

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 7 October 2019
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

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
Mr R Favager	Interim Director of Finance & Strategic Planning
Mr M Luckas	Interim Medical Director
Ms L Massey	Non-Executive Director
Mr L Philpott	Chief Operating Officer
Mr J Sumner	Chief Executive
Mr C Oliver	Chief Operating Officer
Mrs J Tunney	Director of Nursing and Quality

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Mrs I Doldon	Clinical Specialist Practitioner Diabetes (<i>item 19/10/2 only</i>)
Mrs Z Harris	Divisional General Manager (<i>item 19/10/12.4-12.5 only</i>)
Mr A Ritchings	Head of Operations (<i>item 19/10/13.6 only</i>)

Observing

Mrs P Psaila	Public Governor (Patients & Carers)
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mr G McCourty	Public Governor (Vale Royal)
Mrs J Bowen	Head of Quality, Nursing and Professional Leadership, CCICP

Apologies

Dr K Birch	Lead Governor
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BoD19/10/1
19/10/1.1

Welcome, Introduction and Apologies

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.

BoD19/10/2
19/10/2.1

Patient Story

Mrs Tunney introduced the patient story which was from a patient suddenly diagnosed with type 1 Diabetes following an admission to A&E. Following a brief stay she was discharged to the Central Cheshire Integrated Care Partnership (CCICP) community diabetes. The patient described the exceptional service at A&E and the fantastic service received in the community which has supported her to learn how to control and cope with Diabetes physically, logistically and mentally. This has given her the confidence to deal with the condition and come to terms with it.

19/10/2.2

The Chairman asked Mrs Doldon what the particular challenges are for type 1 Diabetes patients. Mrs Doldon explained that type 1 means the body no longer produces insulin and it can be difficult for patients to come to terms with this, for example they sometimes need to grieve for the life they used to have. A lot of the support is educating patients how to manage this chronic condition. Mrs Barnett commented that she had shadowed a district nurse team last week and had been impressed by the holistic view taken to patient care.

19/10/2.2	Mr Oliver asked if the Trust provides sufficient psychological support to patients. Mrs Doldon replied that this is a national issue, there is a support service Improving Access to Psychological Therapies (IAPT) which is helpful but is not specific to type 1 Diabetes so does not help patients with all their needs. Mr Philpott commented that the positive description of this service and A&E should be noted. Mrs Doldon replied that positive feedback and the impact on individuals is valuable as the service is only for an initial period so the staff do not see patients in the long term.
19/10/2.3	Mr Sumner commented that it is important to look to the third sector and charity groups who can often provide invaluable support to people coming to terms with long term conditions, Mr Sumner asked if there were many groups locally. Mrs Doldon advised that Diabetes UK do run some local groups but they tend to be in the day and so this patient had set up her own weekend group for younger patients. Because the structured education tends to be as a group, they meet others and often stay in touch which provides peer support. Mr Sumner suggested that the Trust needs to be asking more of the Health & Social Care system to support this kind of work as it can make a massive difference. Mrs Frodsham replied that she will pick this up with CCICP.
19/10/2.4	Ms Massey commented on the story and the positive perception of the patient and noted that Mrs Doldon and the team should be very proud of the impact their work is having on patients like this. It is clear that compassion is central to what so many staff members do. Mrs Frodsham agreed that this team is performing excellently. There have been two significant investments into community diabetes this year including increasing capacity at ante-natal clinics for those with gestational diabetes. The team is keen to develop further and opportunities with pathology and technology are being developed, Ms Butcher commented that this was a good example of how things are changing by creating a seamless journey from the acute to community teams.
19/10/2.5	<p>The Chairman asked Mrs Doldon to pass on her thanks to the team which illustrates the benefits of bringing community services into the Trust.</p> <p>Resolved: The Board noted the story presented.</p>
BoD19/10/3	Board Members' Interests
19/10/3.1	There were no declarations of changes in interests of Board Members.
19/10/3.2	There were no interests declared in relation to open items on the agenda.
BoD19/10/4 BoD19/10/4.1	Minutes of the Previous Meeting Board of Directors meeting held on 3 September 2019
19/10/4.1.1	<p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> 19/09/7.1.2 Ms Butcher noted that the final sentence should be about 'Cheshire East ICP' not 'East Cheshire ICP' 19/09/12.1.4. Mr Oliver noted that in the last sentence the 'critical issues' should be 'crucial issue' 19/09/12.1.7 Mr Favager noted that the first sentence should read 'under performing by £760k' not 75% 19/09/13.2.1 Ms Butcher suggested that the 'acquisition of SCPH' should be described as a potential acquisition 19/09/14.2.1 Ms Butcher corrected the last bullet point to note that the review will take place in December not September 19/09/14.2.2 Mr Brocklebank asked that his surname is corrected

	<ul style="list-style-type: none"> 19/09/14.4 Mr Oliver advised that Ward 19 has 30 beds but only 26 of these have been commissioned for the GP led ward, this also needs to be corrected in 19/09/14.4.4 <p>Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 3 September 2019.</p>
BoD19/10/5 19/10/5.1 19/10/5.2	<p>Matters Arising and Action Log</p> <p>Mr Sumner asked for clarification on who is medically responsible for Ward 19 patients. Mr Luckas replied that an agreed Standard Operating Procedure (SOP) is in place which all medical specialities who may have patients on the ward have agreed to. Patients will remain under the named consultant who is responsible for their admission. The day to day medical management will be a GP and if a patient becomes unwell they will be reviewed by the acute medical team on call.</p> <p>The Chairman noted that the outstanding actions on the Board action log have been completed and can now be closed.</p> <p>Resolved: Action to be closed as complete.</p>
BoD19/10/6	<p>Annual Work Programme</p> <p>The Chairman noted that there were no proposed changes to the workplan.</p> <p>Resolved: The Board noted version 3 of the Board Work Programme 2019/20.</p>
BoD19/10/7 BoD19/10/7.1 19/10/7.1.1 BoD19/10/7.2 19/10/7.2.1	<p>Chairman's Announcements</p> <p>NED/Governor Meeting</p> <p>The Chairman reported that Non-Executive Directors (NED) met with Governors and discussions included the pressures on the Division of Medicine and Emergency Care (DMEC), noting that a decision has been taken to extend the A&E department in the expectation that financial support would be realised. Also discussed was the Electronic Patient Record (EPR), the changing nature of the Cheshire system mix and that opportunities that might present, the retirement of the Medical Director, the CQC's visit, due diligence on South Cheshire Private Hospital (SCPH) and the invitation accepted by the Lord Lieutenant of Cheshire to visit the Trust and open three areas. It was a well-attended meeting with some good discussion.</p> <p>Board Away Day</p> <p>The Chairman reminded the Board that a productive Board Away Day had taken place on 30 September. Mr Philip Cox, Chief Executive of the Cheshire & Warrington Local Economic Partnership (LEP) had presented about their local industrial strategy and discussed how this overlaps with the Trust's strategy; this discussion had led to a broader understanding for both parties. Mr Sumner will meet with Mr Cox to build on this initial conversation. Other items for discussion had included the Trust's approach to Quality Improvement and an update on the potential acquisition of South Cheshire Private Hospital (SCPH).</p> <p>Resolved: The Chairman's announcements were noted.</p>
BoD19/10/8 BoD19/10/8.1 19/10/8.1.1	<p>Governors Items</p> <p>Nominations & Remuneration (N&R) Committee</p> <p>The Chairman advised that the Governors of the N&R committee had met recently to discuss Non-Executive Director (NED) recruitment, review the Terms of Reference and discuss a proposal in regard to the Chair's term of office. The committee approved the appointment of Gatenby Sanderson to recruit a new NED and this recruitment process has now started.</p>

<p>BoD19/10/8.2 19/10/8.2.1</p>	<p>Annual Members' Meeting The Chairman reported that the Annual Members' Meeting had taken place on 27 September in Crewe and had been well attended by Trust Members and Governors. The Chairman noted that it was a number of years since the meeting had been held in Crewe and it had been a good location that was well attended with a full room with many members of the public. The Chairman thanked Executive colleagues for the presentations which had been effective and had led to some good questions from Members. The Chairman noted that a Health and Wellbeing Fair had taken place during the morning with internal teams and departments and external partners. This had been well received and well attended and the Chairman thanked those who had prepared the event.</p> <p>Resolved: The Board noted the Chairman's Governor updates.</p>
<p>BoD19/10/8.3 19/10/8.3.1</p> <p>19/10/8.3.2</p>	<p>Governor Appointments & Resignations The Chairman advised that the Governor nominated by Cheshire West and Chester Council has now been confirmed as Cllr Gina Lewis who is taking up the post with immediate effect and was in attendance at the Annual Members' Meeting.</p> <p>Mrs Dowson advised that the newly elected Governor for Congleton has decided not to take up the post following the induction process. Mrs Dowson noted that this vacancy will now be carried forward to the elections due to take place in the spring. The Chairman advised that he will be writing to the Governor to thank her for her time and ongoing commitment to fundraising for the Trust.</p> <p>Resolved: The Chairman's updates were noted.</p>
<p>BoD19/10/9 BoD19/10/9.1 19/10/9.1.1</p> <p>19/10/9.1.2</p>	<p>Chief Executive's Report System Update Mr Sumner advised the Board that East Cheshire Hospitals NHS Trust (ECT) received a Care Quality Commission rating of 'Good' last week following its recent inspection. This is great news for the local population and the Cheshire system. In response to a question from Mr Philpott Mr Sumner advised that no further detail has been released yet on whether ECT has improved its rating across the various areas.</p> <p>Mr Sumner advised that there continues to be many meetings in regard to the financial challenges within the Cheshire system and the development of a financial recovery plan. Mr Sumner advised that he and Mr Favager had attended the Chief Executive and Director of Finance meeting last week to agree short-term actions in advance of a meeting with regulators on Friday. This remains a significant issue.</p>
<p>BoD19/10/9.2 19/10/9.2.1</p> <p>19/10/9.2.2</p> <p>19/10/9.3 19/10/9.3.1</p>	<p>Executive Away Day Mr Sumner reported that the Executives have been focused on developing a plan for the next three to five years, identifying what the operating environment will look like. Mr Sumner commented that it is unlikely that the current Foundation Trust driven payment mechanisms will carry on for long and there will be more focus on cost control than income generation and working as systems not individual organisations. The Executives have been considering this while developing the beginnings of a long term plan and an operating framework that reflects the move to system working.</p> <p>Mr Sumner advised that the SCPH potential acquisition discussion was followed up at the Board Away Day with an extensive discussion.</p> <p>National Awards Mr Sumner advised that the Trust has had three nominations for national awards. Mr Oliver listed these:</p>

<p>19/10/9.3.2</p> <p>19/10/9.4 19/10/9.4.1</p> <p>19/10/9.4.2</p> <p>19/10/9.4.3</p>	<ul style="list-style-type: none"> • Forward Healthcare Awards for Acute Sector Innovation – the Trust won this category for the GP led Ward 19 project • Forward Healthcare Awards for Community Innovation – shortlisted for the MSK single point of access service • Forward Healthcare Awards for Enhancing Care Through Technology – won for the IDT system module web based portal <p>Mr Oliver advised that the Trust has also been nominated for a Health Service Journal award for the IDT web based portal and a group of staff had travelled to London recently to present this project. Mr Sumner commented that it was important for staff to be recognised externally.</p> <p>CQC Mock Inspection Mr Sumner noted the fantastic work led by Mrs Tunney in organising a mock CQC inspection last week. This was planned well before CQC notified the Trust of the forthcoming inspection. The mock inspection was very well organised across the acute trust and community services. ‘Inspectors’ used the same template and questions that CQC will and fed back on the small number of urgent issues on the day. Further feedback took place on Friday. Mr Sumner suggested that this will take place at least annually as it was very useful for staff and excellent preparation for the forthcoming inspections.</p> <p>Mrs Tunney agreed that the mock inspection had a very positive effect on staff and patients, no unsafe practice was found on the day and while a number of actions have been identified there was nothing that was not already known about. Mrs Tunney advised that this will be followed up by strong communications this week to staff building on the energy and positive feedback created. The Chairman commented that it was fantastic to hear how well staff had engaged with the process.</p> <p>Mr Sumner concluded with the advice that he will be changing the approach to his Board report from next month to give a greater flavour to the Board of what is concerning Executives through a short written report which should provide greater levels of assurance that their focus is in the right place.</p> <p>Resolved: The updates from the Chief Executive were noted.</p>
<p>BoD19/10/10 BoD19/10/10.1 19/10/10.1.1</p> <p>19/10/10.1.2</p> <p>19/10/10.1.3</p>	<p>CARING Quality, Safety and Experience Report Mr Sumner commented that the Executives have been reflecting on the number of metrics which have trajectories based on last year’s results. These will now be reviewed gradually to understand the most appropriate way to measure for improvement and whether last year’s performance is the most appropriate starting point. Any proposed changes will be reviewed by Quality Governance Committee (QGC) in the first instance. The Chairman agreed this is the right approach and builds on discussions at Board Away Day.</p> <p>Mrs Tunney presented the report based on data from August 2019. Mrs Tunney advised that she would be presenting the report based on exceptions to expected performance. Mrs Tunney advised that the four Serious Untoward Incidents (SUI) reported verbally in September are all in the process of being reviewed using Executive-led Root Cause Analysis (RCA) and mitigating actions are already in place. The Never Event reported following the retention of a stylet line following the insertion of a central line resulted in no patient harm. A number of immediate actions were put into place to prevent recurrence.</p> <p>Mrs Tunney highlighted the graph illustrating CCICP patient safety incidents versus harm which shows that the gap between reporting and harm has reduced. This is partly</p>

	<p>due to a number of incidents that have not yet been reviewed this month but also reflects a lower level of reporting. Further focus has identified that staff have too many categories to choose from on instant reporting and this needs to be reduced.</p>
19/10/10.1.3	<p>Mrs Tunney noted that the Infection control targets are linear which is why it is important to look at previous years but also to benchmark against peers. Mrs Tunney noted that while MSSA cases have exceed last year's total there is only one year of data to compare to and all to date have been unavoidable. Mrs Tunney noted that all E-Coli cases so far have also been unavoidable. The Trust is working with NHS England (NHSE) on a national programme of catheter passports to prevent vulnerable patients arriving with these infections. The Trust has also started a 90 day improvement programme.</p>
19/10/10.1.4	<p>Mr Church asked how the Trust compares to peers and Mrs Tunney advised that the Trust is very similar and many other Trusts have very similar challenges. Mr Brocklebank asked if the C-Difficile cases awaiting review in June have been confirmed yet and Mrs Tunney replied that they are still awaiting the post-infection review. Mr Brocklebank noted that the target for C-Difficile should be clear that this is 27 unavoidable cases in the year and the numbers do not add up. The Chairman asked Mrs Tunney to pick this up with Mr Brocklebank after the meeting.</p> <p>ACTION: Clarification on the C-Difficile targets to be given to Mr Brocklebank (Mrs Tunney)</p>
19/10/10.1.5	<p>Mrs Tunney reported that there were four wards where the Registered Nurse (RN) fill rate had fallen below the target of 85% against the current establishment during the day. Two of these were the Neonatal (NICU) and Children's Assessment Unit (CAU) where acuity is reviewed several times per day and staff are moved around depending on the number of patients. Wards 4 and 5 shortfall was due to a number of vacancies. Alternative staff members such as Healthcare Assistants (HCA) and Matrons had been used to ensure a safe level of cover. Mrs Tunney noted that the fill rate at night had fallen below 85% in the NICU due to a higher than normal number of babies and other staff had been brought in. Mrs Tunney confirmed that at no time was any area left unsafe.</p>
19/10/10.1.6	<p>Mrs Tunney advised the Board that international recruitment was going well with 21 nurses arriving in October and November and further Skype interviews taking place. The focus is now to ensure that accommodation is ready and there is a plan to help the nurses settle in. Mrs Tunney noted that these nurses will be supernumerary for six months once competencies are passed.</p>
19/10/10.1.7	<p>Mrs Tunney noted that there were 21 complaints received in August and this has gone up slightly in September to 24. This was discussed at Executives and following a review using Statistical Process Control a statistical increase in complaints numbers has been noted over the last seven months. This will now be drilled down per division and the results reviewed by QGC. Mrs Tunney advised that the three main themes remain communication, nursing care and medical care. Four concerns had been raised in regard to nutrition, on closer investigation three were related to being helped at mealtimes and one was about the insertion of a nasogastric tube. Mrs Tunney reminded the Board that the Governor instigated deep dive into elements of compassion in complaints has now been reviewed by CQC and will be presented to the Council of Governors later this month.</p>
19/10/10.1.8	<p>Mrs Tunney presented the closed complaints noting that there are more than normal although some of these are reopened complaints. Mr Davis asked if there is a system of checks which would pick up when further specialist testing is being requested and where it is causing a delay. Mr Luckas confirmed that there is a check for ensuring results come back but as the referral was never made this was not on the system and</p>

	is a human factor. Mr Davis asked if an Electronic Patient Records (EPR) system would help and Mr Luckas agreed that it probably would as will the new pathology LIMS system.
19/10/10.1.9	Mr Davis noted a similar point in regard to a complaint about delays to receiving scans and tests and asked what the incident was with the electronic referral system. Mrs Tunney confirmed that this was the incident caused by a backup failure to the Soliton system. Mr Brocklebank raised the attitude of a midwife described in a complaint and asked if the individual has been spoken to. Mrs Tunney advised that this was on the labour ward which is a challenging area to work in and this is about the perception of a patient, however all staff involved will have been spoken too. Mrs Tunney confirmed that this midwife was not linked to any other complaints. Mr Philpott asked if the reopened complaints had any common factors and Mrs Tunney confirmed that there were not.
19/10/10.1.10	The Chairman agreed that there has been a larger number of closed complaints this month but advised that this does not necessarily reflect an increase in the number of complaints as it depends how long the investigation takes. Mr Sumner commented that this is where the importance of triangulation of evidence is important. Statistically the number of formal complaints has increased during a period when the number of A&E attendances has also grown, however the number of complaints compared to patient interactions remains relatively low. Mrs Tunney noted that the number of informal complaints in month was down in August with four areas in particular noted, Emergency Department (ED) waits, Surgery & Cancer (S&C) delays, Gynaecology discharges and property and Ward 3 where there were no common themes.
19/10/10.1.11	Mrs Tunney advised that the NHS choices rating remains the same with a number of positive reviews and two negative ones which related to care and ED waits to be seen. Every posting is responded to by the ward and patients are encouraged to bring any complaints to the customer care team. Mrs Tunney was pleased to report that the Friends & Family recommendation rate in ED has gone up to 89%, there has been a steady improvement in these results from 83% six months ago. Mrs Tunney noted that the response rate still needs to improve although text messaging has now rolled out to CCICP, maternity and outpatients.
19/10/10.1.12	<p>Mr Davis reflected that the hospital has never had to work harder in terms of numbers presenting and bed occupancy running at nearly 100%. Therefore, it is more important than ever to correlate whether it is still safe and the improving mortality rates would suggest that it is. Mr Brocklebank commented that it is reassuring to see how seriously complaints are taken and there are a small number compared to the number of patients seen. Mr Luckas agreed and suggested that seeing the rates rather than the numbers would be useful and it is very difficult to identify themes given the low numbers.</p> <p>Resolved: The quality, safety and patient experience report was noted.</p>
BoD19/10/10.2	<p>Nursing & Midwifery Staffing Comprehensive Report</p> <p>19/10/10.2.1 Mrs Tunney advised that this item has been withdrawn and will be re-tabled next month. Mr Sumner advised that while the narrative is correct some of the numbers are wrong and as there is no urgency it will be reviewed and represented. Mr Sumner noted that in the report there is a recommendation that the required investments in three wards to take them up to the required 1:8 ratio will be progressed immediately for the rest of the year. A long term solution will be brought back to the Board for future discussion.</p> <p>ACTION: Nursing & Midwifery Staffing Comprehensive Report to be added to the November Board agenda (Mrs Dowson)</p>

	Resolved: The report and recommendations were noted.
BoD19/10/11 BoD19/10/11.1 19/10/11.1.1	SAFE Draft Quality Governance Committee (QGC) – 9 September 2019 Ms Massey presented the minutes of the most recent meeting noting that there are five items for escalation to the Board. One of these is the Acute Care Team business case which is on the agenda for today's meeting. There are four further items for verbal escalation which are to note that QGC: <ul style="list-style-type: none"> Received the GIRFT in Dermatology, which highlighted the high workload related to suspected cancer and the two week response rate which is excellent. A good action plan is in development Received the Organ Donation report, number are very small with only one this year, this report provides the assurance that the Trust is following the correct policies and procedures and meeting metrics Received the CQUIN quarter 1 report update, actions are in place to address results where appropriate Received a report on complaints relating to the theme of compassion. This is an excellent deep dive by Mrs Tunney and the team in relation to the Governor enquiry about complaints where compassion has been a theme.
19/10/11.1.2	Ms Massey observed that the overall analysis has shown that 10% of complaints in Q3 and 4 were relating to communication. However, what is clear is the number of staff members who go out of their way to treat all patients with dignity and respect. Mrs Tunney advised that the next step is to look more closely at the causes for that 10%. <p>Resolved: The Board noted the items escalated by QGC and the report of the committee.</p>
BoD19/10/11.2 19/10/11.2.1	Serious Untoward Incidents (SUI) and RIDDOR Events Mr Luckas advised that there were three SUI to report which were: <ul style="list-style-type: none"> an in-patient fall resulting in a fractured neck of femur which was successfully treated a delay in treatment for recurrent disease in a patient under surveillance for the treatment of bowel cancer a delay in the diagnosis of thyroid cancer, the treatment is likely to be successful
19/10/11.2.2	A full RCA will take place for each incident, to identify any lessons to be learnt. <p>Mr Luckas advised that there was one RIDDOR reportable event.</p> <p>Resolved: The Board noted the report of SUIs and RIDDOR events.</p>
BoD19/10/12 BoD19/10/12.1 19/10/12.1.1	RESPONSIVE Performance Report Mr Oliver presented the performance report which uses data from August 2019. Mr Oliver advised that four of the five NHSI Single Oversight Framework performance indicators were met. Mr Oliver reported that the diagnostics 6 week waiting time has improved again to 3.05% against a target of 1% as part of the recovery following the failure of the imaging server upgrade and it will be within target by September.
19/10/12.1.2	Mr Oliver reported that the 4-hour transit time performance continues to be a challenge and had deteriorated slightly compared to the previous month to 78.03% against the 95% performance standard. However, this is against a background of 15% more

	<p>attendances to the department than in August 2018 and a 9% increase in type 1 attendances since start of the year. Mr Oliver noted a recent improvement in the conversion rate to admission, however the additional 595 patients admitted since April equates to the use of 12-14 additional beds. Mr Oliver advised that an action plan has been reviewed by TAP and PAF recently and there are fortnightly calls with regulators and the Clinical Commissioning Group (CCG).</p>
19/10/12.1.3	<p>Mr Sumner observed that the sustained increase in attendances is an area that is concerning the Executives, however during the mock CQC inspection the message from staff was that there are often staff available but nowhere to see patients as no cubicles are available which confirms the correct decision to extend the unit. Mr Oliver added that staff had also commented that things were better now that the additional HCAs are in place. Mr Church asked if patients can be processed faster and what will then be the impact on bed availability. Mr Oliver replied that this is the third highest reason for breaching although historically and among peers it is the top reason.</p>
19/10/12.1.4	<p>Mr Sumner noted that the Delayed Transfer of Care (DTOC) patients have the biggest impact on bed occupancy. Mr Oliver advised that since June the Trust has failed to meet its target for the number of DTOC patients. There are now issues with capacity as the local authority is re-tendering its domiciliary care contracts. The fire at the Beechmere residential home has also had an impact on general availability in the system. The CCG have funded a report by Venn Consulting to review capacity and demand based on patients need and actual realisation. Further work is being undertaken with Venn Consulting to understand how further investment in the community would impact DTOC patients. Mr Sumner observed that the whole system has shifted, demand has increased and social care spending has increased by £1.5m in the last five months</p>
19/10/12.1.5	<p>The Chairman commented that it is a complex equation and it is important to understand why front door demand is rising. Healthwatch Cheshire is coming in to do a review on why people are presenting to ED. Streaming is key when there is a ringfenced financial envelope and little opportunity to invest. Mr Oliver confirmed that the winter investment has been reworked to allow for GP led services later into the evenings and at weekends and the additional build of the ED. This was approved by the A&E delivery Board which Mr Sumner is now Chair of. Mr Sumner noted that his first action had been to request metrics from the system which impact on A&E i.e. the performance of social care and the management of the care home market.</p>
19/10/12.1.6	<p>Mr Favager presented the summary of financial performance for the Trust to August 2019 which has been reviewed by PAF. The headlines for month five performance are that the:</p> <ul style="list-style-type: none"> • Trust is £92k behind plan for achievement of the Control Total (CT). • CCICP is underspent which is offsetting the fact the rest of Mid Cheshire is overspent by £233k • Use of Resource Rating is 3 in line with the plan • There was an overspend of £187k in Month 5 (August), this reflects concerns highlighted in previous months in regard to the underspend in CCICP concealing the run rate in the acute Trust with this month the underspend within CCICP reducing • The block contract income is broadly balanced, taking account of the underperformance on CQUINs where an additional £500k was received • Associate contracts continue to underperform against budget and are £823k short on target indicating a potential £2m shortfall by year end.
19/10/12.1.7	<p>Mr Favager advised that spend on pay is better than plan by £27k although this is predominantly due to CCICP underspend. There has been an impact of £75k of unfunded staffing costs this month which can be linked to the closure of Ward 19 and</p>

	<p>which are mostly agency costs which impact on the Agency Cap metric. Mr Favager suggested that the Board need to be clear if it is the planning that needs refining or making sure the organisation sticks to the plans developed around escalation beds.</p>
19/10/12.1.8	<p>Mr Favager reported that the cost of delivering activity where there are medical vacancies is at a premium cost whether this is through outsourcing for the areas such as Radiology or insourcing using companies such as SHS for Rheumatology. This is not a financially sustainable model for the Trust in the medium term. Work is currently being undertaken to establish the premium costs within each specialty. The Chairman asked if it is possible that this can change given the national shortage of certain medical specialities. Mr Favager replied that if this is the case then these areas need to be budgeted for in a different way to reflect the costs that are likely to be incurred.</p>
19/10/12.1.9	<p>Mr Favager advised that nursing pay continues to be a significant pressure with expenditure rising by 6% from the first five months of 2018/19. The Board has approved investments in nursing as part of the financial plan but until these nurses are in place there is a significant increase in the use of agency spend to fill these gaps. It is hoped this pressure will ease given the success in recruiting nurses from overseas. Overspend on non-pay spend is predominately due to outsourcing costs, which is in part offset by medical vacancies.</p>
19/10/12.1.10	<p>Mr Favager advised that the Cost Improvement Programme (CIP) is behind plan and whilst the non-delivery to date is being managed there are some higher risk schemes which are profiled to start in the second half of the financial year. PAF have reviewed the programme in some detail and the Trust needs to review how it identifies, delivers and monitors CIP for future years. Mr Favager advised that the Division of Medicine and Emergency Care (DMEC) is the most challenged for spending and has delivered the least of the CIP plans. Mr Favager advised that the Trust is exceeding the Agency Cap ceiling which means achieving the £5.7m target end of year target will be extremely challenging.</p>
19/10/12.1.11	<p>Mr Favager noted that there are no concerns in regard to the capital programme and variations are due to changes in the phasing of schemes.</p>
19/10/12.1.12	<p>Mr Favager summarised that the Trust is slightly behind plan after five months and there are some material variances within this position. PAF will continue to scrutinise the forecast outturn position on behalf of the Board. The final messages for the Board are:</p> <ul style="list-style-type: none"> • CCICP continues to cross subsidise the acute trust with the danger being, as happened in month 5, any reduction in the underspend will impact on the overall MCHFT financial position. • Delivery of services and core activity is showing an increasing dependency on premium costs and consideration needs to be made on how this is budgeted in the future • Going forward CIPs will predominantly need to be more focused on cost reduction instead of income generation. • The Trust needs to consider its processes and mechanisms for delivering CIPs going forward.
19/10/12.1.13	<p>Mr Favager reminded the Board that within the 2019/20 Financial Plan there was an assumption around the Capital Programme that approval would be given for a new loan application of £4.4m. This was applied for in 2018/19 and is for Ward Refurbishment, SSD Washers, Backlog Maintenance and Building work for Endoscopy washers. The Trust has now had received notification that this loan application has been approved and most of the loan will be drawn down in 2019/20, with £280K being drawn down in 2020/21. Mr Favager advised that these terms and conditions are the</p>

19/10/12.1.14	<p>same as previous loans taken out and there are no additional or onerous conditions.</p> <p>Mr Favager asked that the Board approve the delegation of authority for Mr Favager as Interim Director of Finance to draw down the capital financing loan to be drawn down.</p> <p>The Board agreed:</p> <p>(A) approval of the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;</p> <p>(B) that it has authorised a specified person or persons to execute the Finance Documents to which it is a party on its behalf; and</p> <p>(C) authorise a specified person or persons, on its behalf, to sign and/or despatch all documents and notices (including, if relevant, any Utilisation Request and) to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party.</p> <p>(D) Confirming the Borrower's undertaking to comply with the Additional Terms and Conditions.</p> <p>Resolved: The Board approved the delegation of authority to Mr Favager to draw down the capital loan.</p> <p>Resolved: The Board noted the Performance Report.</p>
<p>BoD19/10/12.2 19/10/12.2.1</p>	<p>Draft Performance and Finance (PAF) Committee notes</p> <p>Mr Davis presented the notes of the meeting of 26 September 2019 and noted the following items were discussed and are escalated to the Board for information:</p> <ul style="list-style-type: none"> • Non-achievement of the 4-hour transit time • Non-achievement of the diagnostic target which is expected to be back on track by September • All three headline cancer standards and 18 week RTT were achieved. The 62-day referral from cancer screening is likely to fail quarter 2 and a report on the underlying causes was reviewed. The committee were assured by the actions being undertaken and the Board are reminded of the very small numbers in this programme whereby one fail can cause a breach • Received a presentation on the drivers of the 4-hour target performance and an action plan and was reassured by the planned short term actions, the additional staff already approved and the extension, although it should be noted that this is only a temporary fix to deal with unprecedented demand which is a system problem • Received a presentation on the Model Hospital and its links to the CQC Use of Resources assessment and comparative performance data which will usefully inform the upcoming assessment • Received an in depth review of divisional financial performance, noted concerns raised and an increase in the reliance on agency and outsourcing to deliver core business due to increased demand, which is not sustainable • High level discussion on the draft 5-year finance plan and development of the system plan correlated with the Cheshire system financial recovery plan. Work on this is urgent as the underlying deficit is bigger than expected, a plan is due for submission at the end of October <p>Resolved: The Board accepted the report of PAF and the items escalated to the Board for information.</p>
BoD19/10/12.3	Legal Advice

19/10/12.3.1	Mr Sumner advised that there had been no new legal advice taken in the month apart from a minimal amount of additional advice in regard to the potential acquisition of SCPH.
BoD19/10/12.4 19/10/12.4.11	DMEC Operational Management and Matron Restructure Business Case Mr Oliver introduced the business case for a restructure and investment in operational and nursing leadership within DMEC following a service review led by Mrs Zoe Harris, Divisional General Manager of DMEC. Mrs Harris advised that it is clear after 18 months in the post that the division is struggling with workload and this review has identified the key pressure points that have emerged since the last review several years ago. Mrs Harris noted that there was also a need to put succession plans into place and develop people within the division and to create resilience in the workforce.
19/10/12.4.2	Mrs Harris outlined the business case and proposed changes which will align service manager and matrons and meet the national guidance for having a full time matron for critical care. Mrs Barnett added that this case aligns with discussions in Transformation and People Committee (TAP) in regard to talent succession, recruitment and retention. Mr Church commented that it is a well-made case and asked if the investment is in current financial plans and Mr Favager confirmed that the money for this investment is included in the current financial plan. Resolved: The Board approved the business case.
BoD19/10/12.5 19/10/12.5.1	Acute Care Team Business Case Mr Luckas presented a business case to develop the current Critical Care Outreach Service team into a 24/7 Acute Care Team. The new team would be a skilled advance care practitioner led team which can operate through the trust, reviewing and providing initial management to patients whose condition deteriorates quickly. This team will bridge the current gap which is particularly apparent at night and relieve reliance on doctors. Ms Butcher asked if there will be any displacement of the existing team and Mrs Harris confirmed that a management of change will take place which will work the current team into a new extended team.
19/10/12.5.2	Mr Luckas confirmed that £136k of the cost is already in the plan for 2019/20 as is £184k of the £328k required for 2020/21. The recurring costs for subsequent years will be £363k. Mr Favager noted that this is why the Trust requires a five year plan and to review how it approves things. Pre-commitments for next year are already significant. Mr Sumner advised that QGC have already reviewed and recommended this for approval as a 24/7 team is needed and therefore it would be difficult not to approve it even though it will put the pressure on next year's finances. Mr Church observed that in order to afford these new investments it is even more important to be attentive to CIPs and to achieve them. Resolved: The Board approved the business case.
BoD19/10/13 BoD19/10/13.1 19/10/13.1.1	WELL-LED Visits of Accreditation, Inspection or Investigation Mr Sumner noted that there had been no visits. Resolved: The Board noted the visits reported.
BoD19/10/13.2 19/10/13.2.1	Draft Audit Committee from the meeting held on 9 September 2019 Mr Philpott reported on the recent meeting of the Audit Committee noting the following points for escalation to the Board for information: <ul style="list-style-type: none"> • A development session took place in relation to the NHS audit and assurance landscape

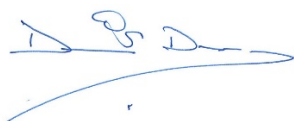
	<p>Resolved: The Board agreed that the statement of compliance should be submitted stating that an annual organisational audit has been completed.</p>
<p>BoD19/10/13.5 19/10/13.5.1</p>	<p>EU Exit Update Report Mrs Barnett presented the actions being taken by the Trust to prepare for the EU Exit on 31 October 2019. The Trust, together with the CCG and other local bodies, have been formally responding to the readiness assessment checklist from NHSE since January 2019. The Trust has self-assessed its readiness as fully compliant against a number of areas including operational readiness, supply of medicines and supplies, clinical trials, data, reciprocal health care and links to home care. The Trust have also been meeting regularly with the CCG to ensure readiness.</p>
19/10/13.5.2	<p>Mrs Barnett advised that Sitrep reporting will commence on 21 Oct and this may become daily and linked to winter plans. The Chairman noted that the Trust is doing all it can to comply and be ready. There was a question at the Annual Member's Meeting about the Trust's preparedness and as stated then, there are no gaps that the Trust is aware of. Mr Philpott thanked Mrs Barnett for the assurance that the Trust is well prepared whatever the outcome and emphasised the importance of this message getting to patients. Mrs Barnett agreed that it is essential that front line staff understand the plans in place so that they can reassure patients and this will be done through the Chief Executive's briefing and a variety of other communication methods.</p>
19/10/13.5.3	<p>Mr Sumner noted that one of the case studies today outlines the importance of holding on to medicines in Pharmacy in case of a no deal EU Exit which reflects the thinking 6-8 weeks ago; since then there has been a strong message from regulators that stocks must not be kept artificially high. Mr Church noted that patients are already experiencing some supply issues for example with the flu vaccine which is being wrongly linked to EU Exit. The Chairman noted that NHS Providers will be speaking on behalf of all providers on any enquiries and questions.</p> <p>Resolved: The Board noted the update provided.</p>
<p>BoD19/10/13.6 19/10/13.6.1</p>	<p>Replacement of Pharmacy Automation System Business Case The Chairman advised that this case was to provide a replacement automatic dispensing system (ADS) for Pharmacy as it has now reached the end of its working life. Mr Oliver noted that the current capacity is fully used. The business case preferred option is for £200k capital which is in the 2019/20 plan plus £77k of recurring revenue funding. However, there is a potential £400k non-recurrent saving by taking the stock levels down from 30 days to 15 days which will be possible with the new system in place.</p>
19/10/13.6.2	<p>Mr Ritchings outlined the reasons and options for replacement of the ADS and for the electronic pharmacy cabinet (ED robot) and explained that option 3 had been recommended as the preferred option. This will enable improved workflows while minimising the down time for the system. Mr Ritchings explained that all options include the same revenue costs but the level of capital required differs. The £77k is due to £59k of lease pressure as the cost of the robot has increased and £18k annual maintenance costs.</p>
19/10/13.6.3	<p>Option 3 has the least down time as the replacement system will be constructed in the room next door and therefore there will only be 2-4 weeks when a manual system will need to be used. A complete redesign would allow a more efficient solution but would require a £2.5m capital investment and several months of downtime. Mr Oliver noted that the down time for the ED robot has been factored into ED refurbishment so there would be a day of down time at most. Mr Ritchings noted that the original ED robot was leased through ED as it was not considered to require intensive pharmacy support however it does require a significant level of pharmacy attention and therefore is being</p>

19/10/13.6.4	<p>brought into the Pharmacy contract. Mr Ritchings commented on the positive benefit of having this in ED, its readiness for the EPR and the aspiration to have more of these in other areas of the hospital to speed up dispensing.</p> <p>Ms Butcher commented that this is a compelling case and having visited the Pharmacy on a patient safety walkround and having heard staff views it is clear that this is a considered case that reflects the informed view of staff. Mr Favager commented that the CIP of £400k proposed would not be achieved until the replacement systems were in place which will be in 2020/21. Therefore the £77k contributes to a recurring amount of pre-commitments that is adding up and asked if some benefit from reducing stock can be found this year. Mr Ritchings advised that the project has a 6-9 month duration and the ED expansion work has pushed deadlines back slightly therefore likely completion is July 2020 at which point stock can be reduced.</p> <p>Resolved: The Board approved option 3 of the business case.</p>
BoD19/10/13.7 19/10/13.7.1 19/10/13.7.2 19/10/13.7.3 19/10/13.7.4	<p>Cheshire East and Cheshire West Place Five Year Plans</p> <p>Mrs Frodsham presented the final draft five year plans for Cheshire East Place (CEP) and Cheshire West Place (CWP) noting that draft versions had been sent round to the Board previously when the plans were going out to consultation. There have been a number of events seeking the views of the public and partners supported by Healthwatch Cheshire. There were some comments that the plans were too local authority orientated and changes have been made; the plans are backed up by NHS technical data documents which have also been circulated to the Board.</p> <p>Mrs Frodsham advised that further comments were around the need to recognise the diversity of the population in order to address the needs of the population holistically as well as the differing requirements that different areas have. The action plan will contain more detail on this. Mrs Frodsham noted that in terms of the Trust Strategy closer working with primary and community care to encourage more self-care will be key. Mrs Frodsham advised that the Cheshire West Place plan has converged with the Cheshire West and Chester Health and Wellbeing Plan and there is a plan to do the same in Cheshire East.</p> <p>Mr Brocklebank commented that this is a good step to an integrated approach but there is a minimal mention of care providers despite there being approximately 19,000 staff working in private care in across Cheshire and a stated shortfall of about 2,000. These are people working at minimum wage with high turnover even though continuity is so important in care. Mrs Frodsham replied that she would pass this comment on and there had been representatives from this sector at some events that she had attended. Mrs Frodsham agreed that a system workforce strategy, needs to be agreed as the pressure is recognised. There is an intention to have more joint integrated commissioning and bring in different thoughts and proposals. Mr Sumner agreed that homecare is the foundation of the system and this needs to be right. How to create transformation without any investment is challenging but fundamental.</p> <p>Mr Church asked what the next step for the plan is. Mrs Frodsham replied that the technical appendices are being ratified before being submitted to the Health & Care Partnership for Cheshire & Merseyside. The next step is work through action plans for each area. Mr Philpott asked what the key risks for delivery are apart from the lack of money for transformational work; what are the mechanisms for dealing with the risks. Ms Frodsham noted that risk logs are being developed. Mr Sumner replied that workforce is a major risk and Ms Butcher suggested that the lack of financial investment or strategy for adult social care is another. Mr Sumner commented that more open debate is needed on this issue to encourage innovation in social care. Mr Brocklebank noted that innovation in social care tends to be private sector led. Mr Church observed that this plan reads like a public health report with lots of ambition</p>

19/10/13.7.5	<p>but no substance as to how it is delivered. The Chairman commented that while it is good that the two plans have come together it would have been better if they had started with the same objectives.</p> <p>Mrs Frodsham asked the Board to endorse both reports noting that they remain a work in progress.</p> <p>Resolved: The Board agreed to endorse both plans.</p>
<p>BoD19/10/14 BoD19/10/14.1 19/10/14.1.1</p> <p>19/10/14.1.2</p> <p>19/10/14.1.3</p>	<p>EFFECTIVE Workforce Report</p> <p>Mrs Barnett presented the Workforce Report using data from August 2019. Mrs Barnett reported that the rolling 12 month sickness absence had again increased slightly in month and remains as amber, however following recent discussions at the Board Away Day this metric is going to be reviewed. Mrs Barnett advised that in month sickness had improved slightly overall with four divisions improving in month. TAP monitors this on a monthly basis and will focus on a particular cause of sickness absence in a certain area. Mrs Barnett noted that the metric for uptake of the flu jab will be reported to the Board from December against the new target of 80%.</p> <p>Mrs Barnett reported that there was a 3.28% improvement in appraisal rates across the Trust. DMEC have improved across all metrics which is notable given how challenged they are. Mrs Barnett advised that mandatory training compliance has increased by 0.93% which was reflected across all divisions. Following a review of mandatory training and the removal of some units for non-patient facing staff the figures are likely to improve again. This is an important metric for CQC submission.</p> <p>Mrs Barnett advised that staff turnover remains below target and has improved in month. Mrs Barnett said that a low staff turnover is not always the right thing for areas that want turnover and movement. Mr Sumner observed that reviewing exit interview type data is more useful at times than the turnover figure. Short term retention remains an area of focus and can be a useful indicator of how well the Trust is looking after staff. Mrs Barnett added that the Trust has undertaken interviews with staff about why they stay as well which has been insightful. Mr Sumner noted that a new health and wellbeing offer to staff is being developed to retain staff as losing and recruiting new staff reduced productivity.</p> <p>Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p>BoD19/10/14.2 19/10/14.2.1</p>	<p>Transformation and People Committee (TAP) – 5 September 2019</p> <p>Ms Butcher presented the notes of the meeting of TAP, noting that there are five items for verbal escalation some of which had been discussed further at the October meeting which had taken place last week:</p> <ul style="list-style-type: none"> • Discussion of the potential delay but also opportunity for the Digitally enabled clinical service programme with another Trust • Received the Communications Strategy and noted its ambition but issues of capacity and resource • Discussed the effectiveness of TAP and sub-groups and reviewed a working draft discussion document which may inform a review of the Terms of Reference • Discussed the 'stay' survey • Received the sickness absence report and a change of approach to sickness reporting using SPEC charts <p>Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.</p>

BoD19/09/14.3 19/09/14.3.1	Consultant Appointments Mr Luckas advised that no Consultant appointments have been made in month.
BoD19/08/15	Any Other Business There was no further business.
BoD19/08/16	Time, Date and Place of the next meeting Board of Directors Meeting to be held in Public on Monday 7 October 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.
The meeting closed at 12:32pm hours.	

Signed



Chairman

Date: 19/11/2019

Minutes of Board Meeting held in 'Private'
Monday 7 October 2019
In the Boardroom, Leighton Hospital, Crewe

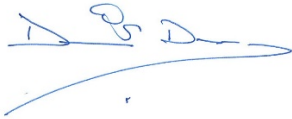
<p>Present Mr D Dunn Mrs H Barnett Mr T Brocklebank Ms L Butcher Mr J Church Mr M Davis Mr R Favager Mr M Luckas Ms L Massey Mr C Oliver Mr L Philpott Mr J Sumner Mrs J Tunney</p> <p>In Attendance Mrs D Frodsham Mrs K Dowson</p> <p>Apologies Dr K Birch</p>	<p>Chairman Director of Workforce and OD Non-Executive Director Non-Executive Director Deputy Chair Non-Executive Director Interim Director of Finance & 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</p> <p>Lead Governor</p>
BoD2/19/10/1	<p>Welcome and Apologies The Chairman welcomed Board members to Part II of the meeting and noted that all Board Members were present.</p>
<p>BoD2/19/10/2 2/19/10/2.1</p>	<p>Board Members Interests There were no interests declared in relation to open items on the agenda. Mr Brocklebank reminded the Board that he is the Chair of the United Kingdom Home Care Associate which may have an implication on the discussion in regard to South Cheshire Private Hospital (SCPH).</p>
<p>BoD2/19/10/3 2/19/10/3.1</p>	<p>Minutes of the Previous Meeting There were no amendments proposed.</p> <ul style="list-style-type: none"> 2/19/09/6.5.2 Mr Favager noted that the penultimate sentence should read 'that it is important not to establish <i>central</i> controls on budgets too early' <p>Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 3 September 2019.</p>
<p>BoD2/19/10/4 2/19/10/4.1</p>	<p>Matters Arising and Actions from Previous Meeting There were no matters arising in addition to those included on the agenda. It was noted that there were no outstanding actions to be reviewed.</p>
<p>BoD2/19/10/5.1 2/19/10/5.1</p>	<p>Effective Medical Staffing Update Mr Luckas advised that there was nothing to report.</p> <p>Resolved: The Board noted the update provided.</p>
<p>BoD2/19/10/6 BoD2/19/10/6.1</p>	<p>Well Led System Update</p>

2/19/10/6.1.1	Mr Sumner updated the Board on the most recent meetings of the Cheshire system which builds on the Cheshire System Regulator Response Paper on the agenda. The system met ahead of the next regulator meeting to finalise preparation and assess and bring challenge to provider performance against a number of key lines of enquiry.
2/19/10/6.1.2	Mr Sumner advised that an independent CEO for the Health & Care Partnership for Cheshire & Merseyside (HCP) is to be recruited who will be able to focus on the HCP. Ms Diane Whittingham has been appointed to support the interim CEO who will be Ms Sam Proffitt, the current Director of Finance for the partnership. Mr Sumner noted that he had met with Ms Whittingham last week and discussed the pan-Cheshire system.
2/19/10/6.1.3	Paragraph removed under Section 36 of the Freedom of Information Act. Resolved: The Board noted the system update.
BoD2/19/10/6.2 2/19/10/6.2.1	External Auditors Appointment Mr Philpott provided an update on the progress in appointing new External Auditors. The Trust has used Deloitte for a number of years and the contract is due for renewal. Sentence removed under Section 43 of the Freedom of Information Act. Following detailed submissions and presentations the panel decided to recommend that KPMG are appointed. KPMG presented well and showed a good understanding of the specification and were able to explain technical concepts in lay language. They also showed good understanding of the implication of the partnership with Central Cheshire Integrated Care Partnership (CCICP). The decision had been unanimous.
2/19/10/6.2.2	Mr Philpott advised that a recommendation will be made to the Council of Governors to appoint KPMG at the forthcoming meeting on 24 October and if agreed the contract will be awarded for the week commencing 28 October 2019. Resolved: The Board noted the update.
BoD2/19/10/6.3 2/19/10/6.3.1	EU Exit Mrs Barnett provided further detail about the plans for EU Exit and invited further questions about the preparations for the 31 October. Mrs Barnett noted that the main risk was not stock but warehousing capacity because of the run up to Christmas. Mrs Barnett warned that while supplies are not expected to be disrupted there may be some changes to delivery times and regularity and more flexibility may be required. Mrs Barnett advised that the supplies team are prepared. The main risk remains staff and patient anxiety and concern. There are about 120 EU staff working at the Trust and the settlement status of all of these is not known. Mrs Barnett noted the reassurance provided about medicine supply and the strict line from government against stockpiling. Mr Sumner noted the reference to this in the Pharmacy business case. Resolved: The Board noted the update.
BoD2/19/10/6.4 2/19/10/6.3.1	Cheshire System Regulator Response Mr Sumner presented the paper on the Cheshire system financial recovery plan which is due for submission. The Trust will be meeting with regulators next week to present the plan.

2/19/10/6.3.2	<p>Sentence removed under Section 36 of the Freedom of Information Act. The paper identifies key relationships, how to establish grip and control on the financial position, schemes to reduce waste, such as jointly working to reduce the time to recruit medical staff, and to eliminate unwarranted clinical variation.</p> <p>Mr Sumner advised that the Trust had received a letter from NHS Improvement (NHSI) last week to confirm the financial target for 2020/21. The numbers have changed and ask for an increase in requirements for the Trust which given the level of pre-commitment will be challenging. Further discussion will take place. The Chairman asked if other Trusts have had similar letters and Mr Favager replied that he was not aware of what other Trusts had received yet but these would be shared as part of the system wide working.</p> <p>Resolved: The Board noted the update.</p>
<p>BoD2/19/10/7 BoD2/19/10/7.1 2/19/10/7.1.1 2/19/10/7.1.2 2/19/10/7.1.3 2/19/10/7.1.4 2/19/10/7.1.5 2/19/10/7.1.6 2/19/10/7.1.7 2/19/10/7.1.8 2/19/10/7.1.9</p> <p>BoD2/19/10/7.2 2/19/10/7.2.1 2/19/10/7.2.2 2/19/10/7.2.3</p> <p>BoD2/19/10/7.3 2/19/10/7.3.1</p> <p>2/19/10/7.3.2</p>	<p>Any Other Business BMI South Cheshire Private Hospital (SCPH) Item removed under Section 43 of the Freedom of Information Act.</p> <p>The Chairman summarised that the Board is in agreement with the direction of travel outlined in the proposal and strongly supports the need to progress very quickly. Mr Sumner advised that he will update the Board in regard to the fire safety as soon as possible.</p> <p>Resolved: The Board agreed the proposal and the next steps to develop this into a full business case subject to discussions with BMI.</p> <p>Item removed under Section 40 of the Freedom of Information Act. Resolved: The Board noted the update on this issue.</p> <p>Executive Portfolios Mr Sumner advised, ahead of a paper going to RemCo, that the portfolios of Executive Directors have been reallocated and agreed with Executive colleagues. Mr Sumner advised that Mr Luckas will be taking Clinical Governance back which has traditionally been part of the Medical Directors portfolio. This includes patient safety. Mrs Tunney will continue to lead on infection prevention and control and the Quality agenda.</p> <p>Mr Sumner noted that Estates and Finance will be staying with Mr Favager on a permanent basis. Information Technology and Management will be managed by Mr Sumner as part of the digital agenda. Mr Sumner advised that Mrs Amy Freeman will take on an expanded role as Chief Information Officer and as part of this she will attend Board meetings as a regular non-voting member of the Board. Mrs Freeman will take on Information Governance, Clinical Coding and the Business Intelligence Unit as part of her new role which will ensure the Trust is prepared for the introduction of EPR.</p>

2/19/10/7.3.3	Mr Sumner reported that the Freedom to Speak up Guardian role is to be moved to a clinical staff member. It is unusual for this role to be taken on by an Executive as it should be seen as someone independent from the Executive. It is important that the good work already done is built on. The Chairman observed that the Non-Executive Director (NED) used to have portfolio leads and this might be an area to be discussed again.
BoD2/19/10/7.4 2/19/10/7.3.1	System Savings Mr Brocklebank shared his experience of working in Scotland where the top 1% of high cost patients were subject to review which delivered huge financial savings and asked if the same approach would work locally. Mr Oliver replied that the focus on long length of stay patients is for the same reason, this cohort is being discussed at Contract Review Board. Ms Butcher advised that something similar had been done between the CCG and Cheshire East Council to understand which patients were having the greatest impact in the system.
2/19/10/7.3.2	Mr Sumner agreed that this cohort are the focus for readmission avoidance as discussed at the Board Away Day. Mrs Frodsham observed that it was one of the initiatives primary care has taken on, high intensity users are subject to a multi-disciplinary team approach. CCICP is continuing to develop services to meet some of this need for example the stoma service and now working on patients with catheters. Mr Sumner agreed that a more developed community service will help although it is potentially uncovering more unmet need which is leading to more overall demand in the system. Resolved: The Board noted the items of any other business.
BoD2/19/10/8 2/19/10/8.1	Review of the Board meeting Ms Massey reviewed the meeting noting it had been a substantial agenda which has evidenced the level of transition at the Trust, the way it conducts business and the way work flows through the organisation. Ms Massey welcomed the intention to review the data and information that comes to Board. Ms Massey commented on the positive stories from the patient story and the national awards.
2/19/10/8.2	Ms Massey noted that the three business cases were well presented and had compelling arguments throughout. Ms Massey reflected on the high level of appreciation and respect shown to each other in the Board and to other colleagues and the high level of transparency with which the Board does business which bodes well for the well led review. The Trust is not holding individuals to account, there is a system focus.
BoD2/19/10/9	Time, Date and Place of the next meeting The Board of Directors Meeting is to be held in Private on Monday 4 November 2019 in the Boardroom, Leighton Hospital following the Board meeting held in Public. The meeting closed at 2:14 pm.

Signed

A handwritten signature in blue ink, appearing to be 'I. S. D.', written over a horizontal line.

Chairman

Date: 19/11/2019