

**Board of Directors Meeting**  
**Minutes of the Meeting held in Public**  
**Monday, 1 July 2019**  
**at 9.30am in the Boardroom, Leighton Hospital, Crewe**

**Present**

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

**In attendance**

Mrs D Frodsham	Director of Strategic Partnerships
Mrs R Davies	Deputy Director of Finance
Mrs K Dowson	Trust Board Secretary
Ms Z Harris	Divisional General Manager ( <i>item 12.4 only</i> )
Dr D Matthews	A&E Consultant ( <i>Item 12.4 only</i> )
Mrs S Pickup	Patient Experience Manager ( <i>item 2 &amp; 10.2 only</i> )
Mrs J Davis	Patient and Public Involvement Manager ( <i>item 2 &amp; 10.2 only</i> )
Mrs J Oakes	Voluntary Services Manager ( <i>item 2 only</i> )

**Observing**

Mrs H Piddock-Jones	Staff Governor
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**Apologies**

Mr R Favager	Interim Director of Finance & Strategic Planning
Ms L Massey	Non-Executive Director
Dr K Birch	Lead Governor

**BoD19/07/1**

19/07/1.1

**Welcome, Introduction and Apologies**

The Chairman welcomed all those present to the meeting, reminding observers that he and the Interim Chief Executive would be available at the end of the meeting to answer any questions.

**BoD19/07/2**

19/07/2.1

**Patient Story**

Mrs Tunney introduced the patient story which was about the work and contribution of the 300 or so volunteers that the Trust manages in a variety of different roles and who give up their time tirelessly. Mrs Oakes explained that this is a short video to promote volunteering at the Trust at events in the community but can also be used at volunteer induction. The video asks volunteers what they gain from being a volunteer at the Trust and the value added by volunteers.

19/07/2.2

The Chairman commented that the video was engaging and compelling and asked if the video will be going on the Trust website and Mrs Oakes replied that it was and that existing volunteers will be invited to watch it as well. Ms Butcher suggested that the video could be played in GP surgeries where there are TV's and Mr Oliver suggested that the TVs in the Emergency Department (ED) and Outpatients could be used.

19/07/2.3

Mr Davis asked what the biggest challenge is to recruit more volunteers. Mrs Oakes replied that more resource would help as it can be a bottle neck to get volunteers processed and checks complete, this takes about 6-8 weeks on average. Mrs Pickup

<p>19/07/2.4</p> <p>19/07/2.5</p> <p>19/07/2.6</p> <p>19/07/2.7</p>	<p>noted that the national Daily Mail campaign had recruited an additional 100 applicants for the Trust and therefore new roles are being assessed such as call bell responders and roles in ED. Mr Davis commented on the huge impact of volunteers and that a small additional investment would have a big impact.</p> <p>Mr Philpott asked what is the maximum number of volunteers that the current team can manage, Mrs Oakes replied that she was close to the maximum with over 300 who all need to be managed by herself with some support from the teams the volunteers are in and more experienced volunteers. Developing new roles is also time consuming. Mrs Frodsham asked if there are volunteers in Central Cheshire Integrated Care Partnership (CCICP) and Mrs Oakes replied that there are but there is more potential.</p> <p>Ms Butcher asked if there is a strategy which sets out the opportunities for volunteers, the capacity to manage them and can identify where potential gaps are. Mrs Tunney replied that here is a volunteering strategy and a quarterly report is reviewed by Quality Governance Committee (QGC). Mrs Tunney added that she is the volunteer lead for the North West and is leading a piece of work to benchmark the role of volunteers, establish clear volunteer roles and the training required for them. There has been some criticism of Trusts who are plugging workforce gaps with volunteers therefore this work aims to establish clear volunteer roles with a clear process for recruitment.</p> <p>Mr Davis commented that having volunteers to help at night when there is high demand in ED or less staff on the wards is an option as organisations such as the Samaritans have lots of interest in night shifts. Mrs Barnett noted that many of the volunteers in the video are retired and asked how the Trust links to colleges to encourage students to sign up. Mrs Oakes replied that there are already a substantial number of younger volunteers and close links to colleges. Mrs Barnett commented that it would be interesting to see how many of these come back to work at the Trust. Mr Church suggested that as these are volunteers then perhaps this is an area that the Trustee Sub Committee could address and discuss at the next meeting,</p> <p>The Chairman thanked Mrs Oakes and the patient experience team for their work and for the video. The Chairman described the Trust volunteers as an army of mass construction with empathy, sympathy, compassion as core skills.</p> <p><b>Resolved:</b> The Board noted the story presented.</p>
<p><b>BoD19/07/3</b> 19/07/3.1</p> <p>19/07/3.2</p>	<p><b>Board Members' Interests</b> There were no declarations of changes in interests of Board Members.</p> <p>There were no interests declared in relation to open items on the agenda.</p>
<p><b>BoD19/07/4</b> <b>BoD19/07/4.1</b> 19/07/4.1.1</p>	<p><b>Minutes of the Previous Meeting</b> <b>Board of Directors meeting held on 3 June 2019</b> There were no amendments to the minutes proposed.</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 3 June 2019.</p>
<p><b>BoD19/07/5</b> 19/07/5.1</p>	<p><b>Matters Arising and Action Log</b> The Chairman noted that there were no open actions on the Board action log.</p> <p><b>Resolved:</b> Actions to be closed as complete.</p>
<p><b>BoD19/07/6</b></p>	<p><b>Annual Work Programme</b> The Chairman noted that there were no proposed changes to the workplan.</p>

	<b>Resolved:</b> The Board noted version 3 of the Board Work Programme 2019/20.
<b>BoD19/07/7</b> <b>BoD19/07/7.1</b> 19/07/7.1.1	<b>Chairman's Announcements</b> <b>Senior Leaders – 3 June 2019</b> The Chairman was pleased to attend this programme for consultants and was encouraged to see a good number of consultants who are interested in leadership as well as clinical and medical development. Mr Luckas noted that the feedback had been good.
<b>BoD19/07/7.2</b> 19/07/7.2.1	<b>Volunteers Evening – 4 June 2019</b> The Chairman advised that this had been an excellent evening and the volunteer video had been shown. There were presentations from the Interim Medical Director and Director of Nursing and Quality who also presented awards to volunteers including to one volunteer with over 40 years of volunteering at the Trust.
<b>BoD19/07/7.3</b> 19/07/7.3.1	<b>Board Away Day – 24 June 2019</b> The Chairman reported that a number of items had been discussed and the annual Health and Safety update from the Health and Safety Manager had been received. External speakers spoke on compassionate leadership, some elements of which could potentially be put into the leadership programme and an update on the legalities of partnership working from Hill Dickinson.
<b>BoD19/07/7.4</b> 19/07/7.3.1	<b>Celebration of Achievement – 27 June 2019</b> The Chairman was pleased to have attended this event which celebrated staff success and a guest speaker Mr Paul Sinha, from 'The Chase'. The Chairman offered his congratulations to the winners and his thanks to those who organised the event and the previous six month process of divisional awards.
<b>BoD19/07/8</b> <b>BoD19/07/8.1</b> 19/07/8.1.1	<b>Governors Items</b> <b>NEDs/ Governors Meeting – 20 June 2019</b> The Chairman reported that Governors had met with NEDs and discussed a range of topics including the pace of change and the potential for CCICP, the end of year financial position, EPR and Board to Boards. The Chairs of the sub-committees gave feedback on the work of those committees. The Chairman advised that the Trust Secretary and two Governors from Royal Bolton NHS Foundation Trust had attended following a discussion at the North West Governors Forum. They have feedback that they found it very interesting and valuable and have invited the Trust to visit the Royal Bolton in a reciprocal arrangement.  <b>Resolved:</b> The Chairman's update was noted.
<b>BoD19/07/9</b> <b>BoD19/07/9.1</b> 19/07/9.1.1	<b>Interim Chief Executive's Report</b> <b>System Update</b> Dr Dodds noted that there was nothing to report in addition to the paper for discussion in Part II.
<b>BoD19/07/9.2</b> 19/07/9.2.1	<b>Exec to Exec Meeting with ECT</b> Dr Dodds reported that the Executives had not met with the Executives from ECT as planned as the Care Quality Commission (CQC) were at ECT.
<b>BoD19/07/9.3</b>	<b>QRMs with NHSI</b> Dr Dodds advised that the Quarterly Review Meetings (QRM) held with NHSI had been stood down pending a review of the new operating framework.
<b>BoD19/07/9.4</b>	<b>CHKS Award</b> Dr Dodds was pleased to announce that the Trust had been named as one of the top 40 Trusts in the country by CHKS. CHKS will be visiting the Trust next week to present the trophy.

	<b>Resolved:</b> The updates from the Interim Chief Executive were noted.
<b>BoD19/07/10</b> <b>BoD19/07/10.1</b> 19/07/10.1.1	<b>CARING</b> <b>Quality, Safety and Experience Report</b> Mrs Tunney presented the report based on data from May 2019. Mrs Tunney advised that she would be reporting based on exceptions against local and national targets to expected performance.
19/07/10.1.2	Mrs Tunney reported that there were four Serious Incidents (SUI) as advised to the Board verbally in June and dates are in place for comprehensive Executive-led reviews. Immediate actions have taken place and lessons learnt will be disseminated. Mrs Tunney noted that two of the SUI have been recommended for downgrade and if agreed at the review they will be removed from the report.
19/07/10.1.3	Mrs Tunney advised that there were 17 hospital acquired Pressure Ulcers (PU) which is a similar number to April and disappointingly there were five lapses in care. A deep dive has taken place into all of these for themes or areas. Two were in Ward 4, one of which has now been defined to have had no lapse of care and one is still to be reviewed. Areas for improvement noted include documentation gaps and body maps. Ms Tunney advised that the weekly audits for Matrons have been reintroduced and these will be reported to the PU panels chaired by the Deputy Director of Nursing.
19/07/10.1.4	Mrs Tunney noted that the new reporting for patient falls shows a reduction in the falls rate per 1000 bed days and the percentage of falls resulting in harm has reduced slightly. There are many new actions in place to improve this measure.
19/07/10.1.5	Mrs Tunney reported that there had been a reduction in the number of PU reported in community services and no lapses of care identified in May. The Trust is starting a 12 month trial to provide mattresses for at risk patients in the community. Ms Butcher asked what the impact of having nursing home staff attending PU panels has been and Mrs Tunney replied that she would bring an update back to the Board.  <b>ACTION: Impact of nursing home staff attending PU Panel meetings to be reported (Mrs Tunney).</b>
19/07/10.1.6	Mrs Tunney was pleased to note that there had been no MRSA Bacteraemia cases in the Trust in May but there had been five MSSA and two E-Coli cases confirmed. Two of the MSSA were in Critical Care and have been reviewed and noted as unavoidable as the patients arrived with infections, however there is still some learning to be disseminated. The Chairman asked if the Trust is aware when patients arrive with infections and Mr Luckas confirmed that these are diagnosed on arrival at the Trust.
19/07/10.1.7	Mrs Tunney presented the safe staffing figures, noting that eight wards in May had fallen below the 85% threshold for Registered Nursing shifts. Six of these episodes were in the daytime when additional roles are used to deliver care on the wards and Ward 9 as previously reported has a flexible bed base depending on requirements for elective surgery. Mrs Tunney acknowledged that the Trust is less flexible at night time and five wards were below the threshold, primarily because of vacancies and sickness. Mrs Tunney advised that there are always a minimum of two Registered Nurses (RN) overnight and they are supported by the Senior Manager on Call until 10pm and the night team and no area is left unsafe. Ms Butcher asked if there are recurring areas which fall below the threshold. Mrs Tunney replied that there are some wards that are harder to recruit to and additional Healthcare Assistants have been put on these wards as a temporary measure whilst we continue to try very hard to recruit to the Registered Nurse posts.

19/07/10.1.8	<p>Mrs Tunney advised that the main action in place in response to staffing gaps is recruitment and retention of staff. Mrs Tunney updated the Board on the international recruitment programme which will employ 40 staff and the Trust will shortly be interviewing three companies to make a final decision. It is anticipated that the first twenty nurses will be arriving in September. Additional campaigns are taking place targeting specific areas such as AMU and Ward 5, these have successfully used social media, videos and staff stories. Eight Registered Nurse posts in AMU were offered recently, all of whom were either newly qualified or from out of area. Mrs Tunney outlined the proposed campaign for ED nurses to recruit to ten Registered Nurse posts which will include videos describing the unit and the work. A general recruitment event is being held on 18 July to recruit to Ward 5 and Ward 19. Mr Church asked if the figures for ED could be shown, Mrs Tunney replied that because there are no inpatients it is not shown on this particular report but once the department moves to e-rostering then this could be included.</p>
19/07/10.1.9	<p>The Chairman asked if the turnover in nursing staff is improving. Mrs Tunney replied that it is quite static, staff continue to move within the organisation and staff leave for promotion but there are no other themes. Mrs Barnett advised that there are three retention programmes in place, retire and return, induction and preceptorship because a lot of newly qualified staff leave in the first 18-24 months and a third group for health and wellbeing. Making reward and recognition more consistent is also a theme. The Chairman commented that despite all this work there remains a persistent gap in recruitment which is a national issue. Mrs Barnett observed that the international recruitment is a 'stand still' until the nurse apprenticeship programme has an impact.</p>
19/07/10.1.10	<p>Mrs Tunney advised that the level of complaints remains static with the same common themes as previously reported. There are twenty closed complaints of which four were upheld. Mrs Frodsham noted two in Haematology in one month which is unusual and suggested that this may reflect the current pressures in that department.</p>
19/07/10.1.11	<p>Mrs Tunney noted that the number of informal concerns were higher than the last two months at 103 and on average each one stated at least two concerns. Half of these related to communication and 33 to delays and communication regarding the server upgrade failure or the Soliton system. Ms Butcher asked about higher level of new clinical negligence claims in month and Mrs Tunney noted that this has been raised with the team but the overall annual average is not above normal.</p>
19/07/10.1.12	<p>Mrs Tunney advised that the NHS Choices star rating remains consistent for both Leighton Hospital and Victoria Infirmary at 5 and 4.5 stars respectively, which is good. Mrs Tunney noted that Friends and Family response rates remain challenging and CCICP has dipped noticeably and this is being reviewed. Ratings however remain high across all areas. Mrs Tunney noted that the number of compliments was down in May again but was pleased to note some recovery in June which will be reported next month. Mrs Barnett observed that as part of her Ward Accreditation visit last week the ward had advised her that they had not submitted any of their compliments in month and wards may need chasing to ensure these are being sent through.</p>
19/07/10.1.13	<p>Mr Brocklebank observed that one of the main issues he receives complaints about is smoking outside the main entrance. Mrs Tunney acknowledged that this is a very difficult issue to challenge, the bin outside the main entrance that is used as an ashtray is being removed and larger signs are being put up. The Non-Executive Directors expressed their frustration with this issue. Mr Oliver advised that there is a task and finish group working towards becoming a smoke free site but the challenge is the resource to provide nicotine replacement therapy for inpatients. Mr Duncan Fullerton, Respiratory Consultant will be presenting on the Manchester Cure model at the next Board to Board meeting with the CCG at which the Director of Public Health for Cheshire East Council will be present. The Chairman suggested that this issue is reviewed following this meeting on 19 July.</p>

	<p><b>Resolved:</b> The assurance provided in the Quality, Safety and Experience report was noted.</p>
<p><b>BoD19/07/10.2</b> 19/07/10.2.1</p>	<p><b>National Inpatient Survey 2018</b> Mrs Pickup, Patient Experience Manager and Mrs Jayne Davis, Patient and Public Involvement Manager presented the results of the National Inpatient Survey 2018. The overall results were positive with some areas for improvement. Mrs Pickup advised that there were 690 responses which was a response rate of 57.6%, an increase on the 50% returned last year and also significantly better than neighbouring Trusts. Mrs Pickup explained that the survey results were grouped into ten sections and the Trust is not an outlier across any area.</p>
19/07/10.2.2	<p>Mrs Pickup advised that the Trust scored significantly above average in one area which is support to patients to eat meals, this has improved (by 12%) to the highest ever score for the Trust in this area. This is positive as a number of measures have been introduced to improve this score including training volunteers to help at meal times.</p>
19/07/10.2.3	<p>Mrs Pickup reported that the Trust is similar to other Trust on 69 questions and worse on two. These two areas are discharge delays and the length of time of the delay, this is an area that the Trust has previously scored worse in and this will continue to be an area for focus. Since the survey the role of Pharmacy Assistants on wards has been expanded and printers are now available on four wards which is helping facilitate a faster preparation of take home medicines. Mr Davis asked when the e-prescribing system will be introduced. Dr Dodds replied that this is part of the Electronic Patient Record (EPR) system, although there is a separate bid for national money, the result of which has been delayed until the end of the summer. Mr Oliver added that Red Cross transport was also commissioned last year to help with delays in patient transport as this operates in a four hour window.</p>
19/07/10.2.4	<p>Mrs Pickup advised that the areas of greatest improvement were in regard to emotional support for patients, which was an area for improvement following the last survey. Actions taken have included the launch of a spiritual strategy, an increase in chaplain support, and developing the role of volunteer befrienders</p>
19/07/10.2.5	<p>Mrs Davis presented the measures taken to communicate the results to staff, this has included posters and direct feedback to individuals named. This includes actions being taken in response to areas that require attention, such as cleanliness. A new Matron led action planning group is focusing on this area and linking into new Trust initiatives, the ward quality improvement audits and being monitored within the ward accreditation system. Mrs Davis also outlined the ongoing actions for areas that still require focus including noise at night and discharge delays. Mrs Davis advised that future plans to monitor progress include regular local surveys using the newly revised format and public and patient involvement programmes in divisions. This will be monitored through Executive Patient Experience Group (EPEG).</p>
19/07/10.2.6	<p>Mr Philpott commented that this was a reassuring and well-presented set of data, highlighting the key issues and these results are a clear source of independent assurance for the Board. Mr Philpott suggested that the Trust could develop an assurance map for the Audit Committee to ensure that the rich set of sources of assurance is in one place. The Chairman agreed that this would be a useful area to discuss further. Mrs Barnett checked that the inpatient and staff survey results are triangulated as it would be useful to see per division if the same areas that are challenging in the staff survey are reflected in the patient survey. Mrs Pickup agreed and added that the ward accreditation programme will be used as well as Friends and Family results.</p>

19/07/10.2.7	<p>The Chairman observed that the focus should not just be on improving the below average areas but making those areas of average response better as the Trust aspires to excellence. The improvements were positive although it was disappointing to see some areas that have slightly deteriorated given the investment put in. The Chairman thanked Mrs Pickup and Mrs Davis for their presentation and work.</p> <p><b>Resolved:</b> The Board noted the presentation and results.</p>
<b>BoD19/07/11</b> <b>BoD19/07/11.1</b> 19/07/11.1.1	<p><b>SAFE</b></p> <p><b>Draft Quality Governance Committee (QGC) – 10 June 2019</b></p> <p>Mr Brocklebank presented the minutes of the most recent meeting noting that the Well Led deep dive internal improvement plan is on the agenda. In addition there were two verbal items for escalation which were the Seven Day Services Board Assurance Report and the Divisional and CCICP Quarterly Quality Report.</p>
19/07/11.1.2	<p>Mr Brocklebank explained that the Seven Day Services Board Assurance Report had demonstrated a good level of improvement on the previous year but the Trust remains fully compliant in only one of four priority clinical standards. Further significant improvement in Clinical Standard 2 is reliant on investment in Consultant numbers. However the committee was assured that the current level of performance was not affecting patient safety. The Chairman commented that outside the large metropolitan Trusts there are few Trusts achieving this. Dr Dodds advised that there are no longer any national benchmarking reports, but is likely that other Trusts will have made improvements as well as MCHFT.</p>
19/07/11.1.3	<p>Mr Luckas noted that one of the four priority clinical standards is access to interventional radiology and this area is only assessed as failing because there is no service level agreement in place for this service. There is an informal arrangement in place which is in the process of being formalised. This should result in compliance with this clinical standard at the next audit.</p>
19/07/11.1.4	<p>Mr Brocklebank commented that the overview of the Quarterly Quality Reviews had described the benefits of completing these reviews all on one day as this facilitated the sharing of information and good practice, described as 'Beacons of Excellence'. This will feed into the quality improvement work and ward accreditation programmes. Mr Brocklebank noted that staff had been pleasantly surprised by the focus on success, not issues.</p> <p><b>Resolved:</b> The Board noted the items escalated by QGC and the report of the committee.</p>
<b>BoD19/07/11.2</b> 19/07/11.2.1	<p><b>Serious Untoward Incidents (SUI) and RIDDOR Events</b></p> <p>Mr Luckas reported that there was no SUI to report in June.</p>
19/07/11.2.2	<p>Mr Luckas advised that there were three RIDDOR reportable events reported in June.</p> <p><b>Resolved:</b> The Board noted the report of SUIs and RIDDOR events.</p>
<b>BoD19/07/12</b> <b>BoD19/07/12.1</b> 19/07/12.1.1	<p><b>RESPONSIVE</b></p> <p><b>Performance Report</b></p> <p>Mr Oliver presented the performance report which uses data from May 2019. Mr Oliver advised that two of the five NHSI Single Oversight Framework performance indicators were met, the 62 day cancer treatment from GP referral and the Rapid Access Referral which is at 98% despite a 3% increase in demand. Mr Oliver advised that the 62 day screening target was 88.23% against a 90% target which is as a result of one patient failing the pathway. Under the new cancer target guidelines these results cannot be validated if the breach is a result of patient choice as it was in this case.</p>

19/07/12.1.2	Mr Oliver reported that the 4-hour transit time performance was 78.27% against the 95% performance standard. This is a deterioration compared to May 2018 but it is against an additional 400 (3.8%) attendances to A&E. Mr Oliver advised that there is a paper to be discussed at Executives to extend primary care streaming. The Board expressed their concern with the continuing increase in demand for ED services.
19/07/12.1.3	Mr Oliver advised that the Referral to Treatment (RTT) performance was 91.69% against a target of 92%. There has been an improving performance over the last three months as per the planned trajectory despite an increase in GP referrals of 11% year on year. Ms Butcher asked if there were particular practices that are driving this increase and Mr Oliver replied that these figures are known and have been discussed with the CCG. The Executive meetings with the CCG had been on hold but these are to be reinstated from July to enable challenge on these figures to the CCG as the Trust has accepted a block contract for 2019/20.
19/07/12.1.4	Mrs Frodsham reminded the Board that the Trust has been trying to increase its market share so it needs to understand where this increase is coming from as if it is out of area then this is the agreed direction of travel. This will produce savings for the system but the Trust needs to be able to service the demand. Mr Davis confirmed that this analysis has been requested. Mrs Frodsham observed that the local population has increased by 20,000 in the last 18 months and this is the bigger picture of growth, not just demand in primary care. Mr Oliver advised that a detailed discussion will take place in Performance and Finance Committee (PAF) in July and be reported to Board.
19/07/12.1.5	Mr Oliver reported that the Diagnostics waiting time for May is 9.34% against a 1% threshold, this was expected because of the failure in the imaging server migration and has since recovered slightly to 5% . The expectation is that this target will be recovered by July.
19/07/12.1.6	Mr Oliver presented the financial position which is better than plan by £21k however this includes the CCICP underspend as the Trust is overspent by £110k. The main area of overspend is external reporting due to the delays in the MR scanner and the reporting as a result of the Soliton server migration failure. Income is down from out of area CCGs and the market shaping initiatives need to be reviewed. Stoke and North Staffs referrals in particular are down which may be as a result of improvements to their own 18-week waiting times. The success locally of the Musculoskeletal rapid access service in reducing Orthopaedic referrals is now being replicated in other areas.
19/07/12.1.7	Mr Oliver advised that spend against forecast for Pay is better than plan by £200k. However, the Trust's new agency cap for 2019/20 is lower and the Trust is likely to breach this if the current spending trajectory continues. The Chairman asked what the repercussions of this would be and Mrs Davis replied that there is no financial penalty but it would affect the Use of Resources ratings. This is being tracked weekly. Mr Oliver advised that Cost Improvement Programmes (CIP) are behind plan by £250k, this is primarily within the nurse sickness plan, NHS Supply Chain and as a result of unallocated CIP.  <b>Resolved:</b> The Board noted the Performance Report.
<b>BoD19/07/12.2</b> 19/07/12.2.1	<b>Draft Performance and Finance (PAF) Committee notes</b> Mr Davis presented the notes of the meeting of 20 June 2019 and noted that the ED Workforce Business Case is on the agenda for today's Board and has been recommended for approval. In addition, there were five further items for verbal escalation to the Board.



19/07/12.2.2	<ul style="list-style-type: none"> <li>• Non-achievement of the 4-hour transit time, RTT and Cancer 62 day screening standard in May</li> <li>• Noted the risk to the Winter Plan should Ward 19 not be closed</li> <li>• Reviewed the Treasury Policy and banking arrangements and noted there were no changes, therefore it was recommended that the policy be adopted for a further year;</li> <li>• Sought assurance that in light of the recent listeria outbreak the Trust has the correct processes in place in relation to temperature control of chilled food</li> <li>• Noted that the Trust is joint 3rd best performing Trust in England in relation to Cancer waiting times.</li> </ul> <p>Mr Davis observed that the Interim Director of Finance had presented a summary of the emerging risks to financial performance which was very helpful at this point in the year.</p> <p><b>Resolved:</b> The Board accepted the report of PAF and the items escalated to the Board for information.</p>
<b>BoD19/07/12.3</b>  19/07/12.3.1	<p><b>Legal Advice</b></p> <p>Dr Dodds advised that there had been no new legal advice taken in the month but ongoing advice is being provided in regard to an external provider, an HR matter and the potential acquisition of South Cheshire Private Hospital (SCPH).</p>
<b>BoD19/07/12.4</b> 19/07/12.4.11   19/07/12.4.2   19/07/12.4.3   19/07/12.4.4	<p><b>ED Workforce Business Case</b></p> <p>Mr Oliver introduced the business case which is in response to the Trust's challenged performance against the 4-hour transit time standard. The Medicine and Emergency Care Division (DMEC) has undertaken a full review of patient demand compared to workforce capacity and has projected this forward. Ms Harris advised the review had been based on the activity of the last 18 months using the ECIST staffing modelling tools for capacity and demand and the BEST tool for nursing. This has confirmed that there has been a growth in attendances in the evenings and at weekends.</p> <p>Mrs Harris described the considerable investment needed to meet the gap, including two additional consultants, six staff grade doctors, two Advanced Clinical Practitioners and an increase in qualified and unqualified nursing posts. The current clinical hours are 1,056 per week but the model requires 1,482 with most being added to weekends and overnight. The preferred solution would ensure consultant cover for 14 hours per day, seven days per week. Ms Harris described the demand gap illustrated in the model which shows that more patients are arriving than can safely be seen.</p> <p>Ms Harris advised that the preferred option 3a is for a £2.6m investment phased over five years. Year 1 funding of £644k has already been accounted for with a combination of funding from the Annual Plan and the Winter Plan which is for an additional Clinical fellow, 17 wte Band 5 nurse and 11 wte Band 2 nursing support. Mr Oliver noted that these roles do require an ongoing commitment if recruited in 2019. Mr Favager has raised the issue of pre-commitments and will be bringing a list for 2021 to PAF.</p> <p>The Chairman recognised that this business case is a reflection of the challenge and pressure for ED and there is a clear urgency and need to ensure patient quality and safety is maintained. Mr Davis advised that this paper has been reviewed at PAF already and is strongly recommended for approval, subject to consideration of the commitment to future years funding and therefore this plan will need to be part of the planning round for 2021. Mr Favager has raised the issue of ongoing commitments and will be bringing a list of pre-commitments for 2021 to PAF.</p>

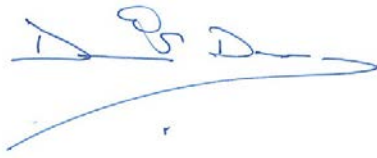
19/07/12.4.5	Ms Butcher agreed the rationale and need for the plan and asked how this plan will be recruited to, given the challenges of recruiting medical and nursing posts. Dr Matthews, A&E Consultant responded noting that the department had turned a corner with recruitment as it is seen as a strong unit with some excellent colleagues, there are several trainees who can be supported to be ready for consultant posts if given enough notice. Mr Luckas noted that if benchmarked the Trust's ED workforce is significantly smaller yet the performance is equivalent and it had a good reputation as a unit for training which helps recruitment.
19/07/12.4.6	Dr Matthews agreed that middle grade posts are a challenge nationally, the Trust's biggest tier is at senior middle grade level and above and it requires more junior roles to provide clinical support and some of these posts have been recruited to recently. The department has done as much as it can to maximise rotas and further investment is needed. Dr Matthews advised that in 2011 the department was seeing 68,000 arrivals (190 per day) and this year looks likely to see 96,000 (260 per day).
19/07/12.4.7	Dr Dodds noted that the demand needs tackling as a priority as well, there are lots of primary care attendances which need to be dealt with elsewhere. Mrs Frodsham observed that the Trust has not achieved the ambition of the last business case five years ago and this new case will still not achieve the gold standard to provide 24/7 consultant cover and this should still be the ambition. Mr Church endorsed this view, stating that if the Trust wants to be outstanding it should retain its ambition for a to gold standard. Dr Dodds agreed that the Trust should not lose sight of this but it also needs to be realistic as very few EDs nationally provide 24/7 cover and if they do it is on a rota of 24 consultants,
19/07/12.4.8	Mr Brocklebank commented that this is a good, coherent business case but asked if there is sufficient space in the ED for the new staff given previous discussions. Dr Dodds acknowledged that this is an ongoing discussion with regulators. Mr Oliver reminded the Board that it had approved the business case for a rebuild last July but the bid to the Health and Care Partnership for Cheshire and Merseyside had not been successful; this has been resubmitted for 2019/20. The Chairman advised that he had discussed this with the incoming Chief Executive and commented that he thought it was unlikely that the Trust would get to Year 5 of this business plan as there will be additional money and a different space to work in and this remains the principle discussion with NHS Improvement (NHSI).
19/07/12.4.9	Ms Butcher asked when this case will be reviewed to ensure that it is still meeting patient needs and acuity and Mrs Tunney replied that this will be done before the end of the business case. Mr Philpott commented that it was a good paper which presents a compelling case that is right from patient experience, but it is a lot of investment so how will the impact of this be evaluated. Mr Oliver replied that PAF will review a benefits realisation of the business case, using the new model of evaluation which is being developed in NHSI that will assess both the qualitative and quantitative impact.
19/07/12.4.10	Dr Matthews commented that the Trust does need more support from primary care as the brand of A&E is so popular, patients are prepared to wait. Any expansion of primary care needs to be co-located on site or within the workforce. There is a growing proportion of patients outside the capacity of primary care. Mr Oliver commented that the growth in April and May could in part be related to a recent increase in GP list sizes but with potentially no corresponding increase in appointment availability. Ms Butcher noted that there are increasingly different models of primary care some of which included direct employment of GPs by acute Trusts and the Chairman agreed there may be some potential for this. Mrs Frodsham added that CCICP are being asked to provide additional senior Physiotherapists to take direct appointments in primary care and the role of Physician Associates in primary care is also being considered.

19/07/12.4.11	<p>The Chairman concluded that this is a clear business case with a large cost but realistic. Mr Davis added that the new A&amp;E tariff recognises the underlying condition of A&amp;E and the need for more income to cover demand and this needs to be reflected in investment in the ED. The Chairman recognised the excellent performance of ED and the continued good morale despite the continuous pressures on the department. The Chairman added that the ED will be kept under constant review with a commitment to aspire to the highest levels of care.</p> <p><b>Resolved:</b> Option 3a of the business case for ED workforce was approved including the timeframe for Year 1 recruitment. Future years will be dependent on agreement in future planning rounds.</p>
<b>BoD19/07/13</b> <b>BoD19/07/13.1</b> 19/07/13.1.1	<p><b>WELL-LED</b></p> <p><b>Visits of Accreditation, Inspection or Investigation</b></p> <p>Mrs Tunney reported that there had been an External peer review for Chemotherapy which had been positive and no immediate concerns had been raised and lots of good practice noted. The formal report will be received in eight weeks but there are two actions to be completed in regard to the criteria for the consultant lead and the formal assessment for competency. Executive Quality Governance Group (EQGG) will monitor progress against these actions</p> <p><b>Resolved:</b> The Board noted the visit reported.</p>
<b>BoD19/07/13.2</b> 19/07/13.2.1	<p><b>Trust Strategy Update</b></p> <p>Mr Oliver presented the paper with an update on the Trust strategy which outlined progress made against each of the five strategic domains. Mr Oliver advised that there will be a Strategy Day on Monday 21 October with an internal focus in the morning and with wider stakeholders in the afternoon. This day will focus on what needs to happen to complete the 2021 strategy and what might be in the next strategy beyond that. Ms Butcher observed that the Cheshire East Place (CEP) strategy may be in place then.</p> <p><b>Resolved:</b> The Board noted the update on the Trust Strategy</p>
<b>BoD19/07/13.3</b> 19/07/13.3.1  19/07/13.3.2  19/07/13.3.3	<p><b>CNST2</b></p> <p>Mr Bloomfield presented the annual summary of the Clinical Negligence Scheme for Trusts (CNST2) maternity incentive scheme. Mr Bloomfield explained that this is the second year of the scheme which incentivises Trusts to conform with each of the ten safety actions and therefore receive a refund of the additional 10% paid to the scheme. This is worth £240k to the Trust. Mr Bloomfield advised that the Board need to approve a declaration to be signed by the Chief Executive and this can then be submitted by 15 August.</p> <p>Mr Bloomfield explained that the action plan for the scheme is included in the paper and all actions are complete or in progress. Mr Bloomfield noted that action 4 requires an agreed plan to achieve a dedicated caesarean team, plans are in place for this although the requirement to include a consultant has meant that this is not as advanced as hoped. The requirement is for this team to be embedded by year 3. The plan is now for the team to be in place for 1-2 days per week initially and this will be achieved in year 3. All other actions are on track.</p> <p>Mr Bloomfield noted that the outstanding minutes of the local maternity system meeting have now been received and will be embedded. Mrs Tunney advised that the Board is asked to agree the actions against standards and that there is sufficient evidence. Ms Tunney noted that the progress on the CNST2 has been assisted by the secondment of a Trust midwife to the local maternity network which has provided a more strategic view. Ms Tunney stated her confidence that there is sufficient evidence here to commend this for approval and thanked the team for their work which becomes</p>

<p>19/07/13.3.4</p> <p>19/07/13.3.5</p>	<p>more challenging every year. Mrs Butters commented that this a major driver of the service but that it fits in with many of the other strategies and requirements. Mrs Tunney advised that the action plan is monitored frequently as part of the workplan at EQGG with any risks to compliance highlighted. A response to the CNST2 submission is expected in the autumn.</p> <p>Mrs Frodsham commented that this is a very good submission which provides real assurance and asked if there is a potential dashboard here to evidence improvement in outcomes for babies or mothers. Mr Luckas replied that as adverse events for babies are so rare it is very difficult to show any impact on outcomes; the markers are softer around quality of care. Mrs Frodsham noted that action three is increasing the number of babies that stay with mothers in the post-natal ward rather than transfer to the Neonatal Unit and asked if the impact on bed days has been modelled as this could increase the length of stay for mothers. Mrs Butters replied that this has been done for the impact on the Neonatal Unit but not on the post-natal ward.</p> <p>Ms Butcher asked if the numbers of births are increasing, Mrs Butters replied that they are very slightly down last year. Mr Oliver noted that there has been an increase since April and the Trust's strategy is to pick up further work from the Holmes Chapel and Congleton areas. The unit has capacity for this and for any other changes in providers locally that may result in an increased demand and the CCG are aware of this.</p> <p><b>Resolved:</b> The Board noted the report and the assurance provided on CNST2 Maternity services.</p>
<p><b>BoD19/07/13.4</b> 19/07/13.4.1</p>	<p><b>Well Led Internal Improvement Plan</b></p> <p>Dr Dodds presented the improvement plan produced following an external developmental review in 2018 across a range of specific areas within a selection of the key lines of enquiry in the NHSI Well Led Framework. This was an escalation from QGC to the Board. NHSI will be informed of the external review and that the subsequent improvement plan has been developed.</p> <p><b>Resolved:</b> The Board noted the improvement plan.</p>
<p><b>BoD19/07/14</b> <b>BoD19/07/14.1</b> 19/07/14.1.1</p> <p>19/07/14.1.2</p> <p>19/07/14.1.3</p>	<p><b>EFFECTIVE</b> <b>Workforce Report</b></p> <p>Mrs Barnett presented the Workforce Report using data from May 2019. Mrs Barnett noted that sickness had increased slightly in month, with the main two reasons remaining Musculoskeletal problems and stress. Mrs Barnett advised that the Interim NHS People Plan has been published recently and a significant element of this is Health and Wellbeing and the Trust is working to respond to this. The divisions have all agreed a two year trajectory for sickness level reduction which is being monitored by Executive Workforce Assurance Group (EWAG) and being reviewed by Transformation and People Committee (TAP) every six months</p> <p>Mrs Barnett noted that work is continuing on the completion of appraisals following good efforts by divisions but it is difficult to maintain compliance, CCICP had made good inroads but has dropped off again. The target is not being met but this does not reflect the level of effort being made.</p> <p>Mrs Barnett advised that mandatory training rates are continuing to improve, a review is in progress which will provide further insight into the achievability of the programme, i.e. do the right people do the right training and is the timing right. The Induction and Preceptorship task and finish group is trialling a change in induction to complete the programme in the first week rather than a staggered approach.</p>

19/07/14.1.4	<p>Mrs Barnett reported that agency spend continues to be scrutinised by Executives on a weekly basis to ensure it is robust but as previously reported it is a risk.</p> <p><b>Resolved:</b> The Board approved the performance summarised in the workforce report and the assurance provided.</p>
<b>BoD19/07/14.2</b> 19/07/14.2.1	<p><b>Transformation and People Committee (TAP) notes</b></p> <p>Mr Brocklebank presented the notes of the meeting of TAP from 6 June, noting that there are three items for verbal escalation.</p> <ul style="list-style-type: none"> <li>• Update on the Equality Delivery System (EDS2)</li> <li>• Update on the 90-day ED streaming project</li> <li>• Update on the Recruitment and Retention (formerly Agency Spend Reduction) plan for Radiology and Therapies</li> </ul>
19/07/14.2.2	<p>Mr Brocklebank reported that the EDS is a toolkit to assess performance against quality systems, two areas were focused on for a deep dive this time. The toolkit was taken to an external group for assessment this year and scored slightly worse than the previous year. The Trust remains compliant and is achieving but is working towards being scored as excelling. Mr Brocklebank commended the Equality and Diversity team which is small for the work being conducted.</p>
19/07/14.2.3	<p>Mr Brocklebank noted that TAP had received a report on the 90-day ED Streaming programme which has focused on optimising processes to improve patient flow and experience. There has been a focus on answering GP calls which has seen an improvement from a call drop rate of 20% reduced to 5% over a short time. A number of steps for GP referrals have been removed to improve flow and patient experience.</p>
19/07/14.2.4	<p>Mr Brocklebank advised that TAP had reviewed the project in Diagnostics to improve recruitment and retention and reduce the reliance on agency spend. This has had some good results and five new staff members have been recruited to start in the autumn. The use of social media to target staff not actively looking for a new role has had some good results.</p> <p><b>Resolved:</b> The Board noted the minutes of the TAP meeting and the items for escalation.</p>
<b>BoD19/07/14.3</b> 19/07/14.3.1	<p><b>Consultant Appointments</b></p> <p>Mr Luckas advised that a Consultant in Palliative Medicine has been appointed who will be working across the Trust and at St Luke's Hospice who will be starting after November 2019.</p>
<b>BoD19/07/15</b>	<p><b>Any Other Business</b></p> <p>Mr Oliver confirmed to the Board that the Finance and Performance Committee had approved the economy winter plan for 2019/20 which had also been agreed by the A&amp;E Delivery Board</p>
<b>BoD19/07/16</b>	<p><b>Time, Date and Place of the next meeting</b></p> <p>Board of Directors Meeting to be held in Public on <b>Monday 5 August</b> 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.</p>
The meeting closed at 12:25 pm hours.	

**Signed**

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

**Chairman**

**Date:** 09 August 2019

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

<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 M Luckas Mr C Oliver Mr L Philpott Mrs J Tunney	Chairman Director of Workforce and OD Non-Executive Director Non-Executive Director Deputy Chair Non-Executive Director Interim Chief Executive Interim Medical Director Chief Operating Officer Non-Executive Director Director of Nursing and Quality and Interim Deputy Chief Executive
<b>In Attendance</b> Mrs K Dowson Mrs D Frodsham	Trust Board Secretary Director of Strategic Partnerships
<b>Apologies</b> Mr R Favager Ms L Massey Mrs K Birch	Interim Director of Finance & Strategic Planning Non-Executive Director Lead Governor
<b>BoD2/19/07/1</b>	<b>Welcome and Apologies</b> The Chairman welcomed Board members to Part II of the meeting and noted the apologies given.
<b>BoD2/19/07/2</b> 2/19/07/2.1	<b>Board Members Interests</b> There were no interests declared in relation to open items on the agenda.
<b>BoD2/19/07/3</b> 2/19/07/3.1	<b>Minutes of the Previous Meeting</b> There were no amendments proposed.  <b>Resolved:</b> The minutes were agreed as a true and accurate record of the meeting held in private on 3 June 2019.
<b>BoD2/19/07/4</b> 2/19/07/4.1  2/19/07/4.2	<b>Matters Arising and Actions from Previous Meeting</b> There were no matters arising in addition to those included on the agenda.  It was noted that there was one action to be reviewed which has been completed.
<b>BoD2/19/07/5</b> 2/19/07/5.1	<b>Effective</b> <b>Medical Staffing Update</b> <b>Paragraph removed under Section 40 of the Freedom of Information Act,</b> <b>Resolved:</b> The Board noted the update provided.
<b>BoD2/19/07/6</b> <b>BoD2/19/07/6.1</b>	<b>Well Led</b> <b>System Update</b>  Dr Dodds advised that there was nothing to report in addition to item 6.2

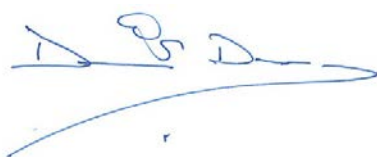
<p><b>BoD2/19/07/6.2</b> 2/19/07/6.2.1</p> <p>2/19/07/6.2.2</p> <p>2/19/06/6.2.3</p> <p>2/19/07/6.2.4</p> <p>2/19/07/6.2.5</p> <p>2/19/07/6.2.6</p>	<p><b>Cheshire East ICP Options Appraisal</b></p> <p>Mrs Frodsham presented the options appraisal paper in regard to the future development of a Cheshire East Integrated Care Partnership (CEICP). Mrs Frodsham described the background to this paper and the development of Cheshire East Place (CEP) within which are smaller health and social care communities around populations of 30-50,000. Mrs Frodsham reminded Board that the Trust will continue to be a partner in Cheshire West Integrated Care Partnership as the population of Vale Royal sits within this place.</p> <p>Mrs Frodsham noted that as the recipient of more than 50% of the CEP budget the Trust needs to take a leading role in the development of an Integrated Care Partnership (ICP) and to be proactive in the development of partnership arrangements. The options paper recognises this and builds on the Memorandum of Understanding signed previously, reasserting the same principles, values and vision of working together. The paper also outlines the key problems the CEP is being set up to tackle which includes a greater emphasis on the prevention of health problems rather than just treatment and delivery.</p> <p>Mrs Frodsham explained that there are a number of options on how to develop an ICP which are described in the paper with the pros and cons of each option. The contract holder or prime provider needs to be a Foundation Trust. Central Cheshire Integrated Care Partnership (CCICP) was set up in 2016 to deliver community services but with the intention that this could be the vehicle for hosting a wider range of contracts. CCICP has developed and is now working well as a partnership between the Trust, GP Alliance, and Cheshire and Wirral Partnership NHS Foundation Trust. Mrs Frodsham acknowledged that further work is required with stakeholders and the membership would need to be widened to include East Cheshire partners but this is a good basis.</p> <p><b>Sentence removed under Section 36 of the Freedom of Information Act.</b> Ms Butcher commented that the presentation from Hill Dickinson last week on legal structures had been very timely and helpful. Ms Butcher asked what this option would mean for East Cheshire Hospitals NHS Trust (ECT), whether the Trust has the capacity to move to an alliance arrangement for the rest of the year and what the five priority areas would be for testing out CCICP. The Chairman noted that the paper's focus is on the 'what' not the 'how'. The big strategic question for now is will the Trust be the prime provider and is it ready to take on the leadership role for CEP.</p> <p>The Chairman asked which bodies have approved this so far and Mrs Frodsham confirmed that the CEP Partnership Board and CCICP Partnership Board have both agreed the recommendations of the paper - that option 2 is the direction of travel with the intention to moving to full integration at a later date. Mr Davis confirmed his support for the preferred option and asked what the decision making process is for this and Mrs Frodsham confirmed that the document will be going to all provider boards as these are the statutory decision making bodies.</p> <p>Mrs Frodsham advised that working through the five pathways initially is to test the governance process. They have been suggested by the Care Community Steering Group and GPs but they are not necessarily the highest priority pieces of work. The pathways will test how contracts are held and managed, where decisions are made and who is accountable and this will be held together by partnership and sub-contracting agreements. There is a significant amount of work to be done. Mrs Frodsham advised that the decision on the prime provider host needs to be made between the two Foundation Trusts. Once this is</p>
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<p>2/19/07/6.2.7</p> <p>2/19/07/6.2.8</p> <p>2/19/07/6.2.9</p> <p>2/19/07/6.2.10</p> <p>2/19/07/6.2.11</p>	<p>agreed then the CCICP Partnership Board agreement may need to be changed to bring in the East Cheshire GPs and ECT.</p> <p>Dr Dodds asked what will happen if any of the partners decide not to agree with this direction of travel. Mrs Frodsham replied that regulators would probably need to be involved in that case. The Chairman advised that regulators are cited on this and the potential barriers and the incoming Chief Executive is also fully briefed and ready to meet with stakeholders as a priority. The Chairman advised that as CCICP has been a successful venture there would have to be a compelling case to take on a different model and this is the position that most stakeholders have reached.</p> <p>Mr Davis observed that once a single provider which hosts all contracts has been agreed then the Trust itself will become a very different organisation and the Board needs to be happy with that. Mr Philpott stated that he accepts the direction of travel and transitional transformation and asked how different organisational cultures will be brought together and asked to work differently. Mrs Barnett agreed that there is a significant organisational development (OD) gap in provision regionally and the Associate Director of OD has been seconded to the Health and Care Partnership for Cheshire and Merseyside to look at capacity in the system. Mrs Frodsham added that the OD challenge is part of the strategy and there is an OD task and finish group in place with a Senior Responsible Officer as this is recognised as a system risk.</p> <p>Ms Butcher asked what will happen to Northwich and Winsford areas as they fall into Cheshire West Place, Mrs Frodsham replied that the Trust remains a partner in Cheshire West Place and therefore some alignment between the two place plans is required but this is a work in progress. The Vale Royal GPs have elected to remain in the GP Alliance and CCICP will continue to deliver community services here.</p> <p>The Chairman advised that if the recommended approach is endorsed then the Trust needs to position itself to ensure it is the prime provider. Mr Church noted that he believes this is the view of the CCGs currently but once an Alliance Partnership is set up and commissioning powers are delegated it becomes less clear. The Chairman acknowledged that there is much more work to be done on how this will be achieved. Ms Butcher observed that moving to an alliance by April with five contracted pathways is very optimistic. Mrs Frodsham agreed but noted that there is transformation funding some of which is about developing governance. At the next Board to Board the future of strategic commissioning will be discussed</p> <p>The Chairman summarised that the Board accepts the recommendation of the paper and approves it in principle noting that the detail of how is still to be fully mapped out. The Board needs to agree its tolerances and make sure it is in the best position it can be to be nominated as the prime provider. The Chairman advised that he will be starting to re-attend the CEP Partnership Board.</p> <p><b>Resolved:</b> The Board agreed the recommendations of the paper.</p>
<p><b>BoD2/19/07/6.3</b></p> <p>2/19/07/6.3.1</p> <p>2/19/07/6.3.2</p>	<p><b>South Cheshire Private Hospital (SCPH) Acquisition</b></p> <p>Mr Oliver updated the Board on the due diligence process taking place in regard to the proposed acquisition of the SCPH.</p> <p><b>Paragraph removed under Section 42 of the Freedom of Information Act.</b></p>

2/19/07/6.3.3 2/19/07/6.3.4	<p><b>Paragraph removed under Section 42 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 42 of the Freedom of Information Act.</b></p> <p><b>Resolved:</b> The Board noted the update.</p>
<p><b>BoD2/19/07/7</b> <b>2/19/07/7.1</b> 2/19/07/7.1.1</p> <p><b>2/19/07/7.2</b> 2/19/07/7.2.1</p>	<p><b>Any Other Business</b></p> <p>Mr Davis reflected that positioning the Trust as a future host for the ICP needs to be done in a number of ways and the volunteer video has demonstrated the power of these to tell a compelling narrative. This will bring Governors, Members and the public on the journey when public consultation begins.</p> <p><b>Item removed under Section 42 of the Freedom of Information Act.</b></p>
<p><b>BoD2/19/07/8</b> 2/19/07/8.1</p> <p>2/19/07/8.2</p>	<p><b>Review of the Board meeting</b></p> <p>Mr Philpott reviewed the meeting noting that Part I had been a full agenda but kept to time and was supported by strong, high quality papers which set out their arguments in a compelling way underpinned by strong assumptions and the questions were answered in a similar fashion. It was good to see responsible managers come in and present. Mr Philpott reflected that the meeting seemed to be more strategic and focused making on strategic decisions. The discussion and presentations provided assurance on the safe, efficient and effective running of the Trust in patients interests as did the CNST paper, the CHKS assessment of the Trust being one of the top 40 in the country, the ED workforce business case and the thoroughness of the Quality, Safety and Experience report in highlighting issues and lapses in performance.</p> <p>Mr Philpott observed that all the Board had been impressed with the volunteer's video which presented a good cohort of volunteers who support the Trust and are being well looked after. Mr Philpott added that Part II had then covered two key strategic items the CEICP and the potential acquisition of SCPH. The Chairman thanked Mr Philpott for the review which summarised the meeting accurately.</p>
<b>BoD2/19/07/9</b>	<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 5 August 2019 in the Boardroom, Leighton Hospital following the Board meeting held in Public.</p> <p>The meeting closed at 13:28 pm</p>

**Signed**



**Chairman**

**Date:** 09 August 2019