

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 1 April 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>Mrs H Barnett</td><td>Director of Workforce and OD</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 J Church</td><td>Deputy Chair</td></tr> <tr> <td>Mr M Davis</td><td>Non-Executive Director</td></tr> <tr> <td>Dr P Dodds</td><td>Interim Chief Executive</td></tr> <tr> <td>Mr M Luckas</td><td>Interim Medical Director</td></tr> <tr> <td>Ms L Massey</td><td>Non-Executive Director</td></tr> <tr> <td>Mr M Oldham</td><td>Director of Finance & Strategic Planning</td></tr> <tr> <td>Mr C Oliver</td><td>Chief Operating Officer</td></tr> <tr> <td>Mr L Philpott</td><td>Non-Executive Director</td></tr> <tr> <td>Mrs J Tunney</td><td>Director of Nursing and Quality and Interim Deputy Chief Executive</td></tr> </table> <p>In attendance</p> <table> <tr> <td>Mrs D Frodsham</td><td>Director of Strategic Partnerships</td></tr> <tr> <td>Mrs R Hooker</td><td>OD Manager (<i>item 19/04/10.2 only</i>)</td></tr> <tr> <td>Dr J Ellison</td><td>Retired Consultant in Paediatrics (<i>item 19/04/2 only</i>)</td></tr> <tr> <td>Mrs E Robertson</td><td>MCH Charity Manager (<i>item 19/04/2 only</i>)</td></tr> <tr> <td>Ms A Collins</td><td>CAU Ward Manager (<i>item 19/04/2 only</i>)</td></tr> <tr> <td>Mrs A Freeman</td><td>Associate Director of IT (<i>item 19/04/13.4 only</i>)</td></tr> <tr> <td>Ms H Ashley</td><td>Head of OD and Education (<i>item 19/04/13.5 only</i>)</td></tr> <tr> <td>Mrs C Ralphs</td><td>Committee Secretary</td></tr> </table> <p>Observing</p> <table> <tr> <td>Mrs B Beadle</td><td>Public Governor (Crewe & Nantwich)</td></tr> <tr> <td>Mr R Favager</td><td>Invited Observer</td></tr> <tr> <td>Mr M Long</td><td>Public Governor (Patients & Carers)</td></tr> <tr> <td>Ms P Psaila</td><td>Public Governor (Patients & Carers)</td></tr> </table>		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 and Interim Deputy Chief Executive	Mrs D Frodsham	Director of Strategic Partnerships	Mrs R Hooker	OD Manager (<i>item 19/04/10.2 only</i>)	Dr J Ellison	Retired Consultant in Paediatrics (<i>item 19/04/2 only</i>)	Mrs E Robertson	MCH Charity Manager (<i>item 19/04/2 only</i>)	Ms A Collins	CAU Ward Manager (<i>item 19/04/2 only</i>)	Mrs A Freeman	Associate Director of IT (<i>item 19/04/13.4 only</i>)	Ms H Ashley	Head of OD and Education (<i>item 19/04/13.5 only</i>)	Mrs C Ralphs	Committee Secretary	Mrs B Beadle	Public Governor (Crewe & Nantwich)	Mr R Favager	Invited Observer	Mr M Long	Public Governor (Patients & Carers)	Ms P Psaila	Public Governor (Patients & Carers)
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<p>BoD19/04/1 19/04/1.1</p> <p>19/04/1.2</p>	<p>Welcome, Introduction and Apologies</p> <p>The Chairman welcomed all those present to the meeting, reminding observers that he and the Interim Chief Executive would be available at the end of the meeting to answer any questions.</p> <p>The Chairman welcomed Dr Paul Dodds in his new role as Interim Chief Executive; Mr Murray Luckas as the new Interim Medical Director; and Mrs Tunney as Interim Deputy Chief Executive. The Chairman also welcomed Mr Russ Favager who is observing the Board today.</p>																																																		
<p>BoD19/04/2 19/04/2.1</p> <p>19/04/2.2</p>	<p>Patient Story</p> <p>Mrs Tunney introduced a short video in which a lady, who has a family of three children all of whom have epilepsy, describes the treatment the family has received at Leighton Hospital and how they have gone on to raise £10,000 for the Trust.</p> <p>Ms Butcher stated that the story was heartfelt and inspiring. Ms Butcher went on to describe a further video which is online from the perspective of the children talking about their experiences.</p>																																																		

19/04/2.3	Dr Ellison explained that the children all have different versions of the same condition, which is uncommon, as there are not many families with more than one child with epilepsy. The Chairman referred to the Nurse Specialist role and what it means to support as a family. Dr Ellison replied that it makes a great deal of difference for someone for the family to contact and there is a requirement for more Nurse Specialist time to help other families.
19/04/2.4	Mrs Robertson said that the lady was very passionate in her fundraising and appreciative of the support given by the Charity team, and Mrs Robertson pledged to continue to support her for as long as is required. Mrs Barnett suggested that the Celebration of Awards panel explore the possibility of inviting guest speakers who have such inspiring stories, to provide an introduction of what to aspire to.
19/04/2.5	Ms Butcher was delighted to see the message that comes through, with one of the children having a range of difficulties and the co-ordination of care over the departments helping with the family to cope with several appointments and navigating through the system.
19/04/2.6	In conclusion, the Chairman wished Dr Ellison well in her retirement and thanked her and Andrea Collins, the Ward Manager, for the outstanding work on the ward and to convey thanks to her colleagues. The Chairman added that Mrs Robertson will continue the good work to support fundraisers. Resolved: The Board noted the story presented.
BoD19/04/3	Board Members' Interests
19/04/3.1	There were no declarations of changes in interests of Board Members.
19/04/3.2	There were no interests declared in relation to open items on the agenda.
BoD19/04/4 BoD19/04/4.1	Minutes of the Previous Meeting Board of Directors meeting held on 4 March 2019
19/04/4.1.1	The minutes of the meeting were agreed subject to the following amendments: <ul style="list-style-type: none"> • 19/03/10.1.4 – Ms Butcher noted that the final sentence should read <i>“Patients that have had several falls will show as separate incidents”</i> • 19/03/10.1.5 – Mrs Tunney advised that the second to the last paragraph should read <i>“All three post-infection reviews will be presented together to Executive Infection Control Group as there are likely to be some common themes”</i>. • 19/03/12.1.1 – Mr Oliver noted that the last sentence should read <i>“This is a national standard reported monthly against a quarterly target....”</i> • 19/03/12.1.2 – Mr Oliver requested that in the third line the word “rate” be amended to “percentage” • 19/03/12.1.5 – Mr Oliver requested that the third line down should read <i>“Mr Oliver noted that the target allows no flexibility into winter....”</i> Removing <i>“this was also reported quarterly, and the quarter should be met but”</i> • 19/03/12.1.5 – Mr Oliver noted the last sentence should read <i>“A review into readmissions from Elmhurst concluded that there had been no inappropriate readmissions into the Trust”</i> • 19/03/12.5.6 – Mr Brocklebank requested that the wording in the second line be amended to read <i>“so, given the potential benefit, he would support the business case”</i>

	<p>Resolved: Subject to the amendments noted the minutes were agreed as a true and accurate record of the meeting held on 4 March 2019.</p>
<p>BoD19/04/5 19/04/5.1</p>	<p>Matters Arising and Action Log The Chairman noted that there one action on the Board action log and this was for the meeting in May 2019.</p> <p>Resolved: the Board noted the action for May 2019.</p>
<p>BoD19/04/6</p>	<p>Annual Work Programme The Chairman noted that there was a slight change to the agreed workplan as the date for updating the Trust Strategy at Board has been amended.</p> <p>Resolved: The Board noted version 2 of the Board Work Programme 2019/20.</p>
<p>BoD19/04/7 BoD19/04/7.1 19/04/7.1.1</p>	<p>Chairman's Announcements Appointments and Remuneration Committee (RemCo) – 4 March 2019 The Chairman reported that RemCo had met on 4 March with three substantive items on the agenda: one was for the approval for a determination of the three short-listed candidates going forward for Chief Executive; approval of remuneration for Executives for the coming year; and discussion of Mr Oldham going forward to his new role and the possibility of an interim role</p>
<p>BoD19/04/7.2 19/04/7.2.1</p>	<p>Chief Executive Interviews The Chairman announced that following the final interviews held on 28/29 March an offer has been made to one candidate who has accepted the role subject to Governor ratification. Further discussions will now take place to confirm when they will be able to start in post and when the public announcement will be made.</p>
<p>BoD19/04/7.3 19/04/7.3.1</p>	<p>Board to Board with East Cheshire NHS Trust (ECT) – 18 April 2019 The Chairman reminded the Board that there is a planned joint Board to Board meeting with ECT on 18 April 2019 and that a draft agenda for this has been agreed and will be circulated to the Boards of MCHFT and ECHT.</p> <p>Resolved: The Chairman's items were noted</p>
<p>BoD19/04/8 BoD19/04/8.1 19/04/8.1.1</p>	<p>Governors Items NEDs/Governors The Chairman reported that the Governors had met with Non-Executive Directors (NEDs). The meeting was well attended, with ten Governors in attendance and all Non-Executive Directors. The discussion covered a range of issues, including South Cheshire Private Hospital and the process on due diligence; CEO appointment and other changes to Executive team as well as the international recruitment drive that was approved in principle at the last meeting.</p>
<p>19/04/8.1.2</p>	<p>The Chairman advised that the discussion included several Governor topics which included a Governor's experience as a "mystery shopper" around bed moves; care of the terminally ill patients at home; Governor development; procurement and the extent to which is led nationally rather than independently. The Chairs of the various subcommittees presented to Governors the important items and topics on their agendas.</p>
<p>19/04/8.1.3</p>	<p>The Chairman noted that at the end of the meeting some Governors reported they had met with other Governors in the sector and had been approached by Governors in another Trust who do not have the same engagement as at MCHFT and had made a request to attend one of the NEDs/Governors meeting in the future. The Chairman</p>

19/04/8.1.4	<p>added he was happy to discuss with the Chair of that Trust and in principle would be pleased for them to attend subject to it being acceptable to that Chair</p> <p>In conclusion, the Chairman reported an exceptional meeting and thanks to the Governors for their continued support.</p> <p>Resolved: The Governors items were noted</p>
BoD19/04/9 BoD19/04/9.1 19/04/9.1.1 BoD19/04/9.2 19/04/9.1.2	<p>Interim Chief Executives Report</p> <p>System Update</p> <p>Dr Dodds reported that as of today Mr Mark Palethorpe commences as Executive Lead for Cheshire East Place, and Mr Alex Mitchell will take over as Finance Lead. Dr Dodds noted that arrangements have been made in relation to the Pre-Consultation Business Case, with the CSU leading on the process.</p> <p>Executive Away Day – 5 March 2019</p> <p>Dr Dodds reported that the meeting consisted of a single agenda item, whereby each Division attended in turn to discuss their cost improvement programmes, investments and plans for next year. Dr Dodds added that the outputs from that meeting were included in the Annual Plan</p> <p>Resolved: The updates from the Interim Chief Executive were noted.</p>
BoD19/04/10 BoD19/04/10.1 19/04/10.1.1 19/04/10.1.2 19/04/10.1.3 19/04/10.1.4	<p>CARING</p> <p>Quality, Safety and Experience Report</p> <p>Mrs Tunney presented the report based on data from February 2019. Mrs Tunney advised that she would be presenting the report based on exceptions for local and national targets to expected performance. Mrs Tunney informed the Board that there had been two Serious Untoward Incidents (SUI). There had been one patient fall resulting in a fractured neck of femur which was being reviewed through a Root Cause Analysis and any lessons learned will be disseminated to staff. Mrs Tunney noted that the second incident was a potential delay in diagnosis and an investigation is in progress. In response to a query from the Chairman in relation to the incident being a potential delay in diagnosis, Dr Dodds explained that there was a difference in clinical opinion as to how the patient should have been managed and that this was being worked through.</p> <p>Mrs Tunney reported there were a total of 11 hospital acquired Pressure Ulcers (PU) which is a reduction of 4 from the previous month, the last three months have seen the numbers reducing. Of the 11, two were classified as avoidable and both have been reviewed by the PU Panel. Mrs Tunney added that good progress was being made in the reduction of avoidable PUs.</p> <p>Mrs Tunney advised that there were 83 inpatient falls in month which is a slight reduction of 7 from the previous month. One fall resulted in moderate harm and one fall has resulted in serious harm. Mrs Tunney reported that the pilot developed regionally which focuses on “safe journey to the bathroom” has commenced today on three wards and any evidence received indicating a reduction in inpatient falls will be brought back to a future Board meeting.</p> <p>Mrs Tunney noted that the total number of Community acquired PUs was 71 in month, a reduction of two. Mrs Tunney explained there had been a significant amount of education around reporting PUs in the Community and it was good to see the high numbers reported. PUs resulting in avoidable harm in the community continues to be low and all actions have been reviewed.</p>

19/04/10.1.5	Mrs Tunney asked the Board to recall the in-depth discussion last month in relation to MRSA Bacteraemia cases and that there had been two cases reported in February which gave a total of three cases at that time. Mrs Tunney was disappointed to report that there had been a further MRSA Bacteraemia case confirmed in March 2019, bringing the total to four year to date. Mrs Tunney explained that the Board had received assurances of several initiatives that were being put in place to improve practice. To put this into context of these initiatives, the 4 th case had been reported 6 working days following the last Board meeting when the work had only just commenced, although this does not take away the seriousness and need to ensure that improvements take place.
19/04/10.1.6	Mrs Tunney advised that the two MRSA Bacteraemia cases in February were attributed to Ward 13 and the Emergency Department. Both cases were identified as avoidable. The primary site for Ward 13 was an invasive device and the primary site for ED was contaminant. Ward 13 and Theatre 5 have received a deep clean service. Mrs Tunney added that the weekly audits will be continued and progress reported at the Executive Infection Prevention and Control Group.
19/04/10.1.7	Mrs Tunney noted that the report from the Clinical Commissioning Group (CCG) quality visit on 1 March has now been received and the findings were in the main good, with some small issues around decluttering. Mrs Tunney noted that an Improvement Notice had been received from CCG in terms of a breach of contract and she was in the process of responding. Although a breach of contract, the letter is positive and recognises all the actions being taken proactively. An external peer review booked for last week was cancelled due to unforeseen circumstances and has been rebooked for 12 April 2019.
19/04/10.1.8	Mrs Tunney explained that communication of procedures to staff was through senior nurse meetings and told as a patient story to all wards involved. Mr Luckas added that various techniques are discussed at junior doctor meetings and videos are being prepared for training purposes.
19/04/10.1.9	In response to a query from Mr Church regarding the wellbeing of the patients concerned, Mrs Tunney replied that the initial three patients were fit and well and discharged, and the 4 th patient went home last week.
19/04/10.1.10	The Chairman thanked Mrs Tunney for her candid report and noted that the Board had expressed concern and had gained some assurance regarding the mitigation and processes put in place.
19/04/10.1.11	Mrs Tunney presented the CQUIN 2018/19 performance and noted two exceptions: part of the Sepsis CQUIN – Antibiotic review and evidence of documentation which did not achieve Q3; Tobacco which is on a sliding scale and not achieving Q3 for documented evidence. Mrs Tunney explained that this was an additional duty for ward staff with no extra resource. An improvement trajectory is in place.
19/04/10.1.12	Mrs Tunney reported that the Registered Nurse expected staffing levels baseline is 85%. In February six wards fell below 85%, 4 on days and 2 on nights. Some of these were attributable to vacancies with the exception of Ward 9 which had a requirement to reduce beds in month. Mrs Tunney informed the Board of the robust actions in place to ensure wards were safe at the time through the use of alternative roles, ie Ward Managers and Advanced Clinical Practitioners.
19/04/10.1.13	Mrs Tunney presented the patient experience section noting 13 complaints received in month, which was a reduction of 8 from last month and against a monthly average of 20 per month. The highest categories this month were: Medical; Staff Attitude; Nursing; and Loss of Personal Property. Mrs Tunney noted that the trends were improving, although to be aware of the low numbers.

19/04/10.1.14	Mrs Tunney noted the closed complaints and asked the Board for any comments. Mr Davis queried that once the complaint has been closed off and reported as cleared, how are any underlying issues or multiple factors tracked through Executive Quality Governance Group and QGC? Mrs Tunney explained that each division take their actions through their divisional boards and these are also discussed in quality reviews, with senior nurses and divisional general managers, with serious incidents being reported at the Patient Safety Summit and escalated to QGC if necessary.
19/04/10.1.15	<p>Mrs Tunney noted that the NHS Choices star ratings remain the same and Friends and Family (F&F) ratings remain good. Mrs Tunney explained that CCICP had now been included for the percentage of positive responders. Mrs Tunney noted 409 compliments received in February.</p> <p>Resolved: The assurance provided in the Quality, Safety and Experience report was noted.</p>
BoD19/04/10.2	National Staff Survey Presentation
19/04/10.2.1	Mrs Barnett introduced Mrs Hooker, OD Manager, who would be able to answer any queries the Board may have. Mrs Barnett presented the Staff Survey results from 2018, noting that this was the second year the Trust has been classified as a combined community and acute Trust which has allowed a comparison to the previous year.
19/04/10.2.2	Mrs Barnett reported that this was her first year of presenting the survey to the Trust and was pleased with the good results that are improving slightly year on year. Mrs Barnett noted that in previous years there have been 32 key findings to present to Board, and this year it has been simplified and introduced 10 key themes, scored on a scale of 0 to 10.
19/04/10.2.3	Mrs Barnett advised that the response rate was 53%, slightly lower to 54% last year, with the national Trust average being 48%, therefore showing a good engagement from staff. Mrs Barnett noted the disappointing response rate of 28% from Medicine & Emergency Care Division but agreed that it was understandable bearing in mind the operational difficulties that Division have been under. Mrs Barnett explained that the OD team were exploring how to encourage those areas that had low response rates to help them increase for this year.
19/04/10.2.4	Mrs Barnett explained that the staff engagement score of 7.2 against an average of 7 was very positive. Mrs Hooker has approached Guys and St Thomas, who were the highest scoring combined community and acute Trust, to learn from them and to try and increase MCHFT score. Mrs Barnett noted a slight improvement on last year and the work around walk rounds, regular meetings with Trade Union representatives and the weekly CEO have all contributed to raising the profile of the Board. This should continue throughout 2019/20.
19/04/10.2.5	Mr Davis commented on the significant improvement over time on the ratings against bullying and harassment and violence as he recalled these specific areas being a concern year on year. Mrs Hooker explained that since moving into the combined category the Trust can only benchmark from 2016, although the Trust's own data shows where improvements have been made. Mrs Hooker added that although there has been a marked improvement in the ratings of these areas, the numbers seen are not acceptable and attention is focused to decrease the numbers further.
19/04/10.2.6	Mrs Barnett recognised the excellent results from CCICP and commended the staff survey results. Mrs Frodsham said she was delighted with the results and reminded the Board that CCICP had undergone four management of changes during the year.

19/04/10.2.7	Mrs Hooker noted that the Health & Wellbeing Group had taken the lead to focus on divisions that had low scores and they are working to produce a specific bespoke piece of work to support Medicine & Emergency Care division. Mrs Hooker advised that the first meeting had taken place to discuss planned interventions.
19/04/10.2.8	Mrs Barnett noted two areas of specific focus for 2019/20 would be the quality of appraisals and visibility, engagement and communication from immediate managers. Mrs Barnett advised that a pilot is currently taking place to change the way appraisals are held; regular feedback sessions over the year as opposed to one per year. The pilot is in two areas and will run over a 12-month period. Mrs Barnett noted that "immediate managers" is around leadership and valuing staff with the promotion and continuation of thank you cards and employee and team of the month. Mrs Barnett assured the Board that focus on these two areas would not detract from the other areas in the survey.
19/04/10.2.9	Ms Butcher thanked Mrs Barnett and team for the impressive picture and congratulated all those concerned for the excellent results. Ms Butcher raised a question that the actions going forward all seemed to be focused in divisions but noted that the areas covered; stress, bullying, etc are also corporate issues, what actions are being taken corporately on leadership? Mrs Barnett agreed that although the focus was in divisions, leadership programmes including compassionate leadership, dignity and respect are available for corporate teams. Mrs Barnett continued that corporate teams have their action plans and the OD will work with them to get greater buy-in. Mrs Tunney added that a corporate retention strategy is being produced with a workforce group developed to take the strategy forward and driven corporately.
19/04/10.2.10	Mr Brocklebank noted that Medicine & Emergency Care division stands out as the lowest response rate and asked if there is a plan for managers. Mrs Barnett replied that a meeting is to take place to look at interventions and impact and for them to choose two or three things they feel the most important to them, then use OD resource to support them. Mr Oliver explained that the division has seen significant changes in senior management over the last 12-month period and a sub-division has now been created. Mr Oliver added that the division is now getting to a point of a substantive team. Mr Oldham added that the real context for the division is the wards operating 99% bed occupancy with staff being moved around, patients in corridors in A&E which will add to the significant operational stress the staff are working under.
19/04/10.2.11	<p>The Chairman praised the Trust on the good set of results and well done to CCICP in particular, and asked Mrs Frodsham to feed back to them. The Chairman was pleased that the OD team will look for exemplars from Guys and St Thomas' to learn from and noted there are things that the Trust are doing well and these should be profiled. The Chairman thanked Mrs Hooker for her attendance and looked forward to the work being done to take this forward.</p> <p>Resolved: The Board noted the results of the 2018 staff survey.</p>
BoD19/04/11 BoD19/04/11.1 19/04/11.1.1	SAFE Draft Quality Governance Committee (QGC) Ms Massey presented the minutes of the most recent meeting noting that the Quarterly Organisational Risk Report was on the agenda for today's Board. Ms Massey also advised the Board that the committee had received a presentation on the review of the National Joint Registry Audit.
19/04/11.1.2	Ms Massey noted that it was the last meeting of Mrs Bullock as CEO; and Mr Kevin Wynn who received thanks for his contribution to the Trust and Committee.

19/04/11.1.3	<p>Ms Massey advised that Mr Wynn and the team had undertaken a significant review of the way the risk reports are presented and developed. A complete revamp of the system resulted in a reduction of risks held on the system from 600 to 185. The key development is that the risks are entered on in real time with a standard approach leaving less room for variation and the scores given are more robust.</p> <p>Resolved: The Board noted the items escalated by QGC</p>
BoD19/04/11.2 19/02/11.2.1 19/04/11.2.2	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p> <p>Dr Dodds advised that there were two SUIs to report which were an in-patient fall resulting in a fractured neck of femur and a potential avoidable death in ED relating to a failure of escalation of a deteriorating patient.</p> <p>Dr Dodds advised that there was one RIDDOR reportable event</p> <p>Resolved: The Board noted the report of SUIs and RIDDOR events.</p>
BoD19/04/12 BoD19/04/12.1 19/04/12.1.1 19/04/12.1.2 19/04/12.1.2 19/04/12.1.3 19/04/12.1.4 19/04/12.1.5	<p>RESPONSIVE</p> <p>Performance Report</p> <p>Mr Oldham presented the performance report which uses data from February 2019. Mr Oldham noted that the Trust had achieved three of the five NHS Improvement Single Oversight framework performance indicators.</p> <p>Mr Oldham stated that all cancer targets had been achieved in month and for the quarter. Mr Oldham advised that the unplanned activity against the 4-hour transit time stands at 81.12% against the 95% performance standard. Mr Oldham noted that an area of concern was RTT at 91.5%; 91.63% after validation. The percentage has been below the 92% target for two consecutive months. Numbers of Diagnostic waiters' volume has increased from 3548 in February 2018, to 4785 patients waiting in February 2019.</p> <p>Mr Oldham went on to say that there was still considerable pressure in A&E with an increase of 500 patients in February this year compared to last February. Mr Oldham added that DTOC was still performing well. Mr Oldham said that in February medical outliers were still at a high rate and this was part of the pressure on the 4-hour transit target. The occupancy rate for Medicine & Emergency Care Division remains at approximately 97%. Mr Oliver noted that the level of stranded patients was increasing because of the work being carried out to discharge the longer length of stay patients and, therefore, this was expected.</p> <p>Mr Oliver explained that although the totality of patients waiting over 18 weeks has increased against March last year and against the NHSI directive, he provided a brief explanation to put it in context. During the year work took place as a system with market shaping to bring out of area work in. Also, during the year Vernova Healthcare withdrew from their contract for Dermatology patients in East Cheshire, therefore, more patients were seen at Leighton. If these two factors were removed, the Trust would have reduced the waiting list and would have delivered the NHSI ambition. Mr Oliver added that the actions were right for the system and right for the patients and market share but had a negative effect on the size of the Trust's waiting list.</p> <p>Mr Oldham advised that the Trust's Income & Expenditure position, before exceptional items, is a deficit of £2.6M which is £3.5M worse than the planned surplus of £0.9M, with the position including £4.125M of the MOU with South/Vale Royal CCGs. Mr Oldham stated that CCICP were showing a surplus of £209k year to date.</p> <p>Mr Oldham noted no significant changes in efficiencies, with the full year forecast of £5.6M, which is £1.2M less than planned. Mr Oldham advised there was nothing</p>

<p>19/04/12.1.6</p> <p>19/04/12.1.7</p>	<p>exceptional to report on the Capital Programme. Mr Oldham noted the cash position was at £9.6M which was flattered by slippage in the Capital Programme and also by elements of the PDC draw down in previous year and not spent yet.</p> <p>Mr Oldham noted the positive on nursing agency spend that peaked in December and was now coming back in line. This has been driven by operational performance in terms of February only opening the escalation beds for one week, thereby reducing the premium agency costs. Mr Oliver explained that last winter there was no funded winter ward and the Trust operated pop-up winter wards on Wards 11, 15 and James Cross Unit. Mr Oliver continued that this year a funded GP-led winter ward was maintained on Ward 19 and this has worked well.</p> <p>Mrs Tunney noted that in the last 12 months the agencies rates have changed and are competing against each other, there is a need for the Trust to use off-cap agencies and each one of these are checked and authorised. Mrs Tunney added that there may be less shifts being covered by agency staff, but they may be more expensive</p> <p>Resolved: The Board noted the Performance Report.</p>
<p>BoD19/04/12.2</p> <p>19/02/12.2.1</p> <p>19/04/12.2.2</p> <p>19/04/12.2.3</p>	<p>Draft Performance and Finance (PAF) Committee notes</p> <p>Mr Davis presented the notes of the meeting of 21 March 2019 and noted that the Annual Plan and LIMS Outline Business Case are on the agenda for today's Board. In addition, there were five further 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 February • Contract activity has been agreed but discussions continue in regard to risk sharing and contract terms • Information in relation to EU Exit reviewed • Proposed changes to access targets in 2020/21 reviewed • Emerging issues and risks reviewed. <p>Mr Davis advised PAF had provided a superficial review of the LIMS Outline Business Case due to its late submission but had recognised that it was a must-do situation.</p> <p>Mr Davis explained that every quarter the Committee has a discussion around emerging or developing risks and issues. Mr Davis advised he would write formally to the Chair of TAP in relation to the significant extra work required to deal with the potential acquisition of South Cheshire Private Hospital; and the demand for information and planning for EU Exit; to manage the capacity and demand.</p> <p>Resolved: The Board accepted the report of PAF and the items escalated to the Board for information.</p>
<p>BoD19/04/12.3</p> <p>19/04/12.3.1</p>	<p>Legal Advice</p> <p>Dr Dodds advised that ongoing legal advice had been sought in relation to employment issues, dealings with an external provider and a possible acquisition.</p> <p>Resolved: The Board noted the instances where legal advice had been sought.</p>
<p>BoD19/04/12.4</p> <p>19/04/12.4.1</p> <p>19/04/12.4.2</p>	<p>Annual Plan and Budget</p> <p>Mr Oldham presented the Annual Plan and Budget for 2019/20 and explained that he would focus on the salient items and report in the context of what the Board is being asked to approve.</p> <p>Mr Oldham advised that the Capital Programme had been discussed in detail at a recent Board Awayday and any changes were based on feedback from that session.</p>

	<p>The divisions attended the recent Executive Awayday for a confirm and challenge session where they presented their plans.</p>
19/04/12.4.3	<p>Mr Oldham explained that it was a very challenging year with the Control Total £2.2M deficit prior to the Provider Sustainability Fund (PSF). The salient point was that if the Trust was to deliver the £2.2M it would receive the £4.3M PSF and the marginal rate for the emergency tariff of £3.2M. Where the Control Total is not accepted, both elements are lost.</p>
19/04/12.4.4	<p>Mr Oldham continued that there is no dispute with the Clinical Commissioning Group (CCG) on the levels of activity to be included in the contract and the resulting financial impact was aligned.</p>
19/04/12.4.5	<p>Mr Oldham highlighted the £7.6M forecast deficit on the Income & Expenditure for 2018/19 and that this position was not recognised in the notified Control Total. Mr Oldham had challenged NHSI that if the Trust should deliver the £2.2M Control Total and received the £7.5M MRET and PSF, the position would be £5.2M surplus which is unknown for a DGH in the current environment. Mr Oldham added that current thinking is that after this transition year the PSF would ultimately be fed back into tariff. Mr Oldham explained that the £7.5M is the money released in the spending reviews and fed through into the system by PSF, it is not new money or money relying on further investment. There is a desire to move away from CT and PSF and move into tariff, therefore there is a risk that the £4.3M PSF might not be for MCHFT, it may go elsewhere as the intention is for all providers to get into balance.</p>
19/04/12.4.6	<p>Mr Oldham explained that the Trust had a reasonably good underlying position after the PSF and MRET were recognised beyond 2019/20 with a £3M deficit, not a significant risk and the conversation with NHSI would be for the Trust to reject the CT and not receive the money flows in the 2019/20 financial year. Ms Butcher asked what would be lost by accepting CT given the system changing with PSF coming back through tariff? Mr Oldham stated that irrespective of accepting the CT, the PSF would only be received if the financial position was delivered. Mr Oldham stated that the most important issue would be submitting a plan that was known not to be deliverable, which would seriously undermine the credibility of the Trust's governance process. Mr Oldham felt that the gap is too large to address by putting another £8M cost improvements in which were unidentified and in the context of what has been delivered this year, £5M is reasonable, but £13M is not.</p>
19/04/12.4.7	<p>Mr Oldham reported that Commissioners had met last week to consider the contract position: a PBR contract would mean the Trust will get paid for activity but this leaves a deficit in the Trust and CCG; a fixed price contract would allow the Trust to accept the CT only if it moved the deficit to the CCG, which is not acceptable to the CCG Governing body nor NHSE. Therefore, the Trust and CCG are working through a PBR contract with no significant growth in the position, there would be some risk if the growth increases and a mechanism is required to respond. Mr Oldham added that a consequence of not accepting the CT would be the fines and penalties that are included in the standard contracts, however, the CCG have agreed that those fines and penalties would be waived.</p>
19/04/12.4.8	<p>Mr Oldham continued that in return for the waiver of fines and penalties there would potentially be a statement for elective activity to have a floor of 92% target, or ceiling of 93%, or whatever determined. Non-elective activity under PBR is on a blended tariff at 80% fixed and 20% variable with activity.</p>
19/04/12.4.9	<p>Mr Oldham explained that some risks in the Capital Programme were around source of funding. Notification has been received that the loan application made in 2018/19 had not been approved in this financial year and would be considered again in 2019/20 financial year and the plan assume another £2.8M loans against critical spend,</p>

	backlog maintenance and ward refurbishments programme. Mr Oldham added that the Trust had generated £4.1M depreciation charges and assuming these charges are all reasonable to invest back into capital there would be some leeway if the loans are approved. Mr Oldham noted that the final position will change slightly at year end due to the carry forwards.
19/04/12.4.10	Mr Oldham noted that the LIMS case has been treated as revenue in the Plan and if the Full Business Case finds that the best way to fund is capital the Trust would have to reconsider moving this to Capital. Cash flow indicates that the Trust would require a Working Capital Facility (WCF) in year and would need to apply in the early part of the year to ensure business continuity.
19/04/12.4.11	The Chairman noted the complexity of the Plan with a lot of unknown areas. The Chairman believed that Regulators know about the Trust and the issue about organisational integrity and not accepting the CT if genuinely believe the Plan not to be deliverable would not be a surprise to them.
19/04/12.4.12	<p>Mr Oldham advised that the Plan will be submitted on 4 April and in the interim will endeavour to discuss with the NHSI regional team explaining what has been agreed today.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • The Board noted the contractual progress. • The Board approved the proposed revenue budgets, including associated investments. • The Board approved the Capital Programme, subject to approvals detailed. • The Board noted the key risks and delegate to Performance & Finance Committee ongoing monitoring with appropriate escalation. • The Board approved to reject the Control Total.
BoD19/04/12.5 19/04/12.5.1	<p>Cheshire West Integrated Care Partnership Integration Agreement</p> <p>Mrs Frodsham presented the Integration Agreement and provided a short summary describing the background and the purpose of the Integration Agreement. Mrs Frodsham requested that the Board approve in principle and note that the Countess of Chester will be the host for the Cheshire West Integrated Care Partnership. MCHFT would represent CCICP only at this point as a formal partner on ICP and Mrs Frodsham would continue to represent.</p>
19/04/12.5.2	<p>Mrs Frodsham confirmed that the Agreement had been approved by the CCICP Partnership Board</p> <p>Resolved: The Board approved the Chief Executive / Accountable Officer/Deputy Chief Executive to sign the Agreement on behalf of the organisation</p>
BoD19/04/12.6 19/04/12.6.1	<p>Stroke Service Update</p> <p>Mr Oliver presented the paper for information, noting previous discussions that had taken place in relation to stroke services and the proposal for Advanced Care Practitioner (ACP) route similar to UHNM. Mr Oliver advised that a full business case was not required due to approval being within the executive designated level.</p>
19/04/12.6.2	<p>Mr Oliver advised that the stroke investment required is outlined in the Annual Plan. The investment will see sustainable stroke services delivered at MCHFT in conjunction with UHNM.</p> <p>Resolved: The Board noted the development in stroke services at MCHFT</p>

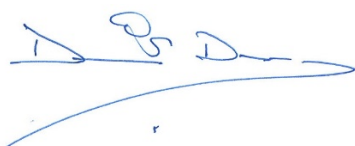
<p>BoD19/04/13 BoD19/04/13.1 19/04/13.1.1</p> <p>19/04/13.1.2</p> <p>19/04/13.1.3</p>	<p>WELL-LED Visits of Accreditation, Inspection or Investigation Mrs Tunney reported an unannounced visit had taken place by the CCG focusing on Infection Control & Prevention on 1 March. Mrs Tunney noted that the report had recently been received.</p> <p>Mrs Tunney advised that excellent feedback had been received following a visit to ED department on 31 March 2019. The feedback mirrors the changes in leadership and the difference seen in ED in terms of flow, system processes etc. The Trust is awaiting the final report.</p> <p>Mr Oldham reported that the Finance Department had received an accreditation at Level 1 by the Future Focus Finance Accreditation. The department was required to achieve the entry level before going forward. Mr Oldham added that the department were keen to work towards the next level and he expressed congratulations to the team</p> <p>Resolved: The Board noted the visits reported.</p>
<p>BoD19/04/13.2 19/04/13.2.1</p> <p>19/04/13.2.2</p> <p>19/04/13.2.3</p> <p>19/04/13.2.4</p> <p>19/04/13.2.5</p>	<p>Organisational Risk Register Q3 2018/19 Mrs Tunney advised that as lead Executive for Governance from 1 April she was presenting the Q3 Organisational Risk Register report, noting that QGC had reviewed this in some detail. The format has been updated by Mr Kevin Wynn whilst he was Interim Associate Director of Quality Governance.</p> <p>Mrs Tunney advised that the top 5 risks would be updated once the Annual Governance Statement has been recommended for approval to the Audit Committee by QGC at its April meeting.</p> <p>Mrs Tunney highlighted two risks:</p> <ul style="list-style-type: none"> • Lack of service provision in Cardiology – this had originally been scored 20, mitigation and investment in the Annual Plan reduces the score to 12; • Cyber Security – current rating 16 with a target rating of 8. This has been recommended in the Annual Governance Statement to be one of the top five <p>Mr Davis questioned when the it was expected for the target rating for Cardiology would be reached. Mr Oliver explained that short term external resourcing had commenced with three all-day clinics taking place last Saturday and will continue the trajectory for follow-up backlog. Mr Oliver noted that substantive posts would take approximately 6 months to recruitment, then to commence their training.</p> <p>Mr Davis queried risk EF0505 that indicates there are no controls in place. Mrs Tunney agreed to refer to the Associate Director of Quality Governance for clarity.</p> <p>ACTION: To refer Risk EF0505 back to Associate Director of Quality Governance for clarity of the controls that are in place (Mrs Tunney)</p> <p>Resolved: The Board noted the report.</p>
<p>BoD19/04/13.3 19/04/13.3.1</p> <p>19/04/13.3.2</p>	<p>Audit Committee Mr Philpott presented the notes of the meeting of the Audit Committee on 11 March and noted the escalation in relation to the modest changes to the Terms of Reference which were procedural in nature and did not affect the role or remit of the Committee.</p> <p>Mr Philpott expressed his pleasure of how clear and accurate the Terms of Reference are with the key role to provide assurance to the Board.</p>

19/04/13.3.3	<p>The Chairman recommended that the Board had considered and supported the changes to the Terms of Reference subject to referring to the Trust Board Secretary to ensure they are in line with the recent review of terms of reference.</p> <p>Resolved: The Board noted the minutes of the Audit Committee.</p>
BoD19/04/13.4 19/04/13.4.1	<p>LIMS Outline Business Case.</p> <p>Mrs Freeman, Associate Director for IT presented the outline business case for a replacement of the LIMS Pathology system. Mr Oldham noted that the funding is the same as in the Annual Plan but through a different funding stream. Mrs Freeman added that the case is based on capital and as part of the procurement suppliers will be requested to bid on a capital and a revenue case. The financial analysis will form part of the Full Business Case.</p>
19/04/13.4.2	<p>Mrs Freeman advised that the case was relatively straight forward with some risks mitigated. The key point of the OBC is to receive approval to allow to run the procurement process only which will take approximately 12 weeks. There is no contract or money commitment at this stage.</p>
19/04/13.4.3	<p>Mrs Freeman advised that the OBC had been written with no assumptions of the Pathology Network with UHNM, it would underpin and enable that work, therefore it is connected but not directly. The Trust is required to procure a new LIMS regardless of the network solution. The case also assumes that MCHFT will absorb the full 40% of costs, 60% going to UHNM. There has been no agreement from East Cheshire Trust to fund their 20% share but they have been advised of the expectation.</p>
19/04/13.4.4	<p>Mrs Freeman outlined the next steps indicating that the paper will be put forward to the UHNM Board; run the procurement process for 12 weeks; Full Business Case to PAF and Board in September.</p> <p>Resolved: The Board approved to go ahead with the procurement process as outlined in the OBC.</p>
BoD19/04/13.5 19/04/13.5.1	<p>Qualified Nurse Apprenticeship Business Case</p> <p>Mrs Ashley, Head of Education and OD presented the Business Case outlining the two key items: to endeavour to achieve full realisation in investment in terms of the Apprenticeship Levy and the ability to spend it; and to create a reliable, sustainable and cost-effective workforce from new recruit nurses.</p>
19/04/13.5.2	<p>Mrs Ashley advised that the costs were based on a figure of 20 new nurses per year which is in line to offset average retirement figures. Mrs Ashley described the three options, noting that Option 3 was the preferred approach which is to create a full-time nursing apprenticeship programme. Mrs Ashley went on to say that agreement had been received to use £545k out of the apprenticeship levy</p>
19/04/13.5.3	<p>Ms Butcher said there had been a positive discussion held at TAP where it had been welcomed to build upon a strong workforce. Mr Church added his support stating that it was a good use of the apprenticeship levy that the Trust had not made full use of in the past.</p>
19/04/13.5.4	<p>Mr Oldham was supportive of the direction of travel but noted that the Business Case does not articulate the costs fully. Mr Oldham added that he would require assurance of how the money falls out. In terms of the Annual Plan, there is a benefit expected of £30k. Mr Oldham would take to Executive Directors to finalise the funding.</p> <p>Resolved: The Board approved the business case, subject to funding.</p>

<p>BoD19/04/13.6 19/04/13.6.1</p> <p>19/04/13.6.2</p>	<p>Request to Affix the Trust Seal The Chairman explained that three documents had been approved to be sealed prior to the Board meeting due to the closing dates being met. The three documents in question are:</p> <ul style="list-style-type: none"> • Tenancy of the Stroke Association on site • Virgin Care services at VIN • Cheshire East Council leasing a Registry office on site <p>Mr Oldham explained that the fourth document was in relation to the land left as a legacy that has finally been resolved in line with the advisory panel. Mr Oldham requested that the Trust Seal be affixed to the document. Mr Oldham added that the Board of Directors would be acting on behalf of the MCH Charity in this instance.</p> <p>Resolved: The Board approved the use of the Trust Seal.</p>
<p>BoD19/04/13.7 19/04/13.7.1</p> <p>19/04/13.7.2</p>	<p>EU Exit Planning Mrs Barnett presented the report for information, noting that the deadline as requested in the letter from NHSE meant that the Chair and Chief Executive had to apply Chairman's action to ensure the deadline of 25 March was achieved.</p> <p>Mrs Barnett expressed her concern that the volume of assurance being requested to provide is significant, with daily SITREPs between 16.00-17.00. A project team has been developed with a risk assessment for each workstream. Mrs Barnett gave assurance to the Board that the Trust was as prepared as can be considering daily changes taking place.</p> <p>Resolved: The Board noted the Chairman's action to achieve the 25 March deadline</p>
<p>BoD19/04/14 BoD19/04/14.1 19/04/14.1.1</p> <p>19/04/14.1.2</p> <p>19/04/14.1.3</p> <p>19/04/14.1.4</p> <p>19/04/14.1.5</p>	<p>EFFECTIVE Workforce Report Mrs Barnett presented the Workforce Report using data from February 2019, noting that the rolling 12-month sickness absence has improved slightly in month. Mrs Barnett noted that the Trust had reviewed its sickness absence target and had been revised to 3.9%. Each Division and Corporate Services are currently agreeing their trajectories with discussions taking place with Divisional General Managers</p> <p>Mrs Barnett reported that appraisal rates were almost at 90% for some Divisions with others doing less well which is pulling the overall figure down at 81.3%. Divisions have been requested by the Executive Workforce Assurance Group to produce a plan to provide assurance by what month they will achieved 90%</p> <p>Mrs Barnett noted that chat and challenge sessions are taking place over the next few weeks in relation to mandatory training. The sessions will look at if there are the absolute optimum number of mandatory training hours for staff and whether it is delivered in the right way, enabling staff to attend.</p> <p>Mrs Barnett reported that agency spend had reduced for the second consecutive month and bank staff usage has increased. Agency usage for the medical workforce hard to fill posts has increased. Mrs Barnett noted that workforce strategies developed by herself and Mrs Tunney were to be in place in an endeavour to bring the agency spend down.</p> <p>Mr Philpott raised a query in relation to the target for mandatory training at 90% and whether this should not be 100%? Mrs Barnett replied that the reason for 90% is the way ESR is set up of not being able to remove those staff not requiring mandatory training, e.g. maternity leave, special leave etc. Mrs Barnett added that when the data is correct those staff mentioned will be removed and the target will be taken to 95%.</p>

	Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.
BoD19/04/14.2 19/04/14.2.1	<p>Transformation and People Committee (TAP) notes</p> <p>Ms Butcher presented the notes of the meeting of TAP from 7 March, noting the excellent CCICP presentation and reminded the Board of the CCICP Partnership Board Showcase event on 11 April. In addition, there were four items for verbal escalation:</p> <ul style="list-style-type: none"> • Additional resources are required for the transformation and workforce in relation to the acquisition of South Cheshire Private Hospital • Received and supported the Stroke Pathway Business Case • Received and supported the International Recruitment Business Case as approved by Board in March • Received the Freedom to Speak up Report for Q3 which was reviewed by Board in March. <p>Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.</p>
BoD19/04/14.3 19/04/14.3.1	<p>Consultant Appointments.</p> <p>Dr Dodds advised the Board of Consultant appointments in Care of the Elderly and Colorectal Surgery.</p> <p>Resolved: The Board noted the Consultant appointments.</p>
BoD19/04/15	<p>Any Other Business</p> <p>There were no further items of business.</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 Tuesday 7 May 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.</p>
The meeting closed at 13:00 hours.	

Signed



Chairman

Date 14 May 2019

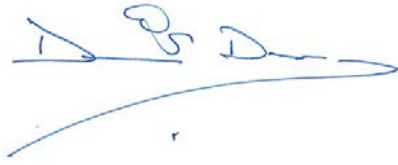
Minutes of Board Meeting held in 'Private'
Monday 1 April 2019
In the Boardroom, Leighton Hospital, Crewe

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 Oldham Mr C Oliver Ms L Massey Mr L Philpott Mrs J Tunney In Attendance Mrs C Ralphs Mrs D Frodsham	Chairman Director of Workforce and OD Non-Executive Director Non-Executive Director Deputy Chair Non-Executive Director Interim Chief Executive Interim Medical Director Director of Finance & Strategic Planning Chief Operating Officer Non-Executive Director Non-Executive Director Director of Nursing and Quality and Interim Deputy Chief Executive Committee Secretary Director of Strategic Partnerships
BoD2/19/04/1	Welcome and Apologies The Chairman welcomed Board members to the private section of the meeting and noted that all Board Members were present.
BoD2/19/04/2 2/19/04/2.1	Board Members Interests There were no interests declared in relation to open items on the agenda.
BoD2/19/04/3 2/19/04/3.1	Minutes of the Previous Meeting There were no amendments proposed. Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 4 March 2019.
BoD2/19/04/4 2/19/04/4.1 2/19/04/4.2	Matters Arising and Actions from Previous Meeting There were no matters arising in addition to those included on the agenda. It was noted that there were no outstanding actions to be reviewed.
BoD2/19/04/5 2/19/04/5.1 2/19/04/5.1.1	Effective Medical Staffing Update Sentence removed under Section 40 of the Freedom of Information Act. Resolved: The Board noted the update provided.
BoD2/19/04/6 2/19/04/6.1 2/19/04/6.1.1	Well Led System Update Ms Butcher advised that the next Cheshire East Partnership Board is to take place on Wednesday 3 April 2019 and this will be Mark Palethorpe's first meeting as Executive lead.

2/19/04/6.1.2	<p>Ms Butcher reported that she had recently had a meeting with Steven Michael and noted that he was getting a good sense of the feel of the system. Mrs Frodsham noted that she was to have a meeting with Mr Michael on Wednesday.</p> <p>Resolved: The Board noted the update</p>
BoD2/19/04/7 2/19/04/7.1 2/19/04/7.1.1	<p>Any Other Business CEO Recruitment</p> <p>The Chairman provided an update on the recent recruitment process and reminded the Board that this information was in confidence and the appointment was subject to ratification by the extra-ordinary Council of Governors meeting to be held on Wednesday 3 April 2019. A press release was being prepared to be circulated immediately following the Governors' anticipated approval.</p>
2/19/04/7.1.2	<p>On reflection, the Chairman felt that the candidates had found Thursday to be a tough day, both physically and mentally and it was interesting to see the impact and effect. It was clear that going into the presentations on Friday morning, there were two potentially strong candidates, and this was supported by the extensive feedback from the presentation audience.</p>
2/19/04/7.1.3	<p>The Chairman went on to say that the successful candidate was the unanimous choice of the Appointment Panel and first choice of almost all of the panels. The Chairman added that the consistently high performance of the candidate was very pleasing to see and that it was more than a satisfactory outcome.</p>
2/19/04/7.1.4	<p>The Chairman advised that he had spoken personally to all the candidates on Friday evening and noted that the two who were not successful were extremely disappointed. The Chairman added that he would be writing to all those who participated in the process.</p>
2/19/04/7.1.5	<p>The Chairman advised that he would be speaking with the successful candidate later today to discuss the notice period and potential start date subject to Governor ratification.</p> <p>Resolved: The Board noted the update provided.</p>
2/19/04/7.2 2/19/04/7.2.1	<p>Board to Board meeting with East Cheshire Hospitals Trust</p> <p>The Chairman noted that the next Board to Board meeting would be held on 18 April 2019. He added that the new CEO had experience in partnership working, but unfortunately is unable to attend this meeting.</p>
2/19/04/7.2.2	<p>Mrs Frodsham added that the agenda for the meeting had been sent to Mr Wilbraham who was satisfied with the topics proposed but had some amendments around the wording.</p> <p>Resolved: The Board noted the update</p>
2/19/04/7.3 2/19/04/7.3.1	<p>Item removed under Section 42 of the Freedom of Information Act.</p>
2/19/04/7.3.2	<p>Resolved: The Board noted the update.</p>
2/19/04/7.4 2/19/04/7.4.1	<p>BMI South Cheshire Private Hospital (SCPH)</p> <p>Mr Oldham reported that the purchase of SCPH is progressing, but they haven't yet provided all the data for the due diligence. The engagement sessions are taking place with the consultant body in an attempt to understand the operating model which is key</p>

	to enable the work on the financials to commence. Mr Oliver added that the engagement sessions had been good with honest feedback both ways.
2/19/04/7.4.2	Mr Oldham advised that a Management Consultant had been appointed who will work for MCHFT and negotiate directly with private insurers.
2/19/04/7.4.3	Mr Oldham commented that the overarching challenge is around the operating model and to understand, the NHS Choose & Book system. Mr Oliver explained that the preferred operating model would be for one entry point which is also NHSI's view. Two entry points would create the potential for unequal waiting under one organisation.
2/19/04/7.4.4	Mr Oldham advised that he and Mr Oliver are interviewing a potential project manager later this week as it was highlighted at the last project board meeting that the amount of extra capacity required was adding pressure to people who have already got heavy workloads. The recruitment of a project manager would bring clarity and the drive required around the plan.
2/19/04/7.4.5	Mr Church said that originally it would be a "lift and shift" and asked if this was still the case. Mrs Barnett replied that there was a commitment to lift and shift, but part of the problem was how to remunerate the consultant body. Lift and shift for consultants is impracticable due to the Inland Revenue regulations applicable to public sector bodies.
2/19/04/7.4.6	Mr Oldham stated that he was reluctant to set a date for completion. There was still a significant amount of work to be done, some fundamental with the Choose and Book and to ultimately decide on the model. The Chairman agreed that the due diligence should be completed before any further decisions are made. Resolved: The Board noted the update
BoD2/19/04/8	Review of the Board meeting
2/19/04/8.1	Ms Massey reviewed the meeting noting it was the first under the Interim arrangements and felt that the quality discussion underlines the leadership of strength of the Board.
2/19/04/8.2	Ms Massey continued that it was a full agenda and the inspirational Patient Story set the tone. The honest, transparent and open discussion in relation to the disappointment in Infection Control and the work Mrs Tunney is leading around MRSA gave strong assurance that it is being managed appropriately.
2/19/04/8.3	Ms Massey commented on the debate around the operational position and the Board had signed off on an ambitious Annual Plan. The Board agreed to proceed with the Procurement process for the LIMS system and to take forward the Qualified Nurse Apprenticeship business case. Ms Massey noted the triangulation around "People" issues with the International Recruitment business case from last month; the Staff Survey today and the fantastic results in relation to engagement; and the Apprenticeship scheme all about our people, and ambition.
2/19/04/8.4	Ms Massey concluded that the level of ambition and anticipation in moving forward with a new CEO and the level of engagement makes it a great Board to a part of.
BoD2/19/04/9	Time, Date and Place of the next meeting The Board of Directors Meeting is to be held in Private on Tuesday 7 May 2019 following the Board meeting held in Public. The meeting closed at 13:35 hours

Signed

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

Chairman

Date 14 May 2019