

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 3 June 2019
at 9.30am in the Autumn Suite, Hunter's Lodge, 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>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 R Favager</td><td>Interim Director of Finance & Strategic Planning</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 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>Apologies</p> <table> <tr> <td>Ms L Butcher</td><td>Non-Executive Director</td></tr> </table> <p>In attendance</p> <table> <tr> <td>Mrs D Frodsham</td><td>Director of Strategic Partnerships</td></tr> <tr> <td>Mrs K Dowson</td><td>Trust Board Secretary</td></tr> <tr> <td>Dr K Birch</td><td>Lead Governor</td></tr> </table> <p>Observing</p> <table> <tr> <td>Mrs B Beadle</td><td>Public Governor (Crewe & Nantwich)</td></tr> <tr> <td>Mrs J Ollier</td><td>Public Governor (Congleton)</td></tr> <tr> <td>Mrs S Mann</td><td>Head of Nursing, Surgery and Cancer Division</td></tr> <tr> <td>Mrs R Davies</td><td>Deputy Director of Finance</td></tr> <tr> <td>Mr S Topping</td><td>Reporter – Guardian Group</td></tr> </table>		Mr D Dunn	Chairman	Mrs H Barnett	Director of Workforce and OD	Mr T Brocklebank	Non-Executive Director	Mr J Church	Deputy Chair	Mr M Davis	Non-Executive Director	Dr P Dodds	Interim Chief Executive	Mr R Favager	Interim Director of Finance & Strategic Planning	Mr M Luckas	Interim Medical Director	Ms L Massey	Non-Executive Director	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	Ms L Butcher	Non-Executive Director	Mrs D Frodsham	Director of Strategic Partnerships	Mrs K Dowson	Trust Board Secretary	Dr K Birch	Lead Governor	Mrs B Beadle	Public Governor (Crewe & Nantwich)	Mrs J Ollier	Public Governor (Congleton)	Mrs S Mann	Head of Nursing, Surgery and Cancer Division	Mrs R Davies	Deputy Director of Finance	Mr S Topping	Reporter – Guardian Group
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<p>BoD19/06/1 19/06/1.1</p>	<p>Welcome, Introduction and Apologies</p> <p>The Chairman welcomed all those present to the meeting, reminding observers that he and the Interim Chief Executive would be available at the end of the meeting to answer any questions.</p>																																										
<p>BoD19/06/2 19/06/2.1</p> <p>19/06/2.2</p>	<p>Board Members' Interests</p> <p>There were no declarations of changes in interests of Board Members.</p> <p>There were no interests declared in relation to open items on the agenda.</p>																																										
<p>BoD19/06/3 BoD19/06/3.1 19/06/3.1.1</p>	<p>Minutes of the Previous Meeting Board of Directors meeting held on 7 May 2019</p> <p>The following amendments were proposed:</p> <ul style="list-style-type: none"> 19/05/12.1.2 Mr Oliver asked that the additional word <i>reported</i> is removed 19/05/12.1.3 Mr Oliver noted that '<i>his week</i>' should be '<i>this week</i>'. 19/05/12.1.3 Mr Oliver asked the Chairman if his observation in the penultimate sentence could be adjusted so that it is clear that the physical size of ED is not the only limiting factor on the number of staff that can be deployed. The Chairman agreed that he would review the sentence to be clear that this is one of several factors. 19/05/12.2.1 Mr Oliver confirmed that the number of patients waiting for Continuing Healthcare (CHC) packages is not 30 but that he would confirm 																																										

<p>BoD19/06/3.2 19/06/3.2.1</p>	<p>the number with Mrs Dowson for the minutes. <i>This was subsequently agreed as 16.</i></p> <p>Extra Ordinary Board of Directors meeting held on 20 May 2019 There were no proposed changes to the minutes.</p> <p>Resolved: Subject to the amendments above the minutes of both meetings was agreed as a true and accurate record.</p>
<p>BoD19/06/4 19/06/4.1.1</p>	<p>Matters Arising There were no matters arising.</p>
<p>BoD19/06/5 19/06/5.1</p>	<p>Action Log The Chairman noted that there are four outstanding actions. 19/05/10.1.3 and 19/05/13.4.3 have been completed. The Chairman reminded the Board that the remaining two actions relate to a Governor enquiry which has led to a deep dive into the complaints to identify any communication themes that are really about compassion. Mrs Tunney noted that 19/05/10/1/10(1) is in progress and will be reported to the Council of Governors in October with Governors updated on the request verbally in July 2019 (action 19/05/10/1/10(2)). The Chairman noted that all these actions can be closed. A verbal update on the complaints review will be provided to the Board in September as well.</p> <p>Resolved: Completed actions to be closed.</p>
<p>BoD19/06/6</p>	<p>Annual Work Programme Mrs Dowson noted that there were some minor changes to the programme and therefore this is version 3 of the work programme for 2019/20 with the following changes noted:</p> <ul style="list-style-type: none"> • The reporting months for the Guardian of Safe Working Hours have been adjusted for the year • The Board Assurance Framework and Quarterly Organisational Risk Register Q3 reports are on the agenda for today rather than the July meeting • The Board Committee annual review has been removed from the June agenda as this has already been presented to Board at a Board Away Day. The 2019 report will now be reviewed in March 2020. <p>Resolved: The Board approved version 3 of the Board work programme 2019/20.</p>
<p>BoD19/06/7 19/06/7.1</p>	<p>Chairman's Announcements The Chairman reported that he had no items this month under this agenda item.</p>
<p>BoD19/06/8 19/06/8.1</p>	<p>Governors Items The Chairman reported that he had no items this month under this agenda item.</p>
<p>BoD19/06/9 BoD19/06/9.1 19/06/9.1.1</p> <p>19/06/9.1.2</p>	<p>Chief Executive's Report System Update Dr Dodds reported that Mrs Clare Watson, Accountable Officer of the Cheshire Clinical Commissioning Groups (CCG) had written formally to the Trust requesting a letter of support in regard to the move to create a single CCG for Cheshire. Dr Dodds asked the Board for any comments ahead of the discussion at Execs this week.</p> <p>Dr Dodds advised that Cheshire East Place (CEP) had produced an Options Paper on moving towards an Integrated Care Partnership (ICP). This paper will be presented to the CEP Partnership Board later this week. Ahead of the CEP Partnership Board Mrs Frodsham had led a discussion on the paper at the recent Executive Away Day.</p>

BoD19/06/9.2 19/06/9.2.1	Joint Executive Meeting with ECT Dr Dodds advised that the Executives had met with the Executives from East Cheshire Hospitals NHS Trust (ECT) recently. All issues discussed were operational. Mr Wilbraham, Chief Executive of ECT, had assured the Trust Executives that the Electronic Patient Record (EPR) business case was being tabled at their June Board meeting. If this is approved then the project can progress from the outline business case to a full business case. Dr Dodds added that the Executives from both Trusts are aware of how critical the EPR is for both Trusts.
BoD19/06/9.3	Executive Away Day Dr Dodds reported that the Executives had met with Estates and Facilities Division at the recent away day which had resulted in a very good discussion. The Executives had also discussed talent management and succession planning, the bed model, winter planning for 2019/20, partnership working and delivery of the annual plan. Resolved: The updates from the Interim Chief Executive were noted.
BoD19/06/10 BoD19/06/10.1 19/06/10.1.1 19/06/10.1.2 19/06/10.1.3 19/06/10.1.4	CARING Quality, Safety and Experience Report Mrs Tunney presented the report based on data from April 2019. The report format has been updated in parts for 2019/20 with new trajectories. Mrs Tunney advised that she would be presenting the report based on exceptions to expected performance. Mrs Tunney reported on the six Serious Untoward Incidents (SUI) in April that had been reported verbally previously. Mrs Tunney advised that one had since been downgraded to a lower level of harm. Two have had Root Cause Analysis (RCA) completed and lessons learnt have been shared, the remaining three RCAs are scheduled for the next two weeks, however any immediate actions identified have already been progressed. Mrs Tunney reported that there had been a small increase in the number of reported pressure ulcers (PU) in April, by four to 18, with three lapses of care identified. These have been reviewed and are across different wards and for different reasons. Mrs Tunney advised that actions have been reviewed and the Trust is continuing to do new and innovative things with a new SKIN guide in place. This includes new actions to prevent moisture lesions in hot weather. Mrs Tunney presented the new dashboard for measuring in-patient falls, this includes the total number of falls per 1000 bed occupied days. This is a national measure that will allow the Trust to benchmark its falls and in month illustrates that the Trust scores lower than the national average. The second chart measures the level of harm and a third graph focuses on just those falls resulting in a fractured neck of femur. Mrs Tunney advised that a new multi-disciplinary falls meeting has been launched and progress is being benchmarked against three high impact interventions as suggested by the Royal College of Nursing, all of which the Trust are already doing. Mr Oliver commented that the national benchmark metric is very useful to give context and Mrs Tunney agreed, suggesting that the Trust can also ask high performing Trusts what they are doing. The Chairman thanked Mrs Tunney for the new format which is helpful to aid understanding. Mrs Tunney advised that community acquired PU have remained at a similar level to last month but three lapses of care have been identified which is unusual for Central Cheshire Integrated Care Partnership (CCICP). Following review there is no common theme and they are across different areas. Work is taking place to embed the lessons in CCICP learnt in the acute using the PU Panels. A CCICP operational PU group has also been launched to focus on education. The Chairman asked if PU is a metric reported to the CCICP Partnership Board and Mrs Frodsham confirmed that the

	operational group review the metrics and then escalate to the Partnership Board as necessary.
19/06/10.1.5	Mrs Tunney noted that the new mortality figures have been released for the latest reporting period and they show a slight reversal of the apparent trend highlighted at Board last month. Mrs Tunney confirmed that the Trust is within the 'as expected' range. Mrs Tunney was also pleased to report that there had been no MRSA Bacteraemia cases in the Trust in April or May and the 90 day improvement plan remains in place. Mrs Tunney advised that there had been one new Clostridium Difficile toxin positive case, this metric is now mandated to include any cases identified in the community within twenty eight days of a hospital admission. There have been three cases of E-coli in April none of which have been identified as avoidable as patients had co-morbidities and were admitted with the infection.
19/06/10.1.6	Mrs Tunney reported that the new CQUINs have been agreed and compliance has improved. There is a new CQUIN linked to smoking cessation including screening, advice and signposting which will be a challenge for the Trust to achieve.
19/06/10.1.7	Mrs Tunney explained that nine wards were below the 85% compliance threshold for Registered Nurses (RN)s staffing levels; five of these were on days when alternative staff groups are used to ensure that safe levels of staffing are always maintained and there would always be three RNs. Six wards fell below the threshold at night, of these Wards 2 and 14 need a review of the template as the establishment on those wards has changed. Mrs Tunney advised that on Wards 5,6 and 15 there has been some points when staffing levels have dropped below the threshold because staff are covering escalation areas, this is something that the Trust always tries to avoid.
19/06/10.1.8	Mrs Tunney updated the Board that international recruitment is progressing well, two final companies have been shortlisted and a final decision will be made later this month. This will result in 20-22 nurses being recruited and in post by October, this is in addition to ongoing local recruitment. The Chairman asked if the providers have been able to demonstrate the key criteria required and Mrs Tunney confirmed that it had been a strict shortlisting process.
19/06/10.1.9	Mrs Tunney advised that complaint numbers had remained fairly static and the main themes have been medical and nursing care. Mrs Tunney reminded the Board that a deep dive into complaints for quarters 3 and 4 of 2018-19 will take place and be reported to the Council of Governors. Mrs Tunney described a reduction in informal complaints, the trends remain general surgery appointments and cancellations, delays in the Emergency Department (ED) and the consequences of the Soliton Medical Imaging incident. Patients had appointments cancelled and it was difficult for them to contact the Trust at the time due to the volume of calls.
19/06/10.1.10	<p>Mrs Tunney noted that the NHS Choices star rating for Leighton Hospital and Victoria Infirmary remain the same and Friends and Family responses are good, although the level of responses remains a challenge. Mrs Tunney reported that the number of compliments has decreased although this is similar to the trend in quarter 1 of 2018/19.</p> <p>Resolved: The assurance provided in the Quality, Safety and Experience report was noted.</p>
BoD19/06/11 BoD19/056/11.1 19/06/11.1.1	SAFE Draft Quality Governance Committee (QGC) – 14 May 2019 Ms Massey presented the minutes of the most recent meeting noting that there were three formal items for escalation all of which are on the agenda:

<p>19/06/11.1.2</p> <p>19/06/11.1.3</p>	<ul style="list-style-type: none"> • Board Assurance Framework Q4 2018/19 • Quarterly Organisational Risk Register Q4 2018/19 • Quarterly Report on Learning from Deaths Q4 2018/19. Ms Massey noted a substantial discussion on mortality which provided strong assurance that there are robust systems in place for identifying avoidable deaths. <p>Ms Massey advised that there were several verbal items for escalation to the Board. QGC received an interesting presentation on the Getting it Right First Time (GIRFT) dashboard on Paediatric General Surgery and Urology. This gave strong assurance on the quality of care but the Trust needs to ensure there is enough activity volume to provide sufficient experience for doctors. The new cohort of doctors does not have paediatric training as part of their core training experience so the Trust needs to liaise with Alder Hey Children's NHS Foundation Trust to address this development need and investigate potential secondments to other areas to provide essential clinical expertise.</p> <p>Ms Massey noted the additional verbal items for escalation from QGC:</p> <ul style="list-style-type: none"> • Receipt of a presentation on the Quality and Safety Improvement Strategy 2019/20, this has a focus on the five CQC domains and has been critically reviewed against the previous strategy alongside engagement with patients, staff and public. Nine key priorities have been retained which include mortality rates, sepsis and reducing hospital acquired infection • Receipt of the Risk Strategy Framework • Process for reviewing the strategic objectives for 2019/20 discussed. <p>In addition, a verbal update on a comprehensive review will be discussed in Part II.</p> <p>Resolved: The Board noted the items escalated by QGC.</p>
<p>BoD19/06/11.2</p> <p>19/06/11.2.1</p> <p>19/06/11.2.2</p> <p>19/06/11.2.3</p>	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p> <p>Mr Luckas advised that there were four SUI to report which were:</p> <ul style="list-style-type: none"> • an in-patient fall resulting in a fractured neck of femur • a death initially thought to be avoidable however clinicians now feel that the death may in fact be unavoidable. This will therefore be subject to external review with a view to downgrading the incident if this is confirmed • a failed histological diagnosis resulting in serious harm • a delay in referral resulting in harm although the patient is responding well so this may be downgraded from a SUI following review <p>Mr Luckas advised that all will be subject to a full RCA. The Chairman asked if the third event was an agency staff member. Mr Luckas confirmed that it was a locum doctor and they are no longer at the Trust.</p> <p>Mr Luckas advised that there were no RIDDOR reportable events.</p> <p>Resolved: The Board noted the report of SUIs and RIDDOR events.</p>
<p>BoD19/06/11.3</p> <p>19/06/11.3.1</p>	<p>Guardian of Safe Working Hours Q4 Report 2018/19</p> <p>Mrs Barnett asked the Board to note the report which includes 18 exception reports, of these 16 have been closed with time off in lieu granted, the remaining two required no action. The primary cause of the exceptions was winter pressures.</p> <p>Resolved: The Board noted the exception report.</p>

BoD19/06/12 BoD19/06/12.1 19/06/12.1.1	RESPONSIVE Performance Report Mr Oliver presented the performance report which uses data from April 2019. Mr Oliver reported that the Trust had met three of the five operational standards' Referral to Treatment (RTT) and the 4-hour transit time standards were not met. Mr Oliver noted that cancer targets have been fully met despite a 34% increase in patient numbers through the pathways. While the Trust remains compliant this is putting significant pressure on the pathways.
19/06/12.1.2	Mr Oliver advised that unplanned activity continues to increase with 1000 more patients seen within the Emergency Department in April 2019 than in April 2018. The 4-hour transit time target worsened from March to 79.9% which is a reversal of the previous quarter's improving trend, Mr Church asked how this compares to other Trusts and Mr Oliver explained that Performance and Finance Committee (PAF) have just reviewed a benchmarking report that can be circulated to the Board. Mr Oliver advised that the Trust is second out of eight Trusts for cancer standards, fourth of eight for A&E and third of eight for RTT in Cheshire and Merseyside based on data from March (for 4 hours) and February (for RTT and Cancer).
19/06/12.1.3	<p>ACTION: Benchmarking report to be circulated to the Board (K Dowson)</p> <p>The Chairman asked if other Trusts are seeing the same level of increased demand. Mr Oliver replied that ECT has stemmed primary care growth which neither the Trust nor the Countess of Chester NHS Foundation Trust (CoCH) has been able to do. Mr Oliver highlighted the bed occupancy metrics noting that the three month rolling average has been under some scrutiny at national level with particular focus on 'stranded' and 'super stranded' patients. Mr Oliver advised that these graphs should stabilise and then levels reduce going forward. In March 2018 there were 121 patients defined as super stranded (patients with a length of stay greater than 21 days), this had reduced to 90 by April 2019 and the target set by NHS Improvement (NHSI) is 73 by March 2020. Good progress has been made but there remains further work to meet the NHSI target.</p>
19/06/12.1.4	Mr Oliver reported an improvement in RTT performance which should continue into May. The trajectories to achieve the RTT have been reviewed by PAF in detail and the aim is to ensure compliance by June 2019 at the latest. The May figures still need to be validated. Mr Church asked how the ED performance impacts on this and Mr Oliver confirmed that no operations have been cancelled because of unplanned activity levels. Mr Oliver confirmed the plan is to achieve 92% by June and then continue to build on the improvement to above 93% going into winter so the services will have more resilience.
19/06/12.1.5	Mr Oliver advised that the Diagnostic six week waiting time target has been met for those metrics not including imaging. The total number of patients recorded on a diagnostic pathway reduced from 4,749 in March to 1091 April but this was as a result of the failure in the Soliton server upgrade. Mr Oliver advised that the reporting delays due to the server incident will result in failure of the DM01 standard with the Trust having no means of reporting the accurate figures so April and May will be excluded and both NHS Digital and NHSI are aware of this.
19/06/12.1.6	Mr Favager reported on the month 1 financial performance of the Trust and advised that he would be reviewing the financial reporting presented to the board in order to ensure it focuses on the key issues with the detail being reviewed at PAF. Mr Favager advised that month one is marginally better than plan although there were two key issues to highlight. Firstly CCICP is underspent by £91k with the Trust overspent by £61k and secondly that the position includes £230k of one off benefits in month and therefore the underlying position is behind plan.

19/06/12.1.7	<p>Mr Favager explained that income for month one is underperforming by £360k and the Trust needs to ensure it delivers all activity on contracts, including those on a block contract to facilitate future years contract negotiations and financial plans. Referrals have continued to drop from Staffordshire since February which could be as a result of local strategies to reduce out of area referrals, in which case it will have an impact on income forecast. The Chairman asked if this loss of revenue can be anticipated and Mr Favager replied that the trend from February can be projected forward and quantified. Emerging issues such as this need to be closely monitored and quantified for impact in-year and future years. Mr Favager reported that the tariff dispute between Wales and CoCH has been resolved and therefore the Trust can anticipate attracting additional work from Wales from September onwards which will be paid at or very close to national tariff.</p>
19/06/12.1.8	<p>Mr Favager noted that spend on pay is better than budget but within this nursing pay was overspent, especially in Medicine and Emergency Care Division (DMEC) in part because Ward 19 remained open. Mr Favager advised that pay is £700k more than a year ago and while some of this is due to pay awards, inflation and investment in nursing, £2.5m are growing costs. Non pay costs associated with the Soliton incident also need to be monitored closely as these are unbudgeted costs and are likely to be in excess of £100k. Mr Favager added that the Cost Improvement Plans (CIP) are already £98k behind plan and work needs to take place now to ensure that schemes are robust and achievable and impact assessments undertaken. Mr Favager noted that the nursing vacancies graph is slightly misleading as all new investment posts had been added in to the establishments but not all of these are current vacancies are in the system, with some not being phased in until the fourth quarter.</p>
19/06/12.1.9	<p>Mr Favager summarised the emerging financial issues as operational nursing overspend, high risk CIPs, especially nursing and supply chain savings, referral patterns from associate commissioners and diagnostic non pay especially server upgrade incident.</p> <p>Resolved: The Board noted the Performance Report.</p>
<p>BoD19/06/12.2 19/06/12.2.1</p> <p>19/06/12.2.2</p>	<p>Draft Performance and Finance (PAF) Committee notes</p> <p>Mr Davis presented the notes of the meeting of 23 May 2019 and noted the following escalations for today's Board:</p> <ul style="list-style-type: none"> • Non-achievement of the 4-hour transit time standard and RTT standard in April • Recommended approval of the Seven Day Therapy Business Case, with commentary • Received an update on the contract discussions and recommendation to the Board for Part II • Received briefings on benchmarking the opportunity to improve performance and quality • Received an update on the impact on the DM01 and finance as a result of the Soliton server upgrade incident. <p>Mr Davis noted that following an end of year focus on finance this meeting had been more focused on performance and benchmarking to identify improvements in efficiency and productivity.</p> <p>Resolved: The Board accepted the report of PAF and the items escalated to the Board for information.</p>

BoD19/06/12.3	Legal Advice
19/06/12.3.1	Dr Dodds advised that there had been no new legal advice taken in the month, but advice is still being provided for ongoing employment issues, the acquisition of the South Cheshire Private Hospital (SCPH) and discussions with an external provider.
BoD19/06/12.4	Therapies Seven Day Services Business Case
19/06/12.4.1	Mr Oliver introduced the business case, welcoming Mrs Ruth Heaton, Divisional Head of Nursing and Healthcare Professions and Mrs Michelle Keay, Therapies Manager to answer any questions. Mr Oliver advised that PAF had reviewed and recommended for approval the case although the comments about further additional benefits have still to be added in. Mr Davis commented that it was a robust business case which includes additional unquantifiable financial benefits that have not been specifically identified.
19/06/12.4.2	Mrs Keay outlined the purpose of the business case which is to introduce therapists to the front door to support emergency care and reduce variation across seven days. The new post will enable rapid assessment of patients arriving and allow early planning to expedite a rapid return to their home or care setting. The investment will improve the experience quality and outcomes for patients which links to the Trust's Quality and Safety Improvement Strategy and is consistent with the home first approach and a move to more integrated care. Mrs Keay explained that frail patients who are struggling to self-care will particularly benefit. Mrs Keay described how the successful pilot allows therapists to screen, select and review their own patients. The business case extends the resource available to provide a more consistent presence in ED, the Ambulatory Medical Unit (AMU) and the Short Stay Ward (Ward 2) from 8am to 6pm seven days a week.
19/06/12.4.3	Mrs Keay advised that the preferred option is number 3 which would meet the NICE, NHSI and NHSE guidelines, achieve a more objective, consistent and equitable service delivery and have a positive impact on admission rates and flow. Even for those who are admitted the pilot has supported early assessment, help set multi-disciplinary goals for discharge and avoid delays in addressing functional needs and deconditioning which all support reduced lengths of stay. Mrs Keay explained that to implement the business case existing staff need to be used in a different way and two more therapists will be employed initially to provide seven day cover, with extended hours from Christmas 2019. The costs have been included in the annual plan for 2019/20.
19/06/12.4.4	Mr Church commented that it was a well presented business case with clear benefits for patient experience and getting patients back home. Mr Church asked if the case can be implemented immediately if the Board approves it today. Mr Favager replied that this is included in financial commitments but the Board needs to be mindful of its future commitment as this is a recurrent cost. Ms Massey asked if the Trust is confident that there are staff available to be recruited. Mrs Keay acknowledged that it is a risk but the Trust has successfully recruited to therapist posts in the past. There are strategies in place to target graduates and support their development. Mr Oliver confirmed that recruiting to the fixed term posts has been challenging but the permanent posts are seen as more attractive.
19/06/12.4.5	The Chairman asked why option 4 which would be for more hours is not being recommended if the pilot has been so effective. Mrs Keay replied that option 3 is an extension of the pilot hours to the level recommended by NHSI. Mrs Frodsham suggested that the Trust should review the benefits of this investment before considering longer hours. The Chairman asked if the difference was just one more member of staff. Mrs Keay replied that she had been challenged at Execs on this and

19/06/12.4.6	<p>had concluded that further investment would need to demonstrate the same levels of discharge conversion and there is not yet enough evidence that the evening hours will demonstrate this because there is no link to community services and other agencies during these hours. The Chairman clarified that if the service proves itself the step up to option 4 would be just a financial consideration. Mr Oliver advised that this service is only part of the core front door services and the next challenge will be to get seven day therapy support on the core wards. It is anticipated that this will be trialled through the winter to test the proof of concept ahead of annual planning for 20/21.</p> <p>The Chairman asked the Board to approve the business case and thanked Mrs Keay and Mrs Heaton for their work.</p> <p>Resolved: The Board approved the Therapies Seven Day Services Business Case.</p>
BoD19/06/13 BoD19/06/13.1 19/06/13/1.1	<p>WELL-LED Visits of Accreditation, Inspection or Investigation</p> <p>Dr Dodds noted that there were no visits to report.</p>
BoD19/06/13.2 19/06/13.2.1 19/06/13.2.2	<p>Draft Audit Committee Minutes – 7 May 2019</p> <p>Mr Philpott presented the minutes of the Audit Committee meeting and noted several items for verbal escalation to the Board:</p> <ul style="list-style-type: none"> • Progress of the committee's Annual Report • Update on the Annual Governance Statement • Receipt of the Internal Audit Opinion of significant assurance with minor improvements required • Approval of the Internal Audit Plan for 2019/20 subject to consideration of how to factor in risk management • Receipt of a verbal update from the External Auditors noting that the final opinion is likely to be favourable • Noted the outcome of the committee's self-assessment which was mainly positive and includes recommendations for audit sector specific training for members • Noted the review of Clinical Audit which provided assurance on the second line of defence in the organisation. <p>Mr Philpott explained that the meeting had been predominantly preparatory work for the Extra Ordinary Audit Committee meeting on 20 May.</p> <p>Resolved: The Board noted the notes of the meeting.</p>
BoD19/06/13.3 19/06/13.3.1	<p>Draft Extra Ordinary Audit Committee Minutes – 20 May 2019</p> <p>Mr Philpott summarised the meeting of the Extra Ordinary meeting of the Audit Committee which recommended to the Extra Ordinary Board Meeting of 20 May the approval of the Annual Report and Accounts 2018-19. Mr Philpott outlined the three key purposes of the meeting which were to:</p> <ul style="list-style-type: none"> • Review the financial statements for 2018-19 and provide assurance that they are an accurate reflection • Review the content of the Annual Report and the processes and systems of internal control • Examine the Annual Governance Statement (AGS) and recommend it to be signed by the Accounting Officer stood up to scrutiny

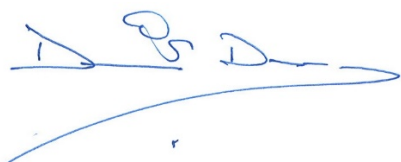
19/06/13.3.2	<p>Mr Philpott advised that three sources of assurance were received within the end of year assessment by internal auditor KPMG. An overall assessment of significant assurance with minor improvements required, the external auditor's opinion on the accounts and annual report was clean with no suggestions for modifications or qualifications and the contents of the AGS and views of senior manager. The external auditor described the accounts as excellent. Mr Philpott reported that in conclusion the Audit Committee had weighed this all up and was fully assured to recommend the approval of the Annual Report and Accounts for 2018-19 to the Board of Directors who subsequently approved this.</p> <p>Resolved: The Board noted the report on the Extra Ordinary Audit Committee.</p>
BoD19/05/13.4 19/06/13.4.1 19/06/13.4.2	<p>Learning from Deaths Report Q4 2018-19</p> <p>Mr Luckas presented the quarter 4 report which shows a reduction in deaths at the Trust from 1117 in 2017/18 to 938 in 2018/19 which is very positive especially given the growth in activity over this period. 78% of deaths were reviewed using the Trust Mortality tool and 11.6% were subject to deep dives which is higher than the 10% national recommendation. The Chairman asked if this is a random selection and Mr Luckas confirmed that these are cases particularly identified through Hospital Mortality Reduction Group (HMRG) and informed through the Healthcare Evaluation Data (HED) system. For example, this year any deaths following admittance on a Monday have been subject to a deeper review.</p> <p>Mr Luckas advised that the deaths of people with Learning Disabilities are reported separately and there have been six in 2018/19 with five of these reviewed through the Learning Disabilities Mortality Review (LeDeR) programme. None were found to have been potentially avoidable. Mr Luckas reported that there have been no Care Quality Commission (CQC) mortality outlier alerts.</p> <p>Resolved: The Board noted the Learning from Deaths quarterly report.</p>
BoD19/06/13.5 19/06/13.5.1 19/06/13.5.2	<p>Board Assurance Framework (BAF) Q4 2018/19</p> <p>Mrs Tunney presented the quarter 4 BAF which is an escalation from QGC, noting that the next report for quarter 1 of 2019/20 will reflect the changes in the principle risks including the addition of a risk in regard to Cyber Security. Mrs Tunney advised that the key risks to the strategic objectives are outlined in the BAF as well as the key controls, any gaps, mitigation and the Executive lead for each risk. Mrs Tunney reminded the Board that this report covers quarter 4 of 2018/19 and therefore there has been progress against some of these, for example Registered Nurse recruitment. The Chairman recognised that the Trust has taken action recently to address the recruitment challenge further which will reduce this risk.</p> <p>Mr Philpott noted that the review date for each strategic objective is June 2019 and asked when this will take place and when the Board will review the BAF again. Mrs Tunney replied that an executive review takes place every quarter and the June review will be for quarter 1 2019/20 and the Board will see this once it has been through the committee structure in three months' time.</p> <p>Resolved: The Board noted the BAF report.</p>
BoD19/06/13.6 19/06/13.6.1	<p>Quarterly Organisational Risk Register Q4 2018-19</p> <p>Mrs Tunney summarised the quarter 4 report on organisational risks, reminding the Board that this report format was updated recently. Mr Davis commented that this was an improvement and was a useful and concise format which makes it easier to ask questions. Mrs Tunney highlighted the new risks entered, noting that there was</p>

	<p>one pending approval in regard to Rheumatology which will be reviewed at committee. Mrs Tunney explained that the Estates and Facilities risks have all now been reviewed, re-entered and closed. The new risk in Surgery and Cancer relating to histology backlog impacting on Endoscopy is being mitigated through a combination of using additional roles, upskilling staff and in the short term a local process has been established to hold patient notes until histology is received. The Chairman asked if this mitigation is sufficient. Mrs Tunney replied that the division are on track to recover this and it is being monitored through Executive Quality Governance Group (EQGG).</p>
19/06/13.6.2	<p>The Chairman noted that the new risk identified for Histology has lots of controls in place and plans to increase training and to ensure that reports are completed in a timely way but what assurance can be given that this will mitigate the risk. Mrs Frodsham advised that this risk has been raised as a key risk in the Pathology outline business case and is central to the proposed closer working with University Hospitals of North Midlands NHS Trust (UHNM). Part of the project is a pilot to trial digital Histopathology which has not yet been approved by the Trust and ECT as a joint project. There are also planned joint posts to address the workforce challenges as the Trust currently only has two of seven Consultants posts filled. The long term plan is for a network with UHNM The Chairman asked if these solutions will be in place for the next review and Mrs Frodsham advised that there is no confirmed completion date for this work.</p>
19/06/13.6.3	<p>Mr Davis noted that different risk numbers have been used between new risks and de-escalated risks which make it difficult to track risks through and be assured that a risk has been acted on and closed down. Mr Davis asked if task and work based risks have been fully removed from the report now. Mrs Tunney noted that there had been over 600 risks on the Trust risk register but now only risks to divisional and corporate objectives have been included. The detail of the risk register is reviewed through EQGG with critical risks escalated to QGC. Mr Davis asked how serious consequences to a routine task might get picked up, for example the server backup failure which resulted in the Soliton incident. Mr Luckas advised that an RCA has been completed on Soliton and it has identified that this is a regular task that is completed without incident 6-7 times per day and is therefore low risk and the serious consequences as occurred are rare. In this case it is not about removing the risk by stopping the activity but ensuring that it is dealt with well.</p> <p>Resolved: The Board noted the Organisational Risk Register report for Q4 2019/20.</p>
BoD19/06/14 BoD19/06/14.1	<p>EFFECTIVE Workforce Report</p>
19/06/14.1.1	<p>Mrs Barnett presented the Workforce Report using data from April 2019. Mrs Barnett reported that the rolling twelve month sickness has slightly worsened but the monthly rate is static at 4.1%. Mrs Barnett advised that the target has now been changed to 3.9%. Mrs Barnett explained the measures in place to address the sickness rate including sickness surgeries, a revised policy with training in place and a focus on identified hot spots such as DEMC.</p>
19/06/14.1.2	<p>Mrs Barnett advised that there has been a slight improvement in appraisal compliance moving towards the 90% target. Corporate Division improved by 6% in month. Mrs Barnett noted that it takes a big effort to maintain compliance as well as make improvements. There was a small improvement in mandatory training compliance although it remains slow progress. Mrs Barnett reported that she and Mrs Tunney had held their first check and challenge session to hold areas to account for training levels and to understand the most efficient way to support alignment with the core skills framework mode in terms of delivery and frequency. As a result, some training has been taken out to reduce the time taken off for clinical areas.</p>

19/06/14.1.3	<p>Mrs Barnett reported that the workforce turnover figure has achieved the target of under 10% for the third month running. Mrs Barnett advised that there has been an increase in agency spend, not a reduction as stated in the narrative. Mr Philpott commented that he was particularly pleased to see an improvement in staff appraisal rates and asked if there any general trends that have been identified. Mrs Barnett replied that none have been identified but the continued professional development budget and development programmes are being reviewed in response to feedback in appraisals. Getting people to have time with their managers is very important as is triangulating feedback with data on complaints around communication and Quality Improvement programmes to ensure this is embedded in management training.</p> <p>Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.</p>
BoD19/06/14.2	Transformation and People Committee (TAP) notes
19/06/14.2.1	<p>Mr Brocklebank as Vice Chair of TAP presented the notes of the meeting of TAP from 9 May, noting that there are five items for verbal escalation:</p> <ul style="list-style-type: none"> • Planning for the next CQC inspection and advance preparation for the Provider Information Report (PIR) is recommended to ensure that the good work being done is evidenced. • Cancer transformation projects received, these have been streamlined and there are three projects for focus which TAP will review again in six months • Project progress report on Streamlining in ED received and Phase 2 will go live in July • Appraisal trajectory paper and plan noted • Transformation strategy to be developed with consideration given to the resource capacity to drive the implementation of transformation at scale and pace
19/06/14.2.2	<p>The Chairman asked what the phase two plan for ED streaming is. Mr Oliver explained that this is a programme to streamline the growing level of primary care attendances and TAP had reviewed the 90 day report which will become business as usual from July once staffing is in place.</p>
19/06/14.2.3	<p>Mr Brocklebank commented that it had been a good positive meeting which illustrated the extent of work being done at Executive Group level to ensure alignment of the transformation and workforce agendas.</p> <p>Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.</p>
BoD19/06/14.3	Consultant Appointments
19/06/14.3.1	<p>Mr Luckas advised that no new consultant appointments have been made.</p>
BoD19/06/15	Staff Story
19/06/15.1	<p>Mrs Tunney presented the story which this month is a workforce story. Medicine and Emergency Care Division (MECD) have created a video about the winter ward to support recruitment of additional staff. The Chairman asked what the impact of the GP led winter ward has been. Mr Oliver commented that there has been a reduction in length of stay as a result, despite initial worries that a ward with medically optimised patients would leave patients stranded. Regulators have been very positive and are now recommending this approach to other Trusts; this has been a real boost to MECD. Mr Oliver explained that having Dr Keith Malone as the lead clinician was crucial to ensure that the approach was accepted in primary care and that there has been good engagement between primary and secondary care.</p>

19/06/15.2	Mr Oliver explained that to be admitted on to the ward there are strict criteria as the focus is on preparing patients for discharge. Ms Massey commented that she had visited Ward 19 with Mrs Beadle and been very impressed with the teamwork of staff which was demonstrated in the video as well. The ward manager was great as she has really embraced the approach which has led to a positive experience for patients on the ward. Ms Massey welcomed the production of a video which will be great preparation for CQC and for recruitment. Mrs Barnett commented that this will form part of the branding campaign which is almost ready, individuals are being filmed about what makes them want to come to work. This will include a focus on opportunities for progression and also on kindness and compassion. Mrs Tunney commented that this fits into the compassion awards which rewards compassion in action.
19/06/15.3	Mr Brocklebank observed that there can be a big difference between those medically optimised for discharge and being ready for discharge and it is good to see that this has been recognised. Mr Oliver added that patients may need therapy support but are able to be stepped down from the care of a secondary care consultant. The Chairman thanked the division for the story and suggested that this video should be shared widely as it would be of particular interest to commissioners and GPs.
BoD19/06/16	Any Other Business There were no further items of business.
BoD19/06/17	Time, Date and Place of the next meeting Board of Directors Meeting to be held in Public on Monday 1 July 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.
The meeting closed at 11:34 pm hours.	

Signed



Chairman

Date 18 July 2019

Minutes of Board Meeting held in 'Private'
Monday 3 June 2019
In the Autumn Suite, Hunters Lodge, Crewe

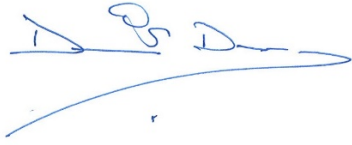
<p>Present Mr D Dunn Mrs H Barnett Mr T Brocklebank Mr J Church Mr M Davis Dr P Dodds Mr M Luckas Mr R Favager Mr C Oliver Ms L Massey Mr L Philpott Mrs J Tunney</p> <p>Apologies Ms L Butcher</p> <p>In Attendance Mrs K Dowson Mrs D Frodsham Mrs K Birch</p>	<p>Chairman Director of Workforce and OD Non-Executive Director Deputy Chair Non-Executive Director Interim Chief Executive Interim Medical Director Interim Director of Finance & Strategic Planning Chief Operating Officer Non-Executive Director Non-Executive Director Director of Nursing and Quality and Interim Deputy Chief Executive</p> <p>Non-Executive Director</p> <p>Trust Board Secretary Director of Strategic Partnerships Lead Governor</p>
BoD2/19/06/1	<p>Welcome and Apologies The Chairman welcomed Board members to Part II of the meeting and noted the apologies given.</p>
<p>BoD2/19/06/2 2/19/06/2.1</p>	<p>Board Members Interests There were no interests declared in relation to open items on the agenda.</p>
<p>BoD2/19/06/3 2/19/06/3.1</p>	<p>Minutes of the Previous Meeting There were no amendments proposed.</p> <ul style="list-style-type: none"> • 2/19/05/5.1 Mr Luckas asked that the first sentence is amended to 'pending a <i>decision of</i> appeal to the disciplinary panel.' • Dr Dodds noted that Mr Sumner needed to be added as present. • 2/19/05/6.4.9 Mr Favager noted that the agreed cost of the project manager is £40k not £3k. <p>Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 7 May 2019.</p>
<p>BoD2/19/06/4 2/19/06/4.1</p> <p>2/19/06/4.2</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>BoD2/19/06/5 2/19/06/5.1</p>	<p>Effective Medical Staffing Update Paragraph removed under Section 40 of the Freedom of Information Act.</p> <p>Resolved: The Board noted the update provided.</p>

<p>BoD2/19/06/6 BoD2/19/06/6.1 2/19/06/6.1.1</p>	<p>Well Led System Update</p> <p>Mrs Frodsham gave the background to the Options Paper that was to be submitted to the Cheshire East Place Partnership Board (CEPPB) later this week. The recommendation of the paper is that the Central Cheshire Integrated Care Partnership (CCICP) should be reformed to develop into the organisational vehicle for the Integrated Care Partnership (ICP). The proposal is to test this out across five services initially. Mrs Frodsham reminded the Board that this fits in with the Trust's agreed strategy</p>
2/19/06/6.1.2	Mrs Frodsham explained that CEPPB would need to define the breadth of services scope that could be held by the ICP. In the short term Cheshire East Council (CEC), East Cheshire Hospitals NHS Trust (ECT) and the Eastern GP Federation, Vernova are recommended to be included and therefore the current CCICP partnership agreement would also need to be reviewed.
2/19/06/6.1.3	Mr Church asked at which point CEC would become a partner in the entity that is effectively an embryonic ICP. Mrs Frodsham confirmed that CEC had been part of the task and finish group that had produced the Options Paper but the initial five areas proposed are all health related. If the ICP develops as anticipated most services could be in scope and be managed by the ICP with the exception of some specialist commissioning, for example adult mental health beds, critical care and specialist cancer care.
2/19/06/6.1.4	The Chairman remarked that the political landscape in CEC is changing with the move from Conservative control to a Labour / Independent coalition and proposed changes to the cabinet structure. There is no reason to think that there will be a change of policy at CEC but it is more difficult to engage with a portfolio lead currently. However, Mr Mark Palethorpe remains the lead for Social Care and provides continuity in CEP.
2/19/06/6.1.5	Mr Davis asked if the P in ICP means provider or partnership. Mrs Frodsham said that initially CCICP will remain a partnership that will have sub-contract delegations as it has already with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and the GP Alliance. Mrs Frodsham asked the Board if there is indicative agreement that this is the direction of travel that the Trust still wants to take. Mrs Frodsham confirmed that the final decision making sits with the individual organisations as the CEPPB does not have the power to make a final decision.
2/19/06/6.1.6	Mr Philpott asked what the Board will remain accountable for if this paper is agreed. Mrs Frodsham acknowledged that this still needs to be worked through, commissioners want to devolve a number of commissioning intentions that CEICP would be responsible for delivering, however the Trust will remain the legal entity and the Trust Board the accountable Board. This is a two to three year programme of work to understand what governance looks like and what the risks are. Dr Dodds noted that Mr Robert McGough of Hill Dickinson will be attending the Board Away Day on 24 June to talk about ICP models and legal structures.
2/19/06/6.1.7	<p>The Chairman asked the Board to endorse the direction of travel described by Mrs Frodsham following which parameters and the detail of work will be agreed. The Trust wants to retain its independence and influence in CCICP while bringing in partners and moving to an integrated model.</p> <p>Resolved: The Board agreed that the direction of travel proposed by the task and finish group for the CEPPB had the support of the Board in principle.</p>

<p>BoD2/19/06/6.2 2/19/06/6.2.1 2/19/06/6.2.2</p> <p>2/19/06/6.2.3</p>	<p>One Public Estate Paragraph removed under Section 36 of the Freedom of Information Act. Paragraph removed under Section 36 of the Freedom of Information Act.</p> <p>Mr Church asked if there is still a planned consultation in Cheshire East on services and Mrs Frodsham replied that this is still being progressed and being led by the CCGs and it is likely to be in 2020.</p>
<p>BoD2/19/06/6.3</p>	<p>GP Practice Paragraph removed under Section 43 of the Freedom of Information Act.</p>
<p>BoD2/19/06/6.4</p>	<p>Meeting with Andy Wilson The Chairman advised that he had met recently with Dr Andrew Wilson, Chair of South Cheshire and East Cheshire CCG to discuss Board to Board meetings. The intention is to meet in July to discuss strategic commissioning intent and smoking cessation. The Chairman suggested that a further meeting takes place in September with potentially a wider number of organisations involved.</p> <p>Resolved: The Board noted the system update.</p>
<p>BoD2/19/06/6.5 2/19/06/6.5.1</p>	<p>South Cheshire Private Hospital (SCPH) Acquisition Mr Favager updated the Board on the due diligence process taking place in regard to the proposed acquisition of the SCPH. Mr Chris Linward has been appointed on as interim project manager. The Chairman asked if Mr Linward would be working exclusively for the Trust and Mr Favager replied that he would clarify his commitment.</p> <p>ACTION: Confirmation of project manager days to be confirmed to the Chairman (Mr Favager)</p>
<p>2/19/06/6.5.2</p>	<p>Mr Favager noted that a briefing paper for the Competition and Markets Authority (CMA) will be submitted following the Execs meeting tomorrow. The acquisition may raise some interest from the CMA but it is not guaranteed that a formal process will need to take place. A decision should be received from the CMA within three weeks of the submission.</p>
<p>2/19/06/6.5.3</p>	<p>Mr Favager explained that there are several workstreams looking at different aspects of the acquisition. Deciding on the payment model is a particular challenge as the models used by other Trusts do not appear to be feasible given the change in IR35 regulations. Therefore, paying consultants via payroll may be the only option. Mr Oliver noted that this may not be popular with consultants and therefore the communications regarding this aspect need to be timely. Mr Davis suggested that speaking to University Hospitals of Derby and Burton NHS Foundation Trust who have just set up a private unit may be helpful to understand their approach.</p>
<p>2/19/06/6.5.3</p>	<p>Mr Favager updated the Board on the timescales for the project noting that it is more likely to be the September Board meeting that the business case will be presented at rather than August. If the business case is approved it is likely to take four to six weeks for implementation. Mr Favager advised the Board that he will update each month on progress.</p> <p>Resolved: The Board noted the update.</p>

BoD2/19/06/6.3	<p>Item removed under Section 42 of the Freedom of Information Act</p> <p>Resolved: The Board noted the update.</p>
<p>BoD2/19/06/6.4 2/19/06/6.4.1</p> <p>2/19/06/6.4.2</p>	<p>CCG Contract Letter</p> <p>Mr Favager explained that a letter has been received from the CCGs outlining the request to move to a block contract for 2019/20. As a result the contract value would be increased by £0.5m. There are a number of conditions outlined in the letter which include a commitment from the CCGs to pay for up to 75 days of additional escalation beds and a sharing of under or over spend against high costs drugs. Mr Favager suggested that this approach puts the Trust in a stronger position as there will be a guaranteed income for 2019/20 even if subsequent CCG and NHS England (NHSE) discussions about the CCG Control Total change the position. A block contract also supports the local economy position. The block contract had been agreed by the Executive Team and PAF</p> <p>The Chairman noted that this was not for formal approval as there is already an agreed contract but is for the Board to note for information. This position supports the CCG and shows that the Trust has confidence it can deliver the contracted activity and agreed Cost Improvement Programmes (CIP).</p> <p>Resolved: The Board noted the contract letter from the CCG</p>
<p>BoD2/19/06/7 2/19/06/7.1.1</p>	<p>Any Other Business</p> <p>Paragraph removed under Section 36 of the Freedom of Information Act.</p> <p>Resolved: The Board noted the update.</p>
<p>BoD2/19/06/8</p> <p>2/19/06/8.1</p> <p>2/19/06/8.2</p>	<p>Review of the Board meeting</p> <p>Mr Brocklebank reviewed the meeting noting that there had been a theme of compassion and kindness and the review into complaints for Governors will be helpful. Mr Brocklebank noted that the new quality report dashboard is welcome and is easier to understand and thanked Mr Favager for his clear summary of finance which had a positive focus on proactive work to anticipate challenges to come which provides the Board with confidence. Mr Brocklebank observed that the very good business case for Seven Day Services for Therapies had presented a very clear rationale for approval of the preferred option.</p> <p>Mr Brocklebank commented on the assurance provided by the Learning from Deaths Report, noting that no avoidable deaths have been identified by the Structured Judgement review process. Mr Brocklebank summarised that Part II had covered a number of strategically significant areas to Trust and discussions had taken place to ensure that the right decisions are made. Overall it had been an insightful meeting covering a wide range of areas. The Chairman agreed that it is an exciting time for the Trust and the pace will speed up but that the Trust is well placed and ready.</p>
BoD2/19/06/9	<p>Time, Date and Place of the next meeting</p> <p>The Board of Directors Meeting is to be held in Private on Monday 1 July 2019 in the Boardroom, Leighton Hospital following the Board meeting held in Public.</p> <p>The meeting closed at 12:50 pm</p>

Signed

A handwritten signature in blue ink, appearing to be 'D. S. D.', with a long horizontal stroke extending to the right and a curved line underneath.

Chairman

Date 18 June 2019