust needs to work through the risks and process and make a decision later in the year. Mr Oliver added that the additional beds and capacity this brings will create long term elective resilience in winter and support the RTT challenge.
2/19/05/6.4.9	Dr Dodds summarised that the decision will be taken when due diligence is completed and the Board will have all the facts but the decision today is to commit £40k to employ a project manager. The Chairman agreed and noted that the Board's approach has always been to risk success not just manage risk. The Chairman asked that a monthly verbal update is provided to the Board.
	Resolved: The Board approved the appointment of a project manager to the SCPH acquisition project.
BoD2/19/05/7 2/19/05/7.1	Any Other Business There was no further business.
BoD2/19/05/8	Review of the Board meeting Ms Butcher reviewed the meeting noting that it was a substantial meeting with a good amount of discussion and challenge on infection control and mortality. The budget discussions summarised the current position and laid the foundations for next year as well. The meeting had some good strategic discussion that started with the patient story on the Virtual Fracture Clinic and the shared understanding of the potential for virtual hospital services and discussing some big issues with full participation from all Board members.
BoD2/19/05/9	Time, Date and Place of the next meeting The Board of Directors Meeting is to be held in Private on Monday 3 June 2019 in the Autumn Suite, Hunter's Lodge, Crewe following the Board meeting held in Public. The meeting closed at 13:30pm

Signed

A handwritten signature in blue ink, appearing to be 'I. S. D.', with a long horizontal stroke extending to the right and a small mark below it.

Chairman

Date: 20 June 2019