

**Board of Directors Meeting**  
**Minutes of the Meeting held in Public**  
**Monday, 2 September 2019**  
**at 9.30am in the Boardroom, Leighton Hospital, Crewe**

<p><b>Present</b></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>Ms L Butcher</td><td>Non-Executive Director</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>Deputy Chief Executive</td></tr> <tr><td>Mr R Favager</td><td>Interim Director of Finance &amp; 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 L Philpott</td><td>Non-Executive Director</td></tr> <tr><td>Mr J Sumner</td><td>Chief Executive Officer</td></tr> <tr><td>Mr C Oliver</td><td>Chief Operating Officer</td></tr> <tr><td>Mrs J Tunney</td><td>Director of Nursing and Quality</td></tr> </table> <p><b>In attendance</b></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> <tr><td>Ms N Walker</td><td>Advanced Clinical Specialist Rheumatology and Team Manager, CCICP (to item 19/09/2 only)</td></tr> </table> <p><b>Observing</b></p> <table> <tr><td>Mr R Stafford</td><td>Public Governor (Patients &amp; Carers)</td></tr> <tr><td>Mrs B Beadle</td><td>Public Governor (Crewe &amp; Nantwich)</td></tr> <tr><td>Ms A Barnes</td><td>Interim Head of Nursing, Medicine</td></tr> <tr><td>Mr J Grundy</td><td>Client Manager, Greenstaff Medical</td></tr> </table>		Mr D Dunn	Chairman	Mrs H Barnett	Director of Workforce and OD	Ms L Butcher	Non-Executive Director	Mr T Brocklebank	Non-Executive Director	Mr J Church	Deputy Chair	Mr M Davis	Non-Executive Director	Dr P Dodds	Deputy Chief Executive	Mr R Favager	Interim Director of Finance & Strategic Planning	Mr M Luckas	Interim Medical Director	Ms L Massey	Non-Executive Director	Mr L Philpott	Non-Executive Director	Mr J Sumner	Chief Executive Officer	Mr C Oliver	Chief Operating Officer	Mrs J Tunney	Director of Nursing and Quality	Mrs D Frodsham	Director of Strategic Partnerships	Mrs K Dowson	Trust Board Secretary	Dr K Birch	Lead Governor	Ms N Walker	Advanced Clinical Specialist Rheumatology and Team Manager, CCICP (to item 19/09/2 only)	Mr R Stafford	Public Governor (Patients & Carers)	Mrs B Beadle	Public Governor (Crewe & Nantwich)	Ms A Barnes	Interim Head of Nursing, Medicine	Mr J Grundy	Client Manager, Greenstaff Medical
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<p><b>BoD19/09/1</b> 19/09/1.1</p>	<p><b>Welcome, Introduction and Apologies</b></p> <p>The Chairman welcomed all those present to the meeting. The Chairman reminded observers that he and the Chief Executive would be available at the end of the meeting to answer any questions.</p>																																												
<p><b>BoD19/09/2</b> 19/09/2.1</p> <p>19/09/2.2</p>	<p><b>Patient Story</b></p> <p>Mrs Tunney introduced the patient story which was from a patient living with Fibromyalgia who was part of a Central Cheshire Integrated Care Partnership (CCICP) pilot which trialled a new approach to living with this condition. Previously patients with this condition were often only able to access treatment through a pain clinic or were admitted to hospital. Ms Walker advised that under the new approach an initial consultation takes place after which patients are invited to attend a six week self-management group programme. This includes coping with Fibromyalgia by managing pain and fatigue and mindfulness. The patient described how the course had really helped her with her condition but also with the associated anxiety and lack of confidence.</p> <p>Mr Oliver asked if this service is delivered elsewhere. Ms Walker replied that it does exist but the set up is different here because of the added mindfulness training and motivational interviewing. The service is being evaluated by the research doctor leading the group and so far it appears that this approach is having greater success. The Chairman asked if the research is just based on CCICP patients and Ms Walker replied that it was and that it has already been presented at the European League Against Rheumatism. There are plans to publish this project as well.</p>																																												

19/09/2.3	<p>The Chairman asked that thanks are passed on to the patient and the team and commented that this work embodies the work the organisation is aspiring to do to make a difference. The Chairman added that gathering evidence and sharing it with others is the way the Trust should be working.</p> <p><b>Resolved:</b> The Board noted the story presented.</p>
<b>BoD19/09/3</b>  19/09/3.1  19/09/3.2	<p><b>Board Members' Interests</b></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>
<b>BoD19/09/4</b> <b>BoD19/09/4.1</b>  19/08/4.1.1	<p><b>Minutes of the Previous Meeting</b>  <b>Board of Directors meeting held on 5 August 2019</b></p> <p>The minutes of the meeting were agreed with no amendments.</p> <p><b>Resolved:</b> Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 5 August 2019.</p>
<b>BoD19/09/5</b> 19/09/5.1	<p><b>Matters Arising and Action Log</b></p> <p>The Chairman noted that there the outstanding action on the Board action log has been completed and can now be closed.</p> <p><b>Resolved:</b> Actions to be closed as complete.</p>
<b>BoD19/09/6</b>	<p><b>Annual Work Programme</b></p> <p>The Chairman noted that there were no proposed changes to the workplan. Remains in approval</p> <p><b>Resolved:</b> The Board noted version 3 of the Board Work Programme 2019/20.</p>
<b>BoD19/09/7</b> <b>BoD19/09/7.1</b> 19/09/7.1.1   19/09/7.1.2	<p><b>Chairman's Announcements</b>  <b>Cheshire East Partnership Chairs Meeting</b></p> <p>The Chairman advised that he had attended a meeting with the three other Chairs of NHS Trusts and Clinical Commissioning Groups (CCG) in Cheshire East. This followed agreement at the last Board to Board with the CCG to bring the Chairs together regularly to ensure a common understanding of system integration.</p> <p>The Chairman reported that items discussed included updates on the three levels of working, the emergent Integrated Care Partnership (ICP) across Cheshire East and its developing workstreams, the pan-Cheshire finance stream and the Cheshire and Merseyside (C&amp;M) strategic and political overview. These are developing in parallel so this meeting helps to ensure convergence so the whole system makes sense. The Chairs also discussed the likelihood of there being two ICPs in Cheshire and the Chairman strongly reiterated the commitment and willingness of the Trust to be the host of Cheshire East ICP.</p>
<b>BoD19/09/8</b> <b>BoD19/09/8.1</b> 19/09/8.1.1	<p><b>Governors Items</b>  <b>Chat with the Chairman</b></p> <p>The Chairman advised that he had met with Governors for an informal meeting on 5 August and items discussed had included the potential acquisition of South Cheshire Private Hospital (SCPH), the new Chief Executive and Governor elections. The Governors had asked how the Trust is reaching out to women affected by One to One Midwives going into administration and how this will impact the Trust financially.</p>

<p>19/09/8.1.2</p> <p><b>BoD19/09/8.2</b> 19/09/8.2.1</p>	<p>The Chairman advised that Governors had raised two specific enquiries about sepsis nurses and the link to renal services at University Hospitals of North Midlands (UHNM) both of which were subsequently addressed by executive colleagues.</p> <p><b>Cheshire West and Chester Partnership Governor</b> The Chairman reported that the appointment to this post is still not confirmed. Mrs Dowson reported that the Trust have been advised that a candidate has been nominated and formal confirmation is expected in the next few days. The Chairman reminded the board that Cllr Dorothy Flude has been appointed as their Governor by Cheshire East council and the Trust is very pleased to welcome Cllr Flude back to the Council.</p> <p><b>Resolved:</b> The Board noted the Chairman's updates.</p>
<p><b>BoD19/09/9</b> <b>BoD19/09/9.1</b> 19/09/9.1.1</p> <p>19/09/9.1.2</p> <p><b>BoD19/09/9.2</b> 19/09/9.2.1</p> <p><b>BoD19/09/9.3</b> 19/09/9.3.1</p>	<p><b>Chief Executive's Report</b> <b>System Update</b> Mr Sumner updated the Board on recent pan-Cheshire system discussions which started at the end of last month when Trusts were invited by NHS England (NHSE) and NHS Improvement (NHSI) to present a financial recovery plan for Cheshire. Work has since been ongoing at weekly meetings of the Trust Chief Executives and the Accountable Officer of the CCGs to understand what the financial gap is and how to close it. Mr Sumner advised that discussions are moving quickly to identify and reduce costs where it makes sense to work together across Cheshire and also to ensure the two Place plans are synergistic and although delivered separately create a standard offer across the Cheshire System. Cheshire has until 30 September to provide a plan to fill the system gap and provide assurance for future years.</p> <p>Mr Sumner reported that the Health and Care Partnership (HCP) for C&amp;M and NHSE North have advised that assurance meetings will now be held across the Cheshire system while quarterly regulatory meetings with NHSI will also continue to be on an individual Trust basis. A new national operating framework has been issued which will be circulated to the Board with a summary to highlight key issues. Mr Sumner reflected that this is helpful as it brings a broader perspective especially for those providers that span across a wider areas such as Cheshire and Wirral Partnership NHS Foundation Trust (CWP).</p> <p><b>ACTION: New National Operating Framework to be circulated to the Board (Mr Sumner)</b></p> <p><b>Break Framework</b> Mr Sumner reported that following a number of meetings including with the MP for Crewe and Nantwich, Ms Laura Smith, the implementation of the break framework has been paused until next year while the Trust reviews this. Mr Sumner emphasised that the Trust's priority is to improve the working experience for all staff and treat staff equitably.</p> <p><b>100 day plan</b> Mr Sumner advised that the Executives had been working on some key areas that needed to be addressed by the Trust in the short term and that these were being encapsulated in a 100 day plan. This was to be shared with Trust staff at the inaugural Team Brief tomorrow. Mr Sumner noted that he will talk about the key issues for resolution which were; delivering on A&amp;E capacity, an in-year and three year financial plan to be clearer on the future, the potential acquisition of SPCH and a focus on improving conditions for staff to improve recruitment and retention. The plan will be broken down into 30, 60 and 90 day elements to keep focus on the issues.</p> <p><b>Resolved:</b> The updates from the Chief Executive were noted.</p>

<b>BoD19/09/10</b>	<b>CARING</b>
<b>BoD19/09/10.1</b>	<b>Quality, Safety and Experience Report</b>
19/09/10.1.1	Mrs Tunney presented the report based on data from July 2019, advising that she would be presenting the report based on the exceptions to expected performance.
19/09/10.1.2	Mrs Tunney reported that the two serious incidents in July reported to the last Board are in the process of being investigated. The Ophthalmology incident of avoidable permanent harm was subject to an Executive-led Root Cause Analysis (RCA) which identified a single point of failure by a junior doctor. The Trust is working with Health Education England to ensure the correct actions are taking place as a result. The RCA for the second incident which was a fall resulting in a fractured neck of femur is pending.
19/09/10.1.3	Mrs Tunney noted that the number of Pressure Ulcers (PU) is the same as last month. Two lapses of care have been taken to the PU panel to identify any learning. Mrs Tunney advised that the use of cervical collars has been identified as a cause of PU and as a result training has been undertaken with staff and the design has been adapted in conjunction with consultants. Following a question from the Chairman Mrs Tunney clarified that while the collar is standard medical equipment, the lapse of care was during washing and examination of the patient when staff should have noticed the pressure point.
19/09/10.1.4	Mrs Tunney noted that there had been three MSSA cases in July which brings the cumulative total above the trajectory for 2018/19. Following review one was identified as unavoidable as the patient was admitted with the infection. The other two have been subject to a post-infection review led by a doctor with multi-disciplinary involvement and have been reviewed by Executive Infection Prevention Group. Mrs Tunney advised that there were two E-Coli cases in July both of which were deemed unavoidable.
19/09/10.1.5	Ms Butcher asked if the target set for the year is based on last year's figures as in a number of areas performance is slightly behind last year and it would be good to see this gap closed. Mrs Tunney agreed this is the intention hence the reviews and focus on lessons learnt. Last week a quarterly review was held with all divisions and CCICP and a plan was made to recover targets. Mr Sumner asked if there are any seasonal variations built in as the trajectories are linear and it may be worth comparing this to last year's pattern of cases. The Chairman commented that this is a fundamental point, does performance in previous years become the target for the year ahead.
19/09/10.1.6	Mrs Tunney reported that quarter 1 CQUIN figures are included in the report, two were not delivered, three were delivered and six were partially achieved. Non-delivery is due to a variety of reasons including process and education leadership in some areas; there is a Trust wide improvement plan in place. Some areas still require clarity on best practice pathways and the denominators required and discussions with the CCG are ongoing. A detailed report is being taken to QGC next month for discussion. The Chairman asked that this is reported back to Board.
19/09/10.1.7	Mrs Tunney presented the safe staffing report noting that in July nine ward areas were not at the expected 85% fill rate for registered nurses (RN), eight of these were during the day and two at night. A number of the daytime wards were only just below the target and RN posts were covered by alternative roles including Matrons, Discharge Coordinators and Advanced Clinical Practitioners (ACP). The Children and Adolescent (CAU) Unit fell below the range in July which is unusual and reflects a very busy month for Paediatrics. The acuity measure for Paediatrics is on a two hour basis and staff are moved between CAU and the Neonatal Unit to address demand. Ward 4 and 5 still have a number of vacancies. Mrs Tunney advised that the two areas short at night were Wards 5 and 6 and the HCA rate was higher to support the staffing here.

19/09/10.1.8	Mrs Tunney updated the Board on the progress being made in nurse recruitment. 30 offers have been made to international nurses and 11 UK adaption nurses are starting their training shortly. In Ward 5 where recruitment has been challenging, the Head of Nursing has proposed that Nurse Associates can be trained to deliver aspects of care and they will be joining the ward establishment in the next six months. Mrs Tunney confirmed that escalation systems are in process during the day and night for staffing and while some areas were not at the full establishment no areas were left unsafe.
19/09/10.1.9	Mrs Tunney reported that there were 21 formal complaints received in July with similar trends to previous months, communication, medical care and nursing care. Mrs Tunney reminded the Board that Governors had requested a deep dive into complaints for quarter 3 and 4 of 2018/19 and this will be reported to the Board in October as well. Mrs Tunney asked the Board to note the 26 closed complaints in July of which six were upheld.
19/09/10.1.10	Mr Davis noted his concern with a complaint about the delays in reporting an x-ray and delay in diagnosis due to another provider in the cancer network. Mr Davis asked if the coordination between Trusts is effective and if there is sufficient capacity in external reporting providers. Mr Oliver replied that the tracking system for patients sent to tertiary providers for cancer treatment is robust. There has been an increase in referrals for cancer across the network and there have been capacity issues at tertiary providers which has been discussed at Performance and Finance Committee. Mr Oliver noted that the Trust does have access to other providers for reporting of scans and will use these when required. Mrs Tunney noted that a RCA has been carried out because of the delay to treatment by the tertiary provider. Mr Sumner asked that the Trust receives feedback from this.
19/09/10.1.7	Mrs Tunney reported that the number of informal complaints has increased by 12 in-month with medical and nursing care being the main themes. Mrs Tunney has reviewed all of these and there are a range of issues and divisions have been asked to respond to each one. Mrs Tunney advised the Board that while the narrative for Claims Closed is correct the graph has not been updated for July.
19/09/10.1.8	<p>Mrs Tunney presented the Friends &amp; Family (F&amp;F) results which remain good with most areas receiving an above 90% recommendation rate. A&amp;E has maintained its improved figure at 85%. Mrs Tunney noted that CCICP's rate has dipped to 86% and CCICP have been asked to review why this is and respond. The level of response remains challenging, text messaging has been rolled out to all areas now and an improved response rate is anticipated in the September/October figures. Ms Butcher observed that as a patient attending Outpatients the F&amp;F test is not visible. Mrs Tunney replied that access to the F&amp;F is part of the Ward Accreditation programme and staff are asked about this. Mr Church noted that the NHS Choices rating has dropped to 4 stars from 4.5 for the first time in a long time. Mrs Tunney agreed that this is disappointing but on review there is not particular theme or identified reason for this.</p> <p><b>Resolved:</b> The assurance provided in the Quality, Safety and Experience report was noted.</p>
<b>BoD19/09/11</b> <b>BoD19/09/11.1</b> 19/09/11.1.1	<p><b>SAFE</b></p> <p><b>Draft Quality Governance Committee (QGC) – 12 August 2019</b></p> <p>Ms Massey presented the minutes of the most recent meeting noting that there are five items for escalation to the Board. Three of these papers, the Board Assurance Framework Q1 report, Learning from Deaths Q1 report and the Organisational Risk Register are on the agenda for today's meeting. There are two further items for verbal escalation. The first of these is the two serious concerns raised from the Chemotherapy Peer Review which QGC discussed in some depth following the June</p>

19/09/11.1.2	<p>accreditation visit and have asked for further feedback on the improvement plan. Ms Massey explained that the concerns relate to the reliance on visiting clinicians to provide oncology and the assurance that these clinicians adhere to the Trust protocols. Mr Sumner clarified for the Board that his comments in the minutes on this item implied a concern with a letter written by Dr Dodds which is not the case but rather he was concerned that the timescales proposed were not achievable.</p> <p>Ms Massey noted that the second item for escalation was the Cervical Screening Public Health England Review which had highlighted the lack of Histopathology capacity at the Trust to attend Multi-Disciplinary Team (MDT) meetings and to review slides. Discussions are taking place with UHNM to support the Trust service and strengthen it and job plans are being updated. Mr Sumner observed that there is a national shortage which is impacting UHNM as well and this issues was discussed recently with the Chief Executive at UHNM.</p> <p><b>Resolved:</b> The Board noted the items escalated by QGC and the report of the committee.</p>
<p><b>BoD19/09/11.2</b></p> <p>19/09/11.2.1</p> <p>19/09/11.2.2</p> <p>19/09/11.2.2</p>	<p><b>Serious Untoward Incidents (SUI) and RIDDOR Events</b></p> <p>Mr Luckas advised that there were four SUI to report which were:</p> <ul style="list-style-type: none"> <li>• A Never event following the failure to remove a Stylet line following the insertion of a central line, this was noted two days following the procedure and removed; no harm came to the patient</li> <li>• An inpatient fall leading to a fractured neck of femur; the patient is recovering well</li> <li>• Failure to diagnose complications following a fall at home and attendance to A&amp;E; the patient has made a full recovery</li> <li>• A paraplegic patient died under the care of CCICP having developed Sepsis linked to pressure ulcers</li> </ul> <p>The Chairman asked how the last SUI will be escalated to the Partnership Board. Mrs Frodsham advised that a RCA will take place with an Executive lead and the findings will be reported back. Mrs Frodsham advised that it is a complex case with a number of staff and issues to be understood.</p> <p>Mr Luckas advised that there were no RIDDOR reportable events.</p> <p><b>Resolved:</b> The Board noted the report of SUIs and RIDDOR events.</p>
<p><b>BoD19/09/12</b></p> <p><b>BoD19/09/12.1</b></p> <p>19/09/12.1.1</p> <p>19/09/12.1.2</p>	<p><b>RESPONSIVE</b></p> <p><b>Performance Report</b></p> <p>Mr Oliver presented the performance report which uses data from July 2019. Mr Oliver advised that four of the five NHSI Single Oversight Framework performance indicators were met in July. Mr Oliver reminded the Board that the July 62-day treatment target from screening was expected to be failed in July but the patient has still not received treatment at the tertiary centre and therefore this has not yet been reported as a failure. Mr Oliver reported that the diagnostics 6-week waiting time has improved to 4.04% against a target of 1% following the failure of the imaging server upgrade. The division continues to work to resolve this and is expediting some of the outsourcing. The August position should see an improvement to no more than 2%. Mr Oliver noted that the Referral to Treatment (RTT) target is the second best in C&amp;M and the Trust has the best Cancer performance.</p> <p>Mr Oliver reported that the 4-hour transit time performance continues to be a challenge and has deteriorated slightly compared to the previous month to 79% against the 95%</p>

	<p>performance standard. However, this is against a background of 8.7% more attendances to the department than in June 2018. Mr Oliver advised that in-depth analysis has been made to understand the increase in attendance, correlating factors such as times of arrival, age of patient and acuity. This will allow actions taken by the system and the Trust to be focused. The Chairman asked if the same increase has been seen elsewhere and Mr Oliver replied that the national increase is 3.4% so the Trust is an outlier for the level of increase. Mr Oliver added that there has been no parallel increase in ambulance attendances. The increase is predominantly working age patients with primary care conditions who are coming in from 3-4pm whereas previously the surge was after 7pm.</p>
19/09/12.1.3	<p>Ms Butcher asked if the number of GP referrals has reduced if patients are coming in directly. Mr Oliver replied that GP admissions are down as a result of the work with CCICP to respond to patients in the community. Mr Oliver noted that admission conversion rates have not changed so there are more patients but they are not more acutely ill. Mr Oliver outlined the actions to mitigate this increase, including the paper on today's agenda to open Ward 19 on a permanent basis to provide additional inpatient capacity, the proposal to increase the physical capacity of A&amp;E with a modular build and recruitment following the approved business case for A&amp;E workforce. The 90-day Streaming project has improved the process for GP referrals and these patients now go direct to Ambulatory care and do not go through A&amp;E. Mr Oliver advised that the Trust is requesting more resource to stream patients to alternative provision such as the GP led Urgent Care Centre.</p>
19/09/12.1.4	<p>Mr Sumner explained that understanding what is driving the current demand is part of the 100 day plan but it is a reflection of the failure of capacity in the system. Mr Sumner advised that he is planning to do a shift in A&amp;E to get a better understanding of the issues staff are facing. Mr Church observed that if CCICP is having a positive impact on admissions the expectation is that those that are admitted would have a higher acuity but this may be being masked by the increase in working age patients coming through A&amp;E. Mr Sumner noted that the information suggested that the increase is across all areas such as Paediatrics, Resus as well as Medicine. Mr Sumner stated that the key issue the Board should be aware of is that the largest cause of breaches in the Trust at the moment were people who were waiting for assessment in A&amp;E. Mr Sumner commented that this means the risk is being collated in one part of the hospital rather than equally distributed across the departments. Mr Sumner was concerned that an expansion of the cubicle space was a critical issue that must be addressed immediately.</p>
19/09/12.1.5	<p>Mr Sumner acknowledged that the occupancy rate remains a challenge as more patients are being admitted and the Delayed Transfer of Care (DTC) rate is increasing due to gaps in community bed provision. Mr Oliver added that the trajectory to improve DTC to 70 by March is in place but the local system is fragile with two nursing homes suspensions in place. The A&amp;E Delivery Board (AEDB) is addressing this as its top priority. The Chairman asked if the fire at a care home in Crewe which displaced 120 people has had an impact. Mr Oliver said that this was not the case as this was a residential home rather than a nursing home. The Chairman added that he had received feedback from a number of people that the Trust response to this incident was exemplary and congratulations should be passed on to staff.</p>
19/09/12.1.6	<p>Mr Favager presented the summary of financial performance for the Trust to July 2019 which was discussed at PAF in some detail. Mr Favager advised that the Trust is £95k ahead of plan at the end of month 4 but this masks an underspend in CCICP and an overspend in the Acute Trust due primarily to unbudgeted increases in the pay bill for escalation beds and the premium costs of delivering core services. Diagnostics and Clinical Support Services pay bill is underspent due to recruitment issues but this is balanced elsewhere in the budget by additional outsourcing costs. The other clinical divisions are overspent by £400k on pay and PAF had a substantial discussion on pay</p>

<p>19/09/12.1.7</p> <p>19/09/12.1.8</p>	<p>and the pattern of growth over the last few years. There has been a steady increase in pay over a few years and it is essential that the Trust sees a corresponding improvement in quality, safety and performance as a result.</p> <p>Mr Favager noted that the Trust is broadly balanced on the block contract, but associate income contracts are under performing by £760k which could have a £2m impact by year end. The Trust's Use of Resources rating remains at 3 in line with plan. Mr Favager reported on performance on Cost Improvement Plans (CIP), commenting that the process of managing CIPs needs some strengthening. The Division of Medicine and Emergency Care (DMEC) is struggling to keep pace with the growth in unscheduled care and deliver the CIP and the Nursing CIP is unlikely to be achieved given the pause in implementing the break framework. Mr Favager advised there are no concerns on the Capital programme with variations due to the phasing of schemes.</p> <p>Mr Favager advised the Board that there is a further risk which is the Cheshire-wide system risk of £40m which the Trust is actively involved in developing a financial recovery plan for. This may impact on the Trust directly or through the CCG. The Chairman asked why the underspend in CCICP remains so high and if it is due to vacancies. Mrs Frodsham replied that there are very few vacancies in CCICP now and the underspend is a combination of greater efficiencies in reconfigured services combined with an increase in investment and new projects that are in progress but that have not yet been through governance processes. For example, the frailty service is awaiting GP agreement about medical delivery and the IV at home service has had some delays in gaining assurance.</p> <p><b>Resolved:</b> The Board noted the Performance Report.</p>
<p><b>BoD19/09/12.2</b> 19/09/12.2.1</p> <p>19/09/12.2.2</p>	<p><b>Draft Performance and Finance (PAF) Committee notes</b></p> <p>Mr Philpott presented the notes of the meeting of 22 August 2019 and noted nine escalations, many of which have already been discussed so Mr Philpott advised he would focus on three. The first is the number of deferred items from the August agenda. Assurance has been received that this is the right decision based on ensuring cases are fully prepared to facilitate subsequent decisions. The Chairman asked if these are papers in the work plans as deferring items can have an impact on other committees. Mr Oliver responded that the in depth discussion required on some of the other operational items was prioritised. Mr Sumner advised that he and Mr Favager are looking at processes and how decisions are made. Mr Favager observed that some items are being brought that may not be necessary to be reviewed on a regular basis.</p> <p>Mr Philpott advised that PAF reviewed the projected end of year position budget and spending and a detailed discussion took place looking at assumptions and the committee were satisfied that these are realistic forecasts. Mr Philpott also noted that the Integrated Discharge team have been nominated for an award. Ms Butcher asked that the Four Eyes report is circulated for discussion at TAP.</p> <p><b>ACTION: Four Eyes report is circulated to Board (Mr Oliver)</b></p> <p><b>Resolved:</b> The Board accepted the report of PAF and the items escalated to the Board for information.</p>
<p><b>BoD19/09/12.3</b> 19/09/12.3.1</p>	<p><b>Legal Advice</b></p> <p>Mr Sumner reported that there had been no new legal advice taken in the month. Ms Barrett confirmed that ongoing legal support is being provided in an employee relations case and Mr Favager confirmed that legal advice is being received for the SCPH potential acquisition but this is not currently significant.</p>



<p><b>BoD19/08/12.4</b> 19/08/12.4.11</p> <p>19/08/12.4.2</p> <p>19/08/12.4.3</p>	<p><b>Learning from Deaths Q1 2019/20</b> Mr Luckas presented the report noting that the crude mortality rate is continuing to decrease although the Trust is not clear on the reason for this and is working to understand the trend. Mr Luckas advised that there have been 249 deaths in quarter one and 80% of these were reviewed using the trust mortality tool with two escalated to the more formal structured judgement reviews (SJR). The number of SJR is lower than previously because of the timing of reports. No avoidable deaths have been identified and there were no deaths of patients with Learning Disabilities and no Care Quality Commission (CQC) or outlier alerts.</p> <p>Mr Luckas noted the analysis of SJR contained within the report which includes the analysis for the quality of care. The areas given for care that fell below expectations includes poor record keeping or non-documentation, lack of escalation and fluid balance. The preventability of each death is also assessed as part of the SJR. Only one death was identified as preventable and this had already been picked up through clinical incident reporting.</p> <p>Ms Butcher asked why there were so many cases of Pneumonia at the weekend as a reason for a SJR being undertaken. Mr Luckas advised that the Hospital Mortality Review Group pick certain types of death to focus on for example where identified as an outlier through the HED data. This led to choosing all deaths linked to particular causes of death this year. One of the factors used this year was deaths for those admitted on a Monday which has led to a very high number of SJR.</p> <p><b>Resolved:</b> The Board noted the Learning from Deaths quarterly report.</p>
<p><b>BoD19/09/13</b> <b>BoD19/09/13.1</b></p>	<p><b>WELL-LED</b> <b>Visits of Accreditation, Inspection or Investigation</b> Mr Sumner advised that there were no visits to report.</p> <p><b>Resolved:</b> The Board noted the visits reported.</p>
<p><b>BoD19/09/13.2</b> 19/09/13.2.1</p> <p>19/09/13.2.2</p>	<p><b>Board Assurance Framework Q1 2019/20</b> Mrs Tunney presented the quarter 1 report of the Board Assurance Framework (BAF) noting that the six key risks for the Trust for 2019/20 are listed. The potential acquisition of SCPH is under review as a strategic risk. The project manager is working with each sub-group to identify key risks to this acquisition which will form part of the plan to be approved at BMI Project Board and this will be updated for Quarter 2 of the BAF. Mrs Tunney noted the inclusion for the first time of a heat map for the first time as recommended by the KPMG internal audit report.</p> <p>Mrs Tunney reported that each Executive have reviewed their key risks in context of the 100 day plan and the report has been to each Board Sub Committee for comment before being reviewed at QGC. Ms Tunney advised that within the 100 day plan a different approach will be taken to the BAF and the risk register.</p> <p><b>Resolved:</b> The Board noted the update on the Trust Strategy</p>
<p><b>BoD19/09/13.3</b> 19/09/13.3.1</p> <p>19/09/13.3.2</p>	<p><b>Organisational Risk Register Report Q1 201/20</b> Mrs Tunney advised that this report was reviewed by QGC. The new risks are listed including two rated at 15 or above. Risk DC1054 is Cardio-Respiratory Department staffing, a new service manager is now in post and there is a plan to develop assistant practitioner roles to support challenges in workforce recruitment. This risk has an 18 month target to get to a 5.</p> <p>Ms Tunney explained that the second risk DC 1056 is the Lack of Aseptic Services which has a target risk score of 5. An adverse environment has caused a temporary</p>

19/09/13.3.3	<p>closure of the Aseptic Unit so certain medicines including chemotherapy cannot be made up, there has also been a computer software issue that has now been resolved. The risk is that patients may need to be transferred for treatment or have a delay in treatment. The Trust licence is suspended until 29 November and weekly audits of the area are taking place. In the longer term the Director of Pharmacy is on a programme group to discuss Aseptic medicine across the region. Mr Sumner asked if there is a process in place for an emergency system. Ms Tunney confirmed that UHNM's unit can make up which mitigates the risk. Mr Luckas commented that it would be extremely rare that the Trust would give emergency chemotherapy at the Trust.</p> <p>Mrs Tunney advised that there are six pending risks awaiting divisional decision making, two of these are staffing levels on Ward 3 and 7 which should be mitigated by the international recruitment programme. Mrs Tunney noted that any escalated risks of 15 and above are reviewed at Executive Quality Governance Group (EQGG). The assessment of ligature points is in process with a number of actions that have been completed with the remaining on target for completion at the end of quarter 3. At this point this risk should be a 10. The Chairman questioned whether that is still too high a risk rating and Mr Sumner replied that although then an incident is unlikely if it did occur then the outcome could be very serious.</p>
19/09/13.3.4	<p>Mr Brocklebank asked if progress on the Ulysses web based solution is being made as the action has already been postponed from March 2018 to March 2019. Ms Tunney advised that an update on progress should have been included. Mr Philpott thanked Mrs Tunney for the clear presentation and asked given that most high risks would be expected to be about patient care the condition of office accommodation seems out of place as a high risk. Mr Sumner says this is a clear example of where the current process places risks in front of the Board that have not yet been challenged with divisions which is unhelpful to the Board.</p>
19/09/13.3.5	<p>Mr Davis suggested that a full review of the risk register is required to ensure that actions taken result in a change to the risk score and where actions are outstanding. Mr Davis gave an example from the risk register where a score of 16 remains with dates for actions of 2018. This needs to be more dynamic. Mr Sumner agreed that controls need to be reviewed if proposed actions are not effective. Mr Philpott added that alternatively risks need to be accepted and a tolerance agreed. Mr Sumner explained that the corporate team and divisions should be brought together to review risks registers and start providing more challenge. As part of this the Board's risk appetite needs to be captured to be explicit about where a higher risk can be accepted. Mr Sumner is progressing a review of the current processes.</p> <p><b>Resolved:</b> The Board noted the report.</p>
<b>BoD19/09/13.4</b> 19/09/13.4.1	<p><b>Doctors Revalidation Report</b></p> <p>Mr Luckas presented the annual report of the review of the revalidation process for medical practitioners at the Trust. The Chairman asked if those doctors who had not completed revalidation due to a lack of evidence in submissions are still able to practice and Mr Luckas confirmed that this is the case and the revalidation will need to be resubmitted after six months.</p>
19/09/13.4.2	<p>The Board agreed that the statement of compliance should be submitted stating that the annual organisational audit has been completed.</p> <p><b>Resolved:</b> The Board noted the report.</p>
<b>BoD19/09/13.4</b> 19/09/13.4.1	<p><b>Request to use the Trust Seal</b></p> <p>Mr Favager noted that there were two requests for the use of the Trust seal included in the papers. The first was a renewal of the lease between the Trust and the Leighton</p>

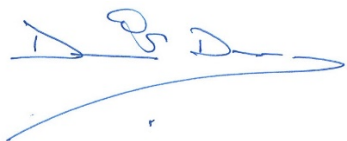
	<p>Hospital League of Friends relating to the shop, office and storage area. Mr Favager advised that this was being deferred to October Board as there was insufficient information about the lease. The second request was a renewal of the agreement with Barclays Bank PLC to host an ATM at the main entrance of Leighton Hospital for a further five years.</p> <p><b>Resolved:</b> The Board agreed the use of the seal for the ATM lease.</p>
<p><b>BoD19/09/14</b>  <b>BoD19/09/14.1</b>  19/09/14.1.1</p>	<p><b>EFFECTIVE</b>  <b>Workforce Report</b></p> <p>Mrs Barnett presented the Workforce Report using data from July 2019. Mrs Barnett reported that the rolling 12 month sickness absence had increased slightly in month and remains as amber. Mrs Barnett advised that in-month sickness had improved slightly overall. Mrs Barnett noted that there was no great movement in either overall figure, Executive Workforce Assurance Group (EWAG) review any hotspots and will look at these areas in more detail. Surgery &amp; Cancer division have reduced the short-term figure significantly by specific HR intervention where required and tight adherence to the policy, this learning will be shared as best practice.</p>
19/09/14.1.2	<p>Mrs Barnett reported that there was a small improvement in appraisal rates across the Trust. Medicine and Emergency Care Division's improvement was notable with a 9.76% improvement although the rate still remains low at 76.05%. Corporate and Estate and Facilities remain above the 90% target rate. Mrs Barnett advised that mandatory training compliance has increased by 1.27% in month with all but one division improving. Corporate division needs a focus as this largely desk based division should be able to comply. Staff turnover remains lower than 10%. Mrs Barnett commented that at Ward Accreditations staff have been asked why they stay at the Trust which is generating more information than within the exit interviews of leavers.</p>
19/09/14.1.3	<p>Mrs Barnett noted that meeting the agency spend targets is a challenge and spend increased in month overall for Allied and health practitioners, administration and clerical and medical. Mr Brocklehurst asked why the spending on administration and clerical staff has gone up in the last three months. Mrs Barnett replied that this was predominantly the project manager for the SCPH acquisition project that the Board had approved.</p>
19/09/14.1.4	<p>Ms Barnett advised that the ongoing work for nurse recruitment is having some success now as already reported. An additional seven international nurses are arriving in the coming weeks following previous recruitment drives. 42 nurses have been recruited in the last few months which is a higher number than normal, this excludes the international recruitment and midwives. The recruitment team ran a #24hoursin A&amp;E campaign followed by a recruitment process for Emergency Department nurses. This will be used again for Radiographers with a focus on the great resources at the Trust. Mrs Barnett noted that 32 applications for the Nurse Apprenticeship scheme have been received with interviews taking place later this month.</p>
19/09/14.1.5	<p>Mrs Barnett reported that the Trust continues to investigate opportunities to recruit to medical vacancies and recruitment to administration and clerical posts is not an issue, although retention of this staff group is. Mrs Barnett explained that there are three task and finish groups in place focusing on staff retention, one focusing on health and wellbeing, one on retire and return and one on induction and preceptorship. There is a high leaving rate at 12-18 months and a focus on the complete package to support nurses is important.</p>
19/09/14.1.6	<p>Ms Butcher commented that this feels like a more coherent narrative for workforce development and recruitment which is now achieving some tangible numbers and it is to be hoped that this will continue as they have taken a lot of work to come together. Mrs Barnett noted that a branding campaign will launch in October which will be visual</p>

	<p>in the Trust and share some of the successes with staff. Mr Sumner agreed that there are some good projects and the challenge will be to look at the total offer over the next few months to ensure the Trust is attracting and recruiting staff. Geography is a challenge here as it is not a big population centre and the accommodation on offer is not of high quality. Ms Butcher asked if the proposal to use the empty student accommodation at the Crewe campus had come to fruition. Mr Sumner replied that there are a number of options to improve the offer which need to be explored.</p> <p><b>Resolved:</b> The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<b>BoD19/09/14.2</b>	<b>Transformation and People Committee (TAP) – 8 August 2019</b>
19/09/14.2.1	<p>Ms Butcher presented the notes of the meeting of TAP, noting that there were four items for verbal escalation:</p> <ul style="list-style-type: none"> <li>• SAFER Workstream capacity and methodology, this is part of the Emergency Care Intensive Support team (ECIST) recommendations and while attempts have been made previously to embed the SAFER bundle this is not fully embedded and this was relaunched under the 90-day methodology – there remains progress to be made. A new SAFER Matron starts this month with a new plan which will be reviewed at TAP</li> <li>• Transformation team resources and capacity are struggling to manage the Virtual Hospital Programme and a Programme Manager is required and a release of clinical time to try and drive change. This was flagged at the start of the year and is a recurrent theme</li> <li>• The impact on staff of the pension allowance rules for senior clinical staff and very senior managers was noted, a national consultation is underway, at the Trust staff are concerned about undertaking additional shifts. Mr Oliver added that a paper is going to PAF this month on the pension issue and the impact on service delivery</li> <li>• A review of TAP and Sub-committee reporting will take place in December to decide whether the scope is right considering wider agendas</li> </ul>
19/09/14.2.2	<p>Mr Brocklebank asked if the transformation agenda is being spread too thin to deliver projects. Mr Church observed that the purpose of the 90-day projects is to focus on a small number of transformational projects but the Virtual Hospital is an ongoing piece of work not part of the 90 day methodology. Ms Butcher commented that capacity of staff is an ongoing theme. Ms Tunney noted that staff are asking for more resource to deliver CQUINs.</p> <p><b>Resolved:</b> The Board noted the minutes of the TAP meeting and the items for escalation.</p>
<b>BoD19/09/14.3</b>	<b>Consultant Appointments</b>
19/09/14.3.1	<p>Mr Luckas advised that two Consultant appointments have been made, one Anaesthetist and one Breast Surgeon.</p> <p><b>Resolved:</b> The Board noted the new appointments made.</p>
<b>BoD19/09/14.4</b>	<b>Ward 19 Business Case</b>
19/09/14.4.1	<p>Mr Oliver introduced the business case which follows a successful pilot last winter of a GP-led 26 bed medical ward. A number of benefits were realised including a reduction in length of stay compared to the previous year, a reduction in complaints, positive friends and family feedback and financial savings. The project was also deemed a success by regulators, who had initially been sceptical, the model is now being recommended to other Trusts.</p>

19/09/14.4.2	Mrs Harris outlined the positive case for adoption of this model as lots of patients are medically optimised and this provides the link between community and acute care which brings significant benefits. The preferred option would be to open Ward 19 on a permanent basis initially but eventually with a slight reduction in the bed base and the inclusion of an ambulatory frailty unit into the ward. This aspect has been recommended nationally but would be subject to a further investment of £130k in the next funding round. The initial funding of £1.9m for a whole year, which equates to £1.6m for 2019/20, is available through the current budget and winter investment. The ward could be opened for November. Mr Favager confirmed that PAF have reviewed the case and agreed that this ward can be reopened within the current budget. This commitment is part of the £3m previously described as pre-commitment for future years but the £130k to include the frailty unit is not. This will be prioritised in line with other requests for investment.
19/09/14.4.3	Mr Sumner asked who is medically responsible for the ward. Mrs Harris replied that previously there was a named consultant of the week but Ward 19 would be opened as part of Diagnostics and Clinical Support Service Division. Mrs Tunney commented that this allows for a high level of inreach by allied health professionals alongside intermediate care and rehabilitation services and the medical lead needs to be finalised. Mr Philpott asked if the success of the pilot has any learning for other areas of the Trust. Mrs Harris replied that by cohorting this group of patients it allows a dedicated focus on discharge without staff being distracted by acutely unwell patients. This allows staff to triangulate needs and is why the project achieved national recognition.
19/09/14.4.4	Mr Oliver explained that there will be 26 patients on Ward 19 that could be cared for elsewhere than an acute setting. These patients could be cared for in the community to reduce longer length of stay. In some models being developed a similar ward is run by local care homes. The Chairman responded that agreeing this model does not leave this approach open. Mr Sumner agreed that this is a solution to a system problem but being left on medical wards is not the right thing for patients. These patients need access to good quality rehabilitation at home or in a care setting. Mr Davis expressed his support for the case but feedback that the Executive Summary was confusing.  <b>Resolved:</b> The Board agreed the Business Case for Ward 19, noting that the frailty unit aspect is subject to financial agreement and will not be included in the model until then.
<b>BoD19/08/15</b> 19/09/15.1.1	<b>Any Other Business</b> <b>Dr Dodds Retirement</b> Mr Church noted that this was the last meeting for Dr Dodds after a substantial number of years working at the Trust. Mr Church expressed his appreciation for his contribution which has always been done in a calm and quiet manner. Dr Dodds has always provided an assurance of high standards of work, scrutiny and actions. As Chair of the Strategic Integrated Governance Committee Dr Dodds had a strong handle on risk management in particular.
19/09/15.1.2	Mr Church thanked Dr Dodds for his many years of dedication to the Trust, providing stability and continuity to the Trust which was exemplified in his stepping up to be Interim Chief Executive for the last few months
19/09/15.1.3	Dr Dodds thanked Mr Church and others on the Board for their kind words, noting that times have not always been calm and quiet. Dr Dodds expressed his enjoyment of his time as Medical Director and more recently as Interim Chief Executive and observed that the Trust is in a better place now than when he joined the Board at a challenging time for the Trust.

<b>BoD19/08/16</b>	<b>Time, Date and Place of the next meeting</b> Board of Directors Meeting to be held in Public on <b>Monday 7 October</b> 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.
The meeting closed at 12:04 pm.	

**Signed**



**Chairman**

**Date** 17 October 2019

**Minutes of Board Meeting held in 'Private'**  
**Monday 2 September 2019**  
**In the Boardroom, Leighton Hospital, Crewe**

<p><b>Present</b>  Mr D Dunn  Mrs H Barnett  Mr T Brocklebank  Ms L Butcher  Mr J Church  Mr M Davis  Dr P Dodds  Mr R Favager  Mr M Luckas  Ms L Massey  Mr C Oliver  Mr L Philpott  Mr J Sumner  Mrs J Tunney</p> <p><b>In Attendance</b>  Mrs D Frodsham  Mrs K Dowson  Dr K Birch</p>	<p>Chairman  Director of Workforce and OD  Non-Executive Director  Non-Executive Director  Deputy Chair  Non-Executive Director  Deputy Chief Executive  Interim Director of Finance &amp; Strategic Planning  Interim Medical Director  Non-Executive Director  Chief Operating Officer  Non-Executive Director  Chief Executive Officer  Director of Nursing and Quality</p> <p>Director of Strategic Partnerships  Trust Board Secretary  Lead Governor</p>
<b>BoD2/19/09/1</b>	<p><b>Welcome and Apologies</b>  The Chairman welcomed Board members to Part II of the meeting and noted that all Board Members were present.</p>
<p><b>BoD2/19/0/2</b>  2/19/09/2.1</p>	<p><b>Board Members Interests</b>  There were no interests declared in relation to open items on the agenda.</p>
<p><b>BoD2/19/09/3</b>  2/19/09/3.1</p>	<p><b>Minutes of the Previous Meeting</b>  There were no amendments proposed.</p> <p><b>Resolved:</b> The minutes were agreed as a true and accurate record of the meeting held in private on 5 August 2019.</p>
<p><b>BoD2/19/09/4</b>  2/19/09/4.1</p> <p>2/19/09/4.2</p>	<p><b>Matters Arising and Actions from Previous Meeting</b>  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><b>BoD2/19/09/5.1</b>  2/19/09/5.1</p>	<p><b>Effective Medical Staffing Update</b>  Paragraph removed under Section 40 of the Freedom of Information Act.</p> <p><b>Resolved:</b> The Board noted the update provided.</p>
<b>BoD2/19/09/5.2</b>	<p><b>CURE Programme</b>  Mr Oliver gave a verbal update. following discussions at Performance and Finance Committee (PAF) this month. At the last Board to Board with the Clinical Commissioning Groups (CCG) Dr Duncan Fullerton presented the</p>

	<p>CURE programme for smoking cessation and the benefits identified in Manchester. A new round of bidding for funding for this project opens this week to allow the system to implement CURE locally and the Trust will be planning to coordinate a system submission.</p> <p><b>Resolved:</b> The Board noted the update and plan for submission.</p>
<p><b>BoD2/19/09/6</b>  <b>BoD2/19/09/6.1</b>  2/19/09/6.1.1</p>	<p><b>Well Led</b>  <b>System Update</b></p> <p>Mr Sumner updated the Board on the pan-Cheshire system meeting. The regulators asked all providers to do further work on identifying the financial gap in Cheshire and present a submission by the end of September on how to close this gap. Mr Sumner observed that this new direction of travel is designed to reengage a system that has been unclear about its direction towards integration. Weekly meetings of provider Chief Executives and Directors of Finance have been taking place which have identified some consistent issues across the Trusts such as workforce and what the potential solutions are.</p>
2/19/09/6.1.2	<p>Mr Sumner reported that the Chief Executives have also discussed the Cheshire place programmes, these have identified what needs to happen but not the financial benefits of the programmes. Currently both programmes are focused on clinical needs not creating financial benefits. The programmes therefore need to be refocused on the areas where there is also financial opportunity. A further meeting will be held this week with Place leads to reach a much clearer view on what needs to happen. Place solutions are the building blocks and two programmes are the best way forward, but they need to be complementary and approach Place in similar ways, for example based on care communities, the same IT platforms and the same investments in community services.</p>
2/19/09/6.1.3	<p>Mr Sumner advised that it has been agreed that the five RightCare pathways to focus on are Respiratory, Cardiovascular, Gastroenterology, Neurology/ Pain and regular attendees at A&amp;E as these will have the biggest impact. The local system is behind peers in these areas as it spends more money and delivers worse outcomes. Therefore, there is an opportunity to improve the service and make efficiencies. This needs to be developed further to understand the potential benefits and to develop pathway datasets. Mr Sumner observed that developing CCICP and a similar model right across Cheshire East would also achieve fewer hospitalisations.</p>
2/19/09/6.1.4	<p>Mr Sumner advised that progress has been made and if this is accepted as the direction of travel this will be proposed to the Health and Care Partnership (HCP) and NHS Improvement (NHSI). Mr Sumner noted that he has also met with the HCP Finance Director who advised that there will be a larger transformation fund in the future for C&amp;M as the allocation from the CCG budget will be doubled from next year. If the Cheshire system is ready with an agreed plan, then it is more likely to be successful in receiving an allocation of the funding.</p>
2/19/09/6.1.5	<p>Ms Butcher asked how coherent the CCG position will be given that the agreement to merge to a single CCG for Cheshire has not yet been made.</p> <p><b>Sentences removed under Section 36 of the Freedom of Information Act.</b></p>
2/19/09/6.1.6	<p><b>Sentences removed under Section 36 of the Freedom of Information Act.</b> Mr Sumner advised that a system lead has not yet been identified as</p>



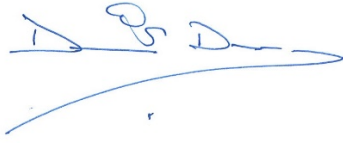
2/19/09/6.1.7	<p>no one has the capacity to deliver this, an independent lead would be the preferred solution.</p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Resolved:</b> The Board noted the system update.</p>
<b>BoD2/19/09/6.2</b> 2/19/09/6.2.1  2/19/09/6.2.2  2/19/09/6.2.3	<p><b>South Cheshire Private Hospital Update</b></p> <p>Mr Sumner summarised the reasons for pursuing the acquisition of South Cheshire Private Hospital (SCPH), the progress of due diligence ahead of potential acquisition by the Trust and the importance of making sure it works for the Trust and fits into the overall strategy. Mr Sumner outlined the key risks including the need for significant capital investment and the impact on revenue for longer than previously thought. The Chairman agreed that while this is an aspiration if it could destabilise the Trust then it may not be the right option.</p> <p>Mr Favager explained the governance process before the Board make a final decision. There is likely to be an extra ordinary PAF meeting in October to discuss the business case in detail. The Council of Governors will receive a presentation in October for information and discussion before coming to Board in November. Mr Favager noted that the due diligence process is substantially complete and the Business Transfer Agreement has been drafted and the financial model is nearly ready for discussion at an Executives meeting. Mr Favager highlighted that there are two inspections due in the coming week, theatre revalidation on 8 September and a fire inspection on 9 and 10 of September.<b>Sentence removed under Section 43 of the Freedom of Information Act.</b> Mr Favager reminded the Board that the due diligence will inform the strategic intent of the Trust.</p> <p>The Chairman suggested than an Extra Ordinary Board meeting may be required to allow for an extensive discussion once there is a clear understanding of the risks of the business case. The recent focus has been on practicalities and process whereas the Board will focus on ensuring that the business case works clinically and strategically for the Trust. Mr Sumner suggested that the Board Away Day on 30 September may be a good opportunity to have a focused discussion.</p> <p><b>Resolved:</b> The Board noted the update.</p> <p><i>Mrs Dowson left the room.</i></p>
<b>BoD2/19/09/6.3</b>	<p><b>Corporate Governance Business Case</b></p> <p><i>Minutes completed by Mrs Barnett</i></p> <p><b>Resolved:</b> The Board approved the business case.</p> <p><i>Mrs Dowson rejoined the meeting.</i></p>
<b>BoD2/19/09/6.4</b> 2/19/09/6.4.1 2/19/09/6.4.2 2/19/09/6.4.3	<p><b>Item removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Resolved:</b> The Board noted the update.</p>
<b>BoD2/19/09/6.5</b>	<b>Financial Outturn</b>



2/19/09/7.1.2	<ul style="list-style-type: none"> <li>• Risk register and BAF, controls, getting better with divisions collective view and out of governance into a Company Secretary role</li> <li>• Talent Retention especially in key areas to create succession plans and retain staff</li> <li>• Financial plan, how to manage risks and work towards developing a three year financial plan</li> <li>• SCPH acquisition ensuring a clear understanding of regulatory issues and risks</li> <li>• A&amp;E performance, the limited physical space and recruiting the additional agreed staff</li> <li>• Closing the gaps in the Cheshire financial system and ensuring this does not have a negative impact on the Trust's own financial position</li> <li>• Workforce relations and finding a solution for the break framework</li> <li>• Compliance with HSE and other regulatory issues in the Laundry</li> <li>• Integrated Care Partnership for Cheshire East, how the Trust can position itself to be the host and engage GPs</li> <li>• Electronic Patient Record</li> <li>• Communications, Marketing and Branding</li> <li>• Executive Portfolios</li> </ul> <p>Mr Sumner commented that while this is a long list, there is one key action in each point. The plan has been developed and the next stage is to develop stakeholder messages.</p>
2/19/09/7.1.3	<p><b>ACTION: To circulate the 100 day plan to the Board (Mr Sumner)</b></p> <p><b>CQC Inspection</b></p> <p>Mr Sumner informed the Board that the Trust has received the Provider Information Request, this must be completed and returned within three weeks and there is a huge amount of information to complete and submit. Once this is submitted the Trust could be subject to an unannounced inspection at any time in the following six months and the Trust needs to prepare for this. Mr Sumner advised that Ms Cath Hill from AQUA has been asked to do some training and development sessions with Executives and Non-Executive Directors.</p>
2/19/09/7.1.4	<p><b>Extension of A&amp;E</b></p> <p>Mr Sumner updated the Board on progress, confirmation of funding to improve the amount of physical space in A&amp;E is expected imminently but has not yet been received. The Chairman asked if work can be progressed at risk. Mr Sumner said that this would require the approval of the Board because of the level of spend. If the solution is to be in place by 31 December then this approval will need to be sought virtually. Mr Church observed that the original business case was approved subject to finance in July 2018. Mr Davis asked if there have been any changes to the options outlined in this. Mr Oliver reminded the Board of the four options previously discussed. Funding is being sought for option 1 which is a modular solution to extend A&amp;E out which would provide an addition eight majors cubicles. Mr Oliver added that the project stalled last year because of the conditions attached to the revenue requirements of the project which have now been addressed through resource approved in the Emergency Department (ED) workforce business case.</p>
2/19/09/7.1.5	<p>Mr Sumner suggested that a one page update to this business case is circulated which highlights the risks and outlines mitigation if the additional capital funding is not agreed and is clear about what wouldn't be done if this was funded from the existing capital budget. The Chairman noted the</p>

<p>2/19/09/7.1.6</p> <p>2/19/09/7.1.7</p>	<p>agreement of the Board that this is approved in principal, subject to the summary described to be circulated to the Board for comments. Mr Philpott suggested that the Board's agreed risk appetite should be referred to.</p> <p><b>Staff Update</b> Paragraph removed under Section 40 of the Freedom of Information Act.</p> <p><b>Audit Committee</b> Mr Philpott advised that at the next meeting of the Audit Committee on 9 September there will be short training session from the internal auditors about the general landscape on assurance and observers are welcome to attend.</p> <p><b>Resolved:</b> The Board agreed</p>
<p><b>BoD2/19/09/8</b> 2/19/09/8.1</p> <p>2/19/09/8.2</p> <p>2/19/09/8.3</p>	<p><b>Review of the Board meeting</b> Mr Davis reviewed the meeting noting that it was a meeting of two very distinct parts, notable for the number of items of business in part II. Mr Davis commented on the patient story which described an effective non-medical solution which has been transformative for that patient. Mr Davis thanked those who had presented the three assurance reports who had articulated well the core issues in each report and reflect the learning culture of the Trust.</p> <p>Mr Davis noted that there were some reports on nurse recruitment which is positive given that recruitment is one of the biggest strategic risks for the Trust. Hearing about some of the recruitment projects coming to fruition is excellent news. Mr Davis observed that the summary of part II is that there is a system problem which reflects his reading that the recently consulted on CEP five year plan is not based on reality. Mr Davis observed that the key themes of grip and an increase in pace have emerged from the meeting and while the pace is welcome thought needs to be given to the capacity of Executives and senior managers to deliver. Thought also needs to be given to the development of shared risks across systems.</p> <p>Mr Davis reflected that the Local Authorities and Public Health England are absent from the most recent discussions and developments which is a concern as partners need to play their part. The Ward 19 business case is as a result of failure in the step down care sector and primary care capacity is contributing to higher levels of activity in the ED which the Trust is having to pay for. Mr Davis suggested that the CCICP underspent could be ringfenced to support these additional investments until the system can manage the demand in the community.</p>
<p><b>BoD2/19/09/9</b></p>	<p><b>Time, Date and Place of the next meeting</b></p> <p>The Board of Directors Meeting is to be held in Private on Monday 7 October 2019 in the Boardroom, Leighton Hospital following the Board meeting held in Public.</p> <p>The meeting closed at 13:48 pm</p>

**Signed**



**Chairman**

**Date 17/10/2019**