

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 5 August 2019
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Mrs H Barnett	Director of Workforce and OD
Mr T Brocklebank	Non-Executive Director
Mr J Church	Deputy Chair
Dr P Dodds	Deputy Chief Executive
Mr M Luckas	Interim Medical Director
Ms L Massey	Non-Executive Director
Mr L Philpott	Chief Operating Officer
Mr J Sumner	Chief Executive
Mrs J Tunney	Director of Nursing and Quality

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Ms E McGuigan	Director of Operations
Mrs R Davies	Deputy Director of Finance
Mrs K Dowson	Trust Board Secretary
Ms E Dixon	Cancer Services Manager (<i>to item 19/08/02 only</i>)
Mrs K Edge	Lead Chemotherapy Nurse (<i>to item 19/08/02 only</i>)

Observing

Mr R Stafford	Public Governor (Patients & Carers)
Mrs P Psaila	Public Governor (Patients & Carers)
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mrs J Roach	Public Governor (Crewe & Nantwich)
Ms S Jamieson	Midwife, Staffordshire and Stoke-on-Trent CCG
Mr R Deighton	Regional Lead North West - NHS Confederation
Mr S Topping	Nantwich Guardian
Ms K Lovell	Member of the Public

Apologies

Mr R Favager	Interim Director of Finance & Strategic Planning
Ms L Butcher	Non-Executive Director
Mr M Davis	Non-Executive Director
Mr C Oliver	Chief Operating Officer
Dr K Birch	Lead Governor

BoD19/08/1

Welcome, Introduction and Apologies

19/08/1.1

The Chairman welcomed all those present to the meeting, in particular Mr James Sumner attending his first meeting as Chief Executive. The Chairman reminded observers that he and the Chief Executive would be available at the end of the meeting to answer any questions.

BoD19/08/2

Patient Story

19/08/2.1

The Chairman welcomed Mrs Dixon, Cancer Services Manager and Mrs K Edge, Lead Chemotherapy Nurse for the patient story. Mrs Tunney introduced the story which was from a patient with Stage 4 bowel cancer who is currently receiving chemotherapy treatment at the Macmillan Unit, Leighton Hospital and who describes her journey from a feeling of hopelessness to one of cautious optimism. Mrs Tunney reminded the Board that the unit gave 4,000 chemotherapy treatments last year and the Chairman

19/08/2.2	<p>noted that the unit had received many accolades including most recently a Christie Quality Mark.</p> <p>Ms Massey expressed her own positive experience with family members at the Macmillan Unit which delivers treatment to many patients yet retains a very calm atmosphere. Mr Church remarked on the comment that each patient feels as if they are the only one who matters when in the centre which shows the compassion and care for the individual. Mrs Dixon agreed that this is very important as each patient has arrived on the unit with a different journey.</p>
19/08/2.3	<p>The Chairman asked how big the team is and Mrs Dixon replied that there are six qualified nurses led by Mrs Edge as well as a team of Healthcare Assistants (HCAs), volunteers, administrators and an information service. The Chairman remarked on the compassion that is clearly in place which is so important to provide psychological support as well clinical skills. The Chairman asked that the Board's thanks and best wishes are passed on to the patients and to the team.</p> <p>Resolved: The Board noted the story presented.</p>
BoD19/08/3	Board Members' Interests
19/08/3.1	There were no declarations of changes in interests of Board Members.
19/08/3.2	There were no interests declared in relation to open items on the agenda.
BoD19/08/4 BoD19/08/4.1	Minutes of the Previous Meeting Board of Directors meeting held on 1 July 2019
19/08/4.1.1	<p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> 19/07/19/07/11.2 Mr Luckas advised that the Serious Untoward Incident report is of incidents from June not May. <p>Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 1 July 2019.</p>
BoD19/08/5	Matters Arising and Action Log
19/08/5.1	<p>The Chairman noted that there the outstanding action on the Board action log has been completed and can now be closed.</p> <p>Resolved: Action to be closed as complete.</p>
BoD19/08/6	Annual Work Programme
	<p>The Chairman noted that there were no proposed changes to the workplan.</p> <p>Resolved: The Board noted version 3 of the Board Work Programme 2019/20.</p>
BoD19/08/7 BoD19/08/7.1 19/08/7.1.1	<p>Chairman's Announcements NHS Big Tea Party</p> <p>The Chairman reported that the Mid Cheshire Hospitals Charity had hosted a tea party for staff with an array of activities through the hospital including a tea party.</p>
BoD19/08/7.2 19/08/7.2.1	<p>Board to Board with the Clinical Commissioning Groups (CCG)</p> <p>The Chairman advised that the Board had met with the Governing Body of both South Cheshire and Vale Royal CCGs. The group had received a presentation on a</p>

<p>19/08/7.2.2</p> <p>BoD19/08/7.3 19/08/7.3.1</p> <p>BoD19/08/7.4 19/08/7.3.1</p> <p>BoD19/08/7.5</p> <p>BoD19/08/7.6</p>	<p>compelling case study from Manchester on smoking cessation which had included a clear evidence trail of its impact. The Chairman commented that replicating this would be an aspiration for the local health economy but as always there are competing priorities.</p> <p>The Chairman reported that the group had discussed the future of strategic commissioning and the need for solutions to work across Cheshire. As a result, Dr Andrew Wilson has written to the Chairs and Chief Executive's across Cheshire to invite them to an informal discussion.</p> <p>Electronic Patient Record (EPR) The Chairman announced that the Trust will be making a joint bid with East Cheshire Hospitals NHS Trust (ECT) for money to implement an EPR following the approval by ECT Board of the need to develop the joint business case. The Chairman reminded the Board that this is a key strategic need at the Trust.</p> <p>Board to Board with ECT The Chairman advised that the planned Board meeting with the Board of ECT in August has now been vacated and will be rescheduled.</p> <p>Maternity Entrance The Chairman reported that the Trust has been looking at various aspects of the site that require modernisation and upgrade. The Maternity entrance has been on the agenda for 14 years as other projects have taken priority. The Chairman suggested that now is the time to do this, it is a fairly modest capital project which would address the front façade of Leighton Hospital as well.</p> <p>British Red Cross Visit The Chairman advised that the Chief Executive of the British Red Cross, Mr Mike Adamson visited the Trust recently and met the Director of Operations and other colleagues to see the excellent work done at the Trust, some of which is only done at this Trust.</p>
<p>BoD19/08/8 BoD19/08/8.1 19/08/8.1.1</p> <p>19/08/8.1.2</p>	<p>Governors Items Council of Governors Meeting – 25 July 2019 The Chairman reported that Governors had met and discussed a wide range of items including performance, quality and finance. Governors had fed back on development days taken and Governor activity. The external auditor had presented their view on the Annual Report and Accounts for 2018/19 and the Council had received a presentation on the 2018 National Inpatient Survey and on the annual Governor self-assessment. The Chairman noted that the meeting had been on the hottest day ever but there had been an excellent turn out reflecting the great commitment of the Governors. The Chairman added that the meeting had ended with a tribute to the Medical Director who is leaving in September and to the retiring Governor Mrs Norma Moores.</p> <p>The Chairman was pleased that the three new Governors elected without competition had also been in attendance as observers, Mrs Jenny Newman, Sister in Pre-operative Assessment Clinic (POAC) Mrs Mary Riley, Public Governor for Congleton and Mrs Valerie Pickford Patient and Carer Governor. The Chairman asked Mrs Dowson what gaps this left and Mrs Dowson confirmed that the Trust was still awaiting the representative from Cheshire West and Chester Council to be appointed.</p>
<p>BoD19/08/9 BoD19/08/9.1 19/08/9.1.1</p>	<p>Chief Executive's Report System Update Mr Sumner introduced himself and thanked everyone for the warm welcome provided to him since his first day a week ago. Mr Sumner thanked Dr Dodds for stepping up to the role over the last few months and noted that it was of great benefit to have Dr</p>

	<p>Dodds in post for a few more weeks to support him. Mr Sumner advised that he plans to spend this time meeting with staff and teams across the divisions and Central Cheshire Integrated Care Partnership (CCICP).</p>
19/08/9.1.2	<p>Dr Dodds reported that he had chaired the Executive to Executive meeting between the Trust and ECT last week which had covered the system financial challenge, the Board to Board and discussions on service lines.</p>
19/08/9.1.3	<p>Mr Sumner advised that the Trust had received a letter from Mr Bill McCarthy, Regional Director for the North West for NHS Improvement (NHSI) and NHS England (NHSE). The letter asked that the Cheshire Accountable Officers meet to discuss how to close the financial deficit in Cheshire and agree a plan to deliver this. This meeting was scheduled for the coming week. It was noted that this was a relatively new ask as the Cheshire system has previously been divided into East and West Cheshire. There was much work to do to close the estimated £25-30m financial gap. Mr Sumner advised that he had met with the Directors of Finance and other Provider and Commissioner Chief Executives over the last week to agree a position for this week's meeting. The focus will be on creating strong governance across the system and ensuring resources are in place to deliver a single plan. The longer-term intention is to have a plan signed up to by all Trusts with a single responsible officer (SRO).</p>
19/08/9.1.4	<p>Mr Sumner advised that Mr McCarthy had visited the Trust on Friday and been given a tour around the estate including new areas such as the Critical Care Unit and those areas where investment is required such as the Emergency Department (ED). Mr McCarthy had noted where the Trust needs to invest in order to reach its aspirations. The need for an EPR was demonstrated with a visit to the note's storage facility. Mr Sumner had impressed the need to quickly put in place an extension to the ED cubicle capacity, if possible before winter. Mr McCarthy stated that he had been impressed with staff and building developments. The Chairman agreed that it had been a positive visit.</p>
19/08/9.1.5	<p>The Chairman asked how the Trust is coping with the aftermath of One to One Midwives going into administration last week. Ms McGuigan replied that the Trust has been proactively contacting women and facilitating their clinical care and providing assurance that the Trust has the capacity to support them. There is a Cheshire wide joint recruitment event taking place tomorrow for those midwives who have lost their jobs. Dr Dodds confirmed that every division of the Trust has contingency plans in place in case of this eventuality and the division triggered their plan in response.</p>
BoD19/08/9.2 19/0/9.2.1	<p>Executive Away Day</p> <p>Mr Sumner reported that he and the Executives had met for an away day on 30 July and discussed how they plan to work together over the coming weeks and months. The discussion also covered how the Executive will work with the clinical divisions and CCICP in future. Mr Sumner advised that in the afternoon session the Diagnostics and Clinical Support Services Division attended to discuss their successes, challenges and the help needed from Executives. Finally, Mrs Barnett presented two discussions, one on talent management and the second on the regional collaboration at scale work.</p> <p>Resolved: The updates from the Chief Executive were noted.</p>
BoD19/08/10 BoD19/08/10.1 19/07/10.1.1	<p>CARING Quality, Safety and Experience Report</p> <p>Mrs Tunney presented the report based on data from June 2019 (Quarter 1). Mrs Tunney advised that she would be presenting the report based on exceptions to expected performance.</p>

19/08/10.1.2	Mrs Tunney reported that the level of hospital acquired pressure ulcers (PU) was similar to May and there were no reported lapses in care. CCICP PU had reduced by 14 in month with three lapses of care, although following the CCICP PU panel only one was deemed to have been avoidable and this was due to a documentation issue; lessons learnt have since been shared. Mrs Tunney reported that the new falls card illustrates that there were no transgressions in month and the Trust is ahead of target for falls resulting in fractured neck of femur and below the national average for falls per 1000 bed days. There were no falls resulting in moderate or major harm in June.
19/08/10.1.3	Mrs Tunney advised that infection control is presenting an overall good picture for quarter 1, with no MRSA Bacteraemia cases. There were three E-coli infections in June across three different wards and divisions. All were reviewed and classified as unavoidable as the patients arrived with infections and had co-morbidities. The Chairman asked if any learning is transferred back to nursing homes. Mrs Tunney replied that this has started quite recently with feedback also going back to GPs about antibiotic prescribing. Mrs Frodsham confirmed that community services liaise closely with nursing homes and the CCICP rapid access teams are now going into nursing homes as well.
19/08/10.1.4	Mrs Tunney presented the Registered Nurse (RN) safe staffing report noting that there were nine wards with ten episodes where the 85% fill rate target was not met, eight of these were during the day and two of these were at night. Mrs Tunney outlined the review into each of these areas and the reasons why the fill rate was not met which includes areas of flexible staffing and beds and areas with vacancy and sickness rates where other staff roles were brought in to ensure safe staffing at all times. Mrs Tunney noted that at all times there is a process for escalating any concerns through the Site Manager or the Senior Manager on Call rota. Mrs Tunney confirmed that at times the staffing levels were not optimum but at no time were they unsafe.
19/08/10.1.5	Mrs Tunney updated the Board on progress on the recruitment of RNs. The international recruitment project will be interviewing 30 Indian nurses this week via Skype and ten UK adaptation nurses have started with the Trust who will be developed from HCAs to RNs. At the recent recruitment event 18 offers of RN jobs were given, of which ten were to new applicants to the Trust. Mrs Tunney added that the first advertisement for RN Apprenticeships has been released to start in September at Keele University, there will be 20 candidates in each year who will be qualified RN in three years. Mrs Tunney advised that she and Mrs Barnett have also begun work on a retention strategy for staff. Mr Philpott summarised that from a patient point of view while there are challenges in the Trust safety and quality have not been compromised and the report gives considerable assurance on the plans to maintain staff numbers.
19/08/10.1.6	Mrs Tunney reported on the patient experience report noting that there had been a typical number of complaints in June. There has been a reduction in informal concerns since the PALs team have moved back down to an office in the main entrance and this may be because more concerns are being resolved immediately. Mrs Tunney noted that the main themes for complaints and concerns remains communication but within this there are separate classifications such as perception, clarity of information and clarity of understanding by patients.
19/08/10.1.7	Mrs Tunney reminded the Board that a deep dive into communication in complaints and the level of compassion demonstrated by staff is taking place. This will be reported to Quality Governance Committee (QGC) in September before being advised verbally to Board in October and presented at Council of Governors in October. Mrs Tunney advised that another common theme is nursing care and one of the sub categories of this is 'other' which Mrs Tunney always reviews and as part of this noted that there were five concerns about medication on one ward which is now being addressed.

19/08/10.1.8	<p>Mrs Tunney advised that the NHS Choices rating remains the same at 4.5 stars for Leighton Hospital and 5 for Northwich, there has been an increase in postings to NHS Choices following a customer care campaign to promote the service and encourage feedback. Mrs Tunney was pleased to note that Friends & Family recommendations level remain consistently good and that the new text reminder is now in place across all areas which is very likely to improve the response rate. Compliments have increased by some margin in June which may be in part because some wards had been holding some back which would explain the lower rates in April and May.</p> <p>Resolved: The assurance provided in the Quality, Safety and Experience report was noted.</p>
BoD19/08/11 BoD19/08/11.1	<p>SAFE Draft Quality Governance Committee (QGC) – 08 July 2019</p>
19/08/11.1.1	<p>Ms Massey presented the minutes of the most recent meeting noting that there are three items for verbal escalation to the Board for information. Dr Fullerton presented the Lung Cancer Audit which consolidated four areas of work and provided assurance that the Trust is performing well and is not a negative outlier in any area. The Trust is marked as a positive outlier for pathological confirmation rates. Ms Massey noted that while the Trust achieves 75% compliance with the 62-day treatment pathway there are national drives to make this a 28-day pathway which would be challenging. The service has received £58k from the GM Cancer Network for service improvements across a number of areas. The service's aims are to continue to push for real time data, increase public awareness and education and link to the CCG on smoking cessation.</p>
19/08/11.1.2	<p>Ms Massey reported that QGC had received the Getting it Right First Time (GIRFT) for Radiology which had highlighted the positive replacement rate for machines and equipment against a 20% increase in demand for MRI scans. QGC have requested an overall improvement plan which will be presented back to QGC later in the year. The Chairman observed that the third MRI scanner is now commissioned and in use. Ms Massey noted that QGC had also received an organisational look back for 2018/19 for Serious Untoward Incidents (SUI) which gave assurance that every SUI is subject to rigorous review and the annual report ensures any trends are picked up. A similar style report is planned for quality safety and experience in the future. Ms Massey observed that this report is useful as it focuses on themes and causes rather than the incident.</p>
19/08/11.1.3	<p>Mr Church clarified when the reinspection of aseptics will take place and Mrs Tunney confirmed that this will be in October.</p> <p>Resolved: The Board noted the items escalated by QGC and the report of the committee.</p>
BoD19/08/11.2	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p>
19/08/11.2.1	<p>Mr Luckas advised that there are two SUI to report from July, one in-patient fall resulting in a fractured neck of femur and the potential loss of vision in an 85-year old following the failure of a medical review by a senior trainee. The deanery and lead employer have been contacted and are running a full investigation and HR process. Mr Luckas clarified that at this stage it is not clear if this harm was avoidable or not.</p>
19/0/11.2.2	<p>Mr Luckas advised that there were three RIDDOR reportable events.</p> <p>Resolved: The Board noted the report of SUIs and RIDDOR events.</p>

BoD19/08/11.3	Guardian of Safe Working Hours Report Q1 2019/20
19/08/11.3.1	<p>Mrs Barnett presented the Quarter 1 report noting that there had been only one exception reported which was dealt with by the Educational Supervisor.</p> <p>Resolved: The Board noted the Guardian of Safe Working Hours Report.</p>
BoD19/08/12 BoD19/08/12.1	RESPONSIVE Performance Report
19/08/12.1.1	Ms McGuigan advised firstly that the Trust had passed the 62-day cancer screening standard for May once all the data had been validated. Ms McGuigan presented the performance report using data from June 2019. Ms McGuigan advised that three of the five NHSI Single Oversight Framework performance indicators were met which were the 62 day GP cancer referral, the Rapid Access Referral and the 18-week Referral to Treatment which has returned to above 92% for the first time since December 2018.
19/08/1.1.2	Ms McGuigan advised that the diagnostic 6-week wait target is recovering following the imaging server upgrade incident and it is anticipated that this target will be recovered by August 2019 which is slightly behind the recovery plan. The Trust continues to deliver a high standard for rapid access with 96.89% of patients seen within two weeks despite an increasing number of referrals. The cancer 62-day from screening target has been failed due to a combination of complex pathways, registration issues, patient choice and endoscopy capacity. It should be noted that the low patient numbers in the programme mean that a small number of patients can cause the target to be failed, in this case four patients failed the standard in June.
19/08/12.1.3	Ms McGuigan reported that the 4-hour transit time performance was 80.63% against the 95% performance standard, this continues to be a challenging target, compounded by high levels of attendance although the recent increase has plateaued in June. Patient flow has not been assisted by an increase in medically optimised patients who cannot be discharged, in June there was an average of 21 compared to the normal level of 16.
19/08/12.1.4	The Chairman asked if the levels of Delayed Transfer of Care (DTOC) patients is getting worse as this has always been a challenge but previously focused cross-system work has had some impact. Mrs Frodsham replied that there is still some good collaborative work taking place with partners but there have been a number of challenges recently. The primary cause has been the high level of medical admissions in May and June which has added pressure to an already busy system to discharge patients safely. The loss of some community beds last year has also been a contributing factor although these have now been re-provided. This is managed closely by the A&E Delivery Board and each partner is held to account. Ms McGuigan noted that the DTOC standard of 3.5% was failed in June. Mr Sumner commented that the wait to be seen in A&E remains the main problem as there is good system control on outliers and DTOC. The Chairman agreed that this remains a continuing and significant challenge for the Trust.
19/08/12.1.5	Mrs Davies presented the financial performance of the Trust to June 2019 advising that the Trust position is £192k better than the Control Total but this is predominantly CCICP underspend, the acute Trust is overspent by £15K. Mrs Davies advised that an additional £362k Provider Sustainability Fund for 2018/19 has been received which is not accounted for yet in the position. Mrs Davies explained that contract income is £119k worse than plan, with significant underperformance from associate CCG contracts; if this continues there will be a £2m gap by the end of 2019/20. The gap is offset to some extent because the Trust is underperforming on planned activity and

	over performing on high cost drugs. As part of agreeing a block contract an additional £0.5m was agreed and this is being used to support the position.
19/08/12.1.6	Mrs Davies advised that pay is better than plan by £304k, 190k of this is CCICP. CCICP is planning to invest and recruit so this underspend may reduce significantly. Non Pay is above plan by £340k the majority of this sits in Diagnostics & Clinical Support Services (DCSS) Division to cover Histopathology outsourcing costs and is offset to some extent against medical pay vacancies. Delays in commissioning the third MRI have created £118k of additional costs and the ongoing response to the failed Soliton server upgrade has generated £132k of costs with a total forecast of £170k in total.
19/08/12.1.7	Mrs Davies reported that the Cost Improvement Programme (CIP) is behind plan predominantly due to anticipated savings on nurse sickness and turnover, particularly in Medicine and Emergency Care Division (DMEC). NHS Supply Chain CIP is also behind but recent discussions have identified savings that have not yet been recorded so this should improve. Other schemes are delayed but are still forecast to meet targets.
19/08/12.1.8	Mrs Davies advised that Agency spend is predicted to breach the contract ceiling of £5.7m and this will potentially impact on the Trust's Use of Resources rating which is currently a 3 and is predicted to remain at this level. DMEC remains the area of biggest challenge with some risks in Women and Children's (W&C) as well. There are some offsets in Estates & Facilities and CCICP which are helping to balance out the position. Mrs Davies noted that the cash position remains good with no issues emerging. Mrs Davies summarised that there are some emerging risks at the end of quarter 1, one of which is the use of one-off benefits in quarter 1 to achieve the £192k position. The key operational challenges remain keeping Ward 19 closed until the winter plan is scheduled to start, despite pressures for escalation beds and to ensure delivery of CIPs. Mrs Davies advised that NHSI have written to all Trusts to ask them to reduce the capital spend by 20% and the Trust has complied with this by converting capital spend to revenue leases which will have a relatively minimal impact on the Income & Expenditure.
19/08/12.1.9	Mr Sumner asked the Board if the new financial report format was clearer and Non-Executive Directors (NEDs) agreed that it was clearer and it was easier to pull out the information quickly. Resolved: The Board noted the Performance Report.
BoD19/08/12.2	Draft Performance and Finance (PAF) Committee notes
19/08/12.2.1	Mr Philpott presented the notes of the meeting of 25 July 2019 and noted that there are four items for verbal escalation to the Board. <ul style="list-style-type: none"> • Non-achievement of the 4-hour transit time, diagnostic wait and Cancer 62 day screening targets. Cancer 62 day screening is expected to fail for July and potentially August too • Reviewed the Virtual Fracture Clinic Benefits Realisation paper noting that it is the right solution for patients but there will some additional costs • Reviewed a summary paper on the ED initiatives, their success and impact and likelihood of improving the 4-hour transit time target • Noted the £3m pre-commitments the Trust has already approved for 2020/21 as part of the business case approvals
19/08/12.2.2	Mr Philpott reported that PAF had discussed the mandatory targets in some depth and PAF remains sympathetic of the challenges given the wider pressures wider on the

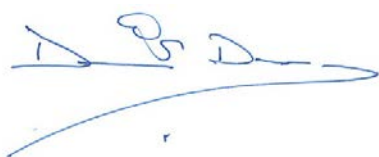
	<p>NHS and is confident that the Trust has the plans in place to tackle the issues. Mr Philpott commented that the benefits realisation paper for the Virtual Fracture Clinic was very good and demonstrated value for money and benefits of patients. The Chairman agreed that return on investment is not always about financial benefits. Mr Philpott observed that the quality of papers being presented to PAF had improved, they are sharp and enable focused discussions in the right areas to reach solid conclusions.</p> <p>Resolved: The Board accepted the report of PAF and the items escalated to the Board for information.</p>
<p>BoD19/08/12.3</p> <p>19/08/12.3.1</p>	<p>Legal Advice</p> <p>Dr Dodds advised that there had been no new additional legal advice taken in the month. However, advice in regard to an employment matter, an external provider and about the potential acquisition of South Cheshire Private Hospital (SCPH) are ongoing.</p> <p>Resolved: The Board noted the legal advice update.</p>
<p>BoD19/08/12.4</p> <p>19/08/12.4.1</p>	<p>Report on the Use of the Trust Seal</p> <p>Dr Dodds presented the report of the use of the Trust Seal in the last quarter since the last report in May 2019, noting that it has been used once, under Chairman's Action.</p> <p>Resolved: The Board noted the report on the use of the Trust Seal</p>
<p>BoD19/08/12.5</p> <p>19/08/12.5.1</p> <p>19/08/12.5.2</p> <p>19/08/12.5.3</p>	<p>Freedom to Speak up Guardian Report Q1 2019/20</p> <p>Mrs Tunney presented the quarter 1 report of the Freedom to Speak up Guardian (FSUG), noting that there has been lots of activity to encourage staff to speak up and make it easier for them to do so. This has included meeting with the Employee Support Advisors (ESAs), developing a newsletter, distributing suggestion boxes and conducting walkrounds with Mr Church as NED FSUG.</p> <p>Mrs Tunney noted that five concerns were recorded in quarter 1 with the majority being related to patient safety issues spread across a number of divisions and all from ward areas. Mrs Tunney observed that it had been positive to receive an increase in responses and all have been investigated with just one left to receive feedback on. Providing feedback when the comments have been anonymous is challenging so there has been a lot of work to ensure that measures put in place are communicated widely in the ward areas.</p> <p>Mrs Tunney advised that the Trust is compliant with the reporting requirements of the national FSUG. The Chairman commented that the programme feels to have more traction now and Mrs Tunney agreed noting that most comments received have to be signposted elsewhere as they are not about patient safety. Mrs Frodsham asked how this is being promoted in CCICP and Mrs Tunney advised that it is through the ESAs in CCICP who have access to the same kit and resources which is based around the supercentres. Mrs Barnett added that as part of the Ward Accreditation staff are asked about their awareness of the FSUG.</p> <p>Resolved: The Board noted the concerns raised through the FSUG.</p>

<p>BoD19/08/13 BoD19/08/13.1</p> <p>19/08/13.1.1</p>	<p>WELL-LED Visits of Accreditation, Inspection or Investigation</p> <p>Mrs Tunney reported that there had been a Quality Assurance visit regarding Cervical Screening services which had identified four immediate actions, two for the histopathology pathway and two for infection control. An action plan from the Trust has been accepted and the gap analysis will go to QGC in August. A formal inspection report is expected in 10 weeks.</p> <p>Resolved: The Board noted the visit reported.</p>
<p>BoD19/08/13.2</p> <p>19/08/13.2.1</p> <p>19/08/13.2.2</p> <p>19/08/13.2.3</p> <p>19/08/13.2.4</p> <p>19/08/13.2.5</p>	<p>Workforce Disability Equality Standard</p> <p>Mrs Barnett advised that this is the first time this report, which is mandated to highlight the experience of disabled staff, has been submitted. The Trust is measured against ten standards using data available on ESR and other HR databases. Mrs Barnett highlighted that metrics pulled from existing data reflected the discrepancy between the numbers of staff saying they have a disability on the staff survey (20%) and the number of staff (2.6%) formally reporting as having a disability on ESR. This is a typical situation for Trusts.</p> <p>Mrs Barnett highlighted three metrics which show a negative discrepancy between the experience of staff with and without a disability:</p> <p>Metric 4. Experienced bullying, harassment or abuse - Disabled 34%, Non-Disabled 23%</p> <p>Metric 6. Felt pressure from their manager to come to work – Disabled 29.7%, Non-Disabled 20.7%</p> <p>Metric 8. Adequate adjustments have been made to enable them to carry out their work – 70% of staff who felt an adjustment was required said that it had been made</p> <p>Mrs Barnett commented that it is noticeable that disabled staff are having a less good experience than non-disabled staff. An action plan has been drafted to address any issues identified and this will be monitored by the Equality, Diversity and Inclusion Group and escalated to Transformation and People Committee (TAP) who have also scrutinised this submission. The submission has been submitted as per national requirements and once this data is published comparisons can be made to other Trusts.</p> <p>Ms Massey commented that this is part of the offer to improve staff retention and asked if there is a link between those who have not had adjustments made for them for example and areas with retention challenges. Mrs Barnett replied that the first challenge is to overcome the barrier for staff not wanting to admit that they have a disability. No one turned up to the last focus group for disabled staff. The Chairman observed that this is not unusual and the Trust needs to be clear about what is classified as a disability as there can be some confusion. The Chairman also noted that Metric 10 illustrates the challenge to get staff to declare as there is a large discrepancy on the Board between those who have declared whether they have a disability or not (57%) and those that have not made a declaration (43%).</p> <p>The Chairman commented that some of the metrics are reassuring, for example that there is no difference between the proportion of disabled or non-disabled staff subject to capability processes. Mr Philpott suggested that the message needs to be positive and included in the equality and diversity narrative. Mrs Barnett agreed that after consultation with staff about setting up networks it was agreed that just one was needed which is about equality and diversity and the first meeting will take place in</p>

	<p>October. Ms Massey suggested that building positive messages into the corporate induction programme is important and Mr Brocklebank commented on the current work going on such as the Dyslexia awareness event taking place at the crossroads on 4 October.</p> <p>Resolved: The Board noted the update on the Trust Strategy</p>
<p>BoD19/08/13.3</p> <p>19/0/13.3.1</p>	<p>Equality Delivery System (EDS2)</p> <p>Mrs Barnett presented the report of the 2018/19 assessment against the ESD2 toolkit to assess and grade the Trust's equality performance each year against four goals. This year two goals were focused on, 'Improved Patient Access and Experience' and 'A Representative and Supported Workforce'. These were assessed by external stakeholders rather than self-assessed as in previous years. Mr Brocklebank commented that there had been a good robust discussion at TAP about the report and the introduction of external validation was welcomed. Mr Brocklebank commented that the two papers reflected that the Trust is learning a lot more about their workforce through these papers which is important when the expectation is that transformation will be led by the workforce. Mrs Barnett agreed and noted that it is a small team that focus on equality and diversity and they do a good job.</p> <p>Resolved: The Board noted the report.</p>
<p>BoD19/08/14 BoD19/08/14.1</p> <p>19/08/14.1.1</p> <p>19/08/14.1.2</p> <p>19/08/14.1.3</p> <p>19/08/14.1.4</p>	<p>EFFECTIVE Workforce Report</p> <p>Mrs Barnett presented the Workforce Report using data from June 2019. Mrs Barnett advised that the sickness rolling 12-month position had increased slightly in month to 4.39%. Some divisions are more challenged than others and it should be noted that DMEC has improved its sickness rate in month. TAP does drill down into these figures and at ward level there are some particular areas of challenge.</p> <p>Mrs Barnett advised that appraisals continue to improve, DMEC by 5% in month and both Estates & Facilities and Corporate are now green. This is a slow process and hard to maintain. Mrs Barnett reminded the Board to the reasons for the sudden deterioration at the end of last year in training rates. The rate continues to recover and every division has improved in month but the recovery rate could be quicker. A review has identified that there are sufficient rota hours to allow release for training but vacancies and sickness interfere with this.</p> <p>Mrs Barnett reported that turnover remains within the target range overall although some wards and areas have a higher turnover rate than target. Mrs Barnett asked the Board to note the graph which is additional to the normal report but TAP felt it was important that the Board sees the historical trend for sickness at the Trust and the trends and likelihood of a peak in December and January again this year. Mrs Barnett highlighted that the sickness figure at the start of the year has never been as high as 2019/20. Mrs Barnett identified that the initiative to tackle sickness in 2015/16 which had some impact involved introducing a dedicated HR professional to tackle sickness in a division. Mr Church commented that the initiative had been encouraging but from memory the benefits realisation had showed that it was only cost effective in one area and the investment was made here. Mrs Barnett said that this was a purposeful intervention that had made a step change in sickness absence and it was worth revisiting this.</p> <p>Mrs Barnett asked the Board to disregard the agency spend figure in the report as the figure needs to be checked against the finance final figure.</p>

	Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.
BoD19/08/14.2	Transformation and People Committee (TAP) – 4 July 2019
19/08/14.2.1	Mr Brocklebank presented the notes of the meeting of TAP, noting that there are three items for verbal escalation in addition to the escalation of the WDES already discussed on today's agenda. Mr Brocklebank advised that TAP had reviewed a deep dive into sickness and discussed learning lessons to improve people's practice which was promoted by a letter from NHSI/E which has been circulated to the Board about the impact of investigations on staff and he would recommend to anyone involved in a HR enquiry to read the associated report. Mrs Barnett advised that as part of the associated recommendations from NHSI/E in relation to this case TAP is going to review how the Board can be more cited on the number and type of staff inquiry cases that are in progress which is currently reported to Executive Workforce Assurance Group (EWAG).
19/08/14.2.2	<p>ACTION: Link to the case highlighted by NHSI/E to the Trust to be circulated (T Brocklebank)</p> <p>Mr Brocklebank noted that the third item for escalation for information was the progress of the 90-day transformation programme to its sixth project. TAP wants to assess the benefits of the first five projects and understand the impact the programme is having. Mr Brocklebank echoed Mr Philpott's comments about the improvement in the quality of reports being received to committee.</p> <p>Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.</p>
BoD19/08/14.3 19/08/14.3.1	Consultant Appointments Mr Luckas advised that four Consultant appointments have been made. Two Radiologists, an Upper GI Surgeon and a Rheumatologist.
BoD19/08/15	Any Other Business There were no further items of business.
BoD19/08/16	Time, Date and Place of the next meeting Board of Directors Meeting to be held in Public on Monday 2 September 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.
The meeting closed at 11:35 pm hours.	

Signed



Chairman

Date 05.09.19

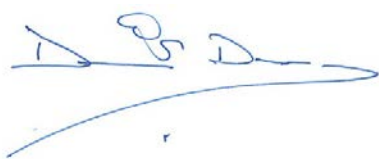
Minutes of Board Meeting held in 'Private'
Monday 5 August 2019
In the Boardroom, Leighton Hospital, Crewe

<p>Present Mr D Dunn Mrs H Barnett Mr T Brocklebank Mr J Church Dr P Dodds Mr M Luckas Ms L Massey Mr L Philpott Mr J Sumner Mrs J Tunney</p> <p>In Attendance Mrs D Frodsham Ms E McGuigan Mrs R Davies Mrs K Dowson</p> <p>Apologies Mr R Favager Ms L Butcher Mr M Davis Mr C Oliver Dr K Birch</p>	<p>Chairman Director of Workforce and OD Non-Executive Director Deputy Chair Deputy Chief Executive Interim Medical Director Non-Executive Director Non-Executive Director Chief Executive Officer Director of Nursing and Quality</p> <p>Director of Strategic Partnerships Director of Operations Deputy Director of Finance Trust Board Secretary</p> <p>Interim Director of Finance & Strategic Planning Non-Executive Director Non-Executive Director Chief Operating Officer Lead Governor</p>
BoD2/19/08/1	<p>Welcome and Apologies The Chairman welcomed Board members to Part II of the meeting and noted the apologies given.</p>
<p>BoD2/19/08/2 2/19/08/2.1</p>	<p>Board Members Interests There were no interests declared in relation to open items on the agenda.</p>
<p>BoD2/19/08/3 2/19/08/3.1</p>	<p>Minutes of the Previous Meeting There were no amendments proposed.</p> <p>Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 1 July 2019.</p>
<p>BoD2/19/08/4 2/19/08/4.1 2/19/08/4.2</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>BoD2/19/08/5 2/19/08/5.1</p>	<p>Effective Medical Staffing Update</p> <p>Paragraph removed under Section 40 of the Freedom of Information Act.</p> <p>Resolved: The Board noted the update provided.</p>
<p>BoD2/19/08/6 BoD2/19/08/6.1 2/19/08/6.1.1 2/19/08/6.1.2</p>	<p>Well Led System Update Paragraph redacted under Section 36 of the Freedom of Information Act. Paragraph redacted under Section 36 of the Freedom of Information Act.</p>

2/19/08/6.1.3	Mr Sumner reflected that the meeting this week as reported in Part I about pan-Cheshire financial sustainability could be a significant change in direction and some clarity on strategic priorities may be needed as establishing more boards and programmes across a different footprint will be a concern for the Trust. Mr Sumner stated that repatriating services into Cheshire is not the answer as there are established successful relationships with tertiary services across into surrounding counties such as the Trust partnership with University Hospitals of the North Midlands (UHNM). Sentence removed under Section 36 of the Freedom of Information Act.
2/19/08/6.1.4	Mr Sumner suggested that more collaboration between the Cheshire Trusts would be welcomed to share the costs of new initiatives but that there is not enough resource to develop these and also deliver on all of the Cheshire & Merseyside Health & Care Partnership (HCP) list of initiatives and priorities for Trusts to explore. Mr Sumner agreed that clinical service stability is the priority in Cheshire with stability and support provided from Greater Manchester where necessary. The Chairman suggested that the Trust needs to be progressive but cautious and support the regulators in its plans.
2/19/08/6.1.5	The Chairman reported that before the discussion with NHSI/E he had agreed to meet with Mr Mike Maier Chair of Cheshire and Wirral NHS Partnership Trust, Mrs Lynn McGill and Dr Andy Wilson, Vale Royal and East Cheshire CCG Chair to talk about the development and potential hosting of an Integrated Care Partnership (ICP) in Cheshire East. Sentences removed under Section 36 of the Freedom of Information Act.
2/19/08/6.1.6	Mrs Barnett reminded the Board that the Trust has set out an intention to create shared senior posts with ECT with a view to closer working relationships. Mr Sumner agreed that the posts shared so far have struggled with capacity and these need to be reviewed again. Mr Luckas commented that ECT have been unable to come up with a form that will create long term sustainability for all the departments and specialities and therefore looking to different solutions for these services is the right approach. Mr Sumner suggested that a summary of all the services, clarity around partnerships and a clear plan for the next 1-2 years would be helpful for the Board. Mr Sumner also suggested that the Executive team needs to review everything they are participating in and prioritise and condense the number of things they are doing.
2/19/08/6.1.7	The Chairman reminded the Board that he has committed to regular meetings with the Chair of ECT and Stockport NHS Foundation Trust and Mr Sumner noted that he had also agreed to tripartite meetings with the CEOs of these Trusts.
2/19/08/6.1.8	Sentence removed under Section 42 of the Freedom of Information Act. Mr Sumner commented that this is the right direction of travel and this should help to develop relationships with local GPs. Resolved: The Board noted the system update.
BoD2/19/08/6.2	South Cheshire Private Hospital (SCPH) Update
2/19/08/6.2.1	Paragraphs removed under Section 36 of the Freedom of Information Act. Paragraphs removed under Section 42 of the Freedom of Information Act.
2/19/08/6.2.2	
2/19/08/6.2.3	
2/19/08/6.2.4	
2/19/08/6.2.5	
2/19/08/6.2.6	Resolved: The Board noted the update.

BoD2/19/08/7 2/19/08/7.1 2/19/08/7.1.1 2/19/08/7.1.2	Any Other Business One to One Midwives Paragraphs removed under Section 42 of the Freedom of Information Act. Resolved: The Board noted the update.
BoD2/19/08/8 2/19/08/8.1 2/19/08/8.2 2/19/08/8.3	Review of the Board meeting Mr Church reviewed the meeting noting that the meeting had started well with an excellent patient story which was so positive considering the diagnosis of the patient. Mr Church noted that the agenda was lighter on strategy but the discussions which started in Part I and developed through part II had strategic focus. Mr Church welcomed in particular the new aspects and vision to the discussions with ECT which provide a direction of travel and the potential to make significant progress with a new focus on a Cheshire-wide system, flowing over into partners outside of the county. Mr Church noted the routine reports which provide assurance and continue to move the Trust forward as does the Freedom to Speak up Guardian work and the ward accreditation programme. There was an overall emphasis on workforce through the agenda. The report on the experience of disabled staff compared to non-disabled staff was insightful. The Chairman thanked Mr Church for his review of the meeting which was accepted by the Board.
BoD2/19/08/9	Time, Date and Place of the next meeting The Board of Directors Meeting is to be held in Private on Monday 2 September 2019 in the Boardroom, Leighton Hospital following the Board meeting held in Public. The meeting closed at 12:43 pm

Signed



Chairman

Date 05.09.19