

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 4 November 2019
at 9.30am in the Boardroom, Leighton Hospital, Crewe

<p>Present</p> <p>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 Non-Executive Director Mr J Sumner Chief Executive Mr C Oliver Chief Operating Officer Mrs J Tunney Director of Nursing and Quality</p> <p>In attendance</p> <p>Mrs D Frodsham Director of Strategic Partnerships Mrs A Freeman Chief Information Officer Mrs K Dowson Trust Board Secretary Ms C Warner Information Governance Midwife and Divisional Quality Lead <i>(to item 19/11/2 only)</i></p> <p>Observing</p> <p>Mrs B Beadle Public Governor (Crewe & Nantwich) Mrs E Elander Member of the Public</p> <p>Apologies</p> <p>Dr K Birch Lead Governor</p>	
<p>BoD19/11/1 19/11/1.1</p>	<p>Welcome, Introduction and Apologies</p> <p>The Chairman welcomed all those present to the meeting, in particular Mrs Freeman who is attending her first meeting of the Board and will now be a regular attendee. The Chairman reminded observers that he and the Chief Executive would be available at the end of the meeting to answer any questions.</p>
<p>BoD19/11/2 19/11/2.1</p> <p>19/11/2.2</p> <p>19/11/2.3</p>	<p>Patient Story</p> <p>Mrs Tunney introduced the patient story which was in regard to a mother's birth and post-natal care experience at Leighton Hospital. The patient attended for a successful vaginal birth for her second child following a previous caesarean section. The patient talked about the care and compassion shown by staff towards her throughout her time at hospital and afterwards with support for breast feeding.</p> <p>The Chairman asked how the handover between acute care and community works. Mrs Warner replied that there is single patient electronic record so that midwives can see the record at all stages. Community midwives get a handover through the discharge book. Mr Oliver mentioned that previously when One to One were in operation, they were very good at marketing and asked if this story could be used to promote the Trust's services. Mrs Tunney said that there is a portal called 'voices' which can be used for positive messages. Mrs Warner confirmed that if the Maternity Voices group were happy it could be uploaded in small sections to the Facebook page.</p> <p>Ms Butcher commented that mothers are sent home very quickly now and it would</p>

<p>19/11/2.4</p> <p>19/11/2.4</p>	<p>be worth some messaging to emphasise the positive community support in place for new mothers at home. Mrs Warner agreed and listed some of the many ways that new mothers can access the support of professionals. The Chairman asked Mrs Warner what the impact of the closure of One to One Midwives had been on the service. Mrs Warner reflected that initially the impact had been significant with 200 ladies to reappoint but this has since settled down. The home birth rate is going up as a consequence as many of the low risk births previously went to One to One. A new continuity team has started to today to improve continuity of staff for home births and for those who have suffered a previous loss which is a package more akin to One to One's offer.</p> <p>The Chairman asked if staffing numbers have also increased and Mrs Warner said that there are more midwives on the bank now. The Birthrate Plus assessment has been repeated recently and those results are expected shortly. The Chairman commented on the different experiences for the mother over the two births. Mrs Warner commented that both had been difficult in their own way but the patient was still happy because of the support provided. Ms Butcher commented that it was clear that the patient felt very informed and was therefore able to process and understand her experience. Mr Brocklebank commented that it was his personal experience through friends and support groups that the Leighton unit had a very good reputation for looking after patients.</p> <p>The Chairman thanked Mrs Warner and her team for the terrific work they do. Resolved: The Board noted the story presented.</p>
<p>BoD19/11/3</p> <p>19/11/3.1</p> <p>19/11/3.2</p>	<p>Board Members' Interests</p> <p>There were no declarations of changes in interests of Board Members.</p> <p>There were no interests declared in relation to open items on the agenda. The Chairman advised that while an extension to his term of office would be discussed it was a report of a decision made elsewhere when he had not been present.</p>
<p>BoD19/11/4 BoD19/11/4.1</p> <p>19/11/4.1.1</p>	<p>Minutes of the Previous Meeting Board of Directors meeting held on 4 November 2019</p> <p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> • 19/10/2.3 Mr Luckas advised of a missing 'that' and a typo • 19/10/9.3.2 Mr Oliver advised that award was misspelt • 19/11/10.1.2 Mr Luckas advised that the second sentence should end '...and <i>mitigating</i> actions are already in place'. • 19/11/10.1.2 Mr Luckas asked that the last sentence was changed so that 'were put into place for the staff member' was replaced with ...'were put into place to prevent recurrence'. • 19/11/10.1.6 Mrs Tunney advised that the nurses will be supernumerary in six months not <i>for</i> 6 months • 19/11/10.1.8 Mr Luckas asked that the following text is used to clarify the meaning of the third sentence 'Mr Luckas confirmed that there is a check on our software ordering system for ensuring results come back but as the referral was not made using this software, the mistake was down to human error. • 19/11/10.1.9 Mr David should be Mr Davis • 19/11/10.1.10 Mrs Tunney noted that the number of complaints that had increased was only formal and <i>not</i> informal • 19/10/10.1.12 Ms Massey asked that the number of complaints were noted as referring to <i>communication</i> rather than <i>compassion</i>

	<ul style="list-style-type: none"> • 19/10/12.1.4 Mr Oliver noted the sentence starting ‘The CCG have always funded point of care need’ should be changed to ‘The CCG have funded a report by Venn Consulting to review capacity and demand based on patients need and actual realisation.’ • 19/10/13.2.2 Mr Philpott asked that the ‘the degree of frankness, honesty and openness on the part of Trust managers’ should be changed to ‘a culture of openness and transparency’ • 19/10/13.3.1 Mr Davis suggested that ‘planning for estates strategy’ is replaced with ‘buildings’ • 19/10/13.5.2 Mrs Barnett noted that her title was Mrs not Mr • 19/10/13.6.4 Ms Butcher suggested that the phrase ‘reflects staff preferences.’ Is changed to ‘the informed view of staff.’ • 19/10/13.7.3 Mr Brocklebank noted that the shortfall of staff of 2,000 refers to the whole of Cheshire not just Cheshire East. If the sentence then refers to Cheshire as a whole the first figure should be 19,000. • 19/10/14.1.1 Mrs Barnett noted that the metric for flu uptake is not new, only the target of 80%, therefore ‘new’ should be removed and the sentence reworded to be clear and to note that this will be reported from December. <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>
BoD19/11/5 19/11/5.1	<p>Matters Arising and Action Log</p> <p>The Chairman noted that there the two 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>
BoD19/11/6	<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>
BoD19/11/7 BoD19/11/7.1 19/11/7.1.1	<p>Chairman’s Announcements</p> <p>NHS Providers Conference</p> <p>The Chairman reported that he had attended the NHS Providers Conference which had been very good with insightful sessions on quality improvement and digital transformation. The Chairman reminded the Board that all presentations are available online. Ms Butcher advised that she is attending the NHS Providers Network for Non-Executive Directors (NEDs) tomorrow in Leeds and the Chairman asked that this is reported back to the next meeting.</p>
BoD19/11/7.2 19/11/7.2.1	<p>Medical Director</p> <p>The Chairman was pleased to announce that following a thorough process Mr Luckas has been appointed as the Medical Director. The Chairman reflected on the ambition and aspiration for the Trust demonstrated by Mr Luckas as well as the skills and knowledge required for the post.</p>
BoD19/11/7.3 19/11/7.3.1	<p>Purdah</p> <p>The Chairman reminded the Board that following the announcement of a general election on 12 December 2019 the Trust will shortly be entering purdah. As a public body the Trust will need to follow the rules and conduct and Board members should ensure that they are familiar with the requirements to not influence the outcome of the election. Mrs Barnett can provide further information if required.</p>

<p>BoD19/11/8 BoD19/11/8.1 19/11/8.1.1</p>	<p>Governors Items Council of Governors The Chairman advised that Governors had met as Council, including three of the four new Governors. A proposal to extend the term of the Chair was put to Governors on the recommendation of Nominations and Remuneration Committee and was agreed. The Governors also received a presentation from Mrs Tunney and Ms Massey on the deep dive into complaints with themes of compassion. The Chairman described how this item, which started as a Governor enquiry, encapsulates the positive interaction between Governors and the Board. The Chairman reported that the Governors had also approved the appointment of KPMG as external auditors and discussed the potential acquisition of the South Cheshire Private Hospital (SCPH).</p>
<p>BoD19/11/9 BoD19/11/9.1 19/11/9.1.1</p> <p>19/11/9.1.2</p> <p>19/11/9.1.3</p> <p>19/11/9.1.4</p> <p>19/11/9.1.5</p> <p>19/11/9.1.6</p>	<p>Chief Executive's Report Emergency Department Mr Sumner presented his report, noting that this was the first time a written report has been sent out in advance and he will draw out a number of items rather than present the whole report. Mr Sumner advised that he and Executives had met with clinical staff to discuss the wait time in A&E and discuss some short-term support and solutions with the help of staff. Some good discussions followed on and Mr Luckas confirmed that consultants are speaking to junior staff about ways in which they can reduce pressure on the Emergency Department.</p> <p>Winter Pressures Mr Sumner advised that the winter plan which was well thought through and in place in good time is now in place although there had not been any summer reduction in demand. However, due to the increase in demand, all the winter beds are already in use so there needs to be discussions about whether further beds are needed. Local authorities are struggling to access domiciliary care packages quickly enough which is impacting on long length of stay patients. The A&E Delivery Board is developing additional measures to address the change in pressure and the Board will be kept informed. Mr Church asked if more money would solve the winter issue and Mr Sumner confirmed that it would not as capacity in care is the issue, and in some cases even if the local authority were able to pay a higher rate for care home places, those homes may still prefer to keep places being held open for private patients.</p> <p>Use of Resources (UoR) Assessment Mr Sumner advised that this will take place in two weeks' time on Thursday 14 November and the Trust is well prepared and is working to ensure divisional leads are also ready.</p> <p>International Nurse Recruitment Mr Sumner was pleased to note that the first 18 nurses had arrived with another 19 due in November. Mr Sumner commented that using the Apollo Buckingham Health Sciences campus in Crewe has worked very well so far as the facilities are good and they are being looked after very well with transport to the hospital being provided. Mr Sumner mentioned the support shown by Mrs Julie Mitchell, Head of Resourcing who has gone above and beyond to help the nurses settle in.</p> <p>NHSI/NHSE Planning Event Mr Sumner advised that he had attended this NHS Improvement (NHSI) and NHS England (NHSE) joint event to discuss the planning round for 2020/21. NHS performance for this year is not on track and the Trust is performing relatively well compared to peers. There was clarity on expectations for next year which reflect a real commitment to stick to the NHS Long Term Plan.</p> <p>Mr Philpott commented that the report was good although it would be helpful to have</p>

19/11/9.1.7	<p>an update on the strategic local and regional context in particular the Financial Recovery Plans and the ICP development. Mr Sumner agreed this would be a useful addition. Ms Massey welcomed the opportunity in the report to flag up staff who have gone the extra mile which reinforces the culture and spirit of the organisation</p> <p>Mr Brocklebank asked if the Trust is ready for the Care Quality Commission (CQC). Mr Sumner advised that preparations are taking place and a few things remain to be completed such as campaigns to be started, posters to be printed and distributed and guidance for staff to be circulated. Mr Sumner advised that he had been informed on Friday that the Well Led Inspection will take place on 10-12 December and the Board should be prepared for interviews then. A letter is expected which will outline who the CQC want to speak to. The timing of this indicates that an unannounced inspection is likely to be between 12 November and 9 December. Mr Sumner advised that he visited Elmhurst Intermediate Care centre last week and the manager there was a great example of staff being able to talk about their job well and provide assurance. The Chairman noted that this was the ask of Board members to be able to take about where the Trust is and what individuals have done. This is not a test, it is an opportunity for the Trust to demonstrate what it does and what it has achieved.</p> <p>Resolved: The Board noted the Chief Executive's report.</p>
<p>BoD19/11/10 BoD19/11/10.1 19/11/10.1.1</p> <p>19/11/10.1.2</p> <p>19/11/10.1.3</p> <p>19/11/10.1.4</p>	<p>CARING Quality, Safety and Experience Report</p> <p>Mrs Tunney presented the report based on data from September 2019. Mrs Tunney advised that she would be presenting the report based on exceptions to expected performance. Mrs Tunney noted that two of the three Serious Untoward Incidents (SUI) reported in October have been subject to an Executive-led Root Cause Analysis (RCA) and actions have been put in place in response to the third one while a request to downgrade it from a SUI has been made to commissioners</p> <p>Mrs Tunney advised that the CDifficile chart been changed in response to Board comments and now shows the total versus the trajectory and the number of avoidable cases. Mrs Tunney reported that MSSA cases are now above the number of cases for 2018/19 and the number of E-Coli cases are also above previous figures. Mrs Tunney outlined the proposed actions to take to understand why there has been an increase and Mrs Frodsham described the work taking place within Central Cheshire Integrated Care Partnership (CCICP) to prevent patients with E-Coli needing admission by looking at the risk stratification for the frail and identifying these patients earlier. Mrs Tunney noted that this ties in with the launch of the National Catheter Passport</p> <p>Mr Sumner reminded the Board that the reporting of all these metrics is going to be reviewed and this may be the first to look at as within the MSSA metric one data point in May is disproportionally affecting the whole year which may be misleading. The data needs to be compared to the increase in the number of patients being seen as with attendance of circa 10% the rate of infection may even be lower than previously or there could be evidence of an escalation which needs to be addressed. It is important to understand whether there really is an issue before a deep dive commences.</p> <p>Mrs Tunney advised that in eight wards the safe staffing Registered Nurse (RN) fill rate fell below the 85% fill rate. During the day this was mitigated by the use of additional roles and this is reviewed every 12 hours. At night time a higher number of Healthcare Assistants were used on a temporary basis while recruitment to vacancies takes place. At no time was any ward left with an unsafe staffing level. Mrs Tunney commented that the 37 new international nurses who will all be here by the</p>

	<p>end of November have been warmly welcomed and are being looked after well. They will be part of the staffing numbers after six months and they will be on wards before that. Other recruitment methods for nursing are continuing as well as work to reduce sickness and build on retention.</p>
19/11/10.1.5	<p>Mr Philpott asked if this table, which has a lot of information, could be presented in a more accessible way to identify the pinch points. Mrs Tunney acknowledged it is a sea of figures but it is a mandated table. The Chairman agreed that this table needs to stay and the interpretation is supported by the narrative always given by the Director of Nursing. Mr Sumner agreed that the table mainly reflects the ability of the Trust to utilise premium staff to ensure safe staffing levels. A table showing the current vacancy rate, its direction and retention rates together with a narrative about actions being taken would be more helpful to give a true picture of the nursing position and provide greater assurance. Mr Sumner noted that for a nurse on a ward the key question is when are the vacancies there going to be filled. Mr Church added that on patient safety walkrounds the main issue for staff is always workforce.</p>
19/11/10.1.6	<p>Mrs Tunney presented the patient experience report noting that complaints have risen again in September and on the SPC chart this is a seven concurrent point increase. Work is taking place to identify the cause; a review of all Division of Medicine and Emergency Care (DMEC) complaints over two years is taking place and the results will be reported to December Board. The three main areas cited in September complaints are the Emergency Department, Urology and General Surgery and are a mix of reasons including waits to be seen, administration and treatment delays. Themes remain the same as previous months although Mrs Tunney noted that complaints relating to the attitude of staff have been lower over the last two months.</p>
19/11/10.1.7	<p>Mr Luckas observed that the growth in activity in a highly pressured system is likely to lead to an increase in complaints and it would be useful to understand whether the rate of complaint per patient contact is increasing. Mr Philpott agreed that this would be helpful and noted that the Trust deals with complaints seriously and properly and generally maintains good relations with complainants. Mr Sumner agreed that while it is important to manage complaints well, they are not the best source of learning, incidents are more important and the Trust needs to get quicker at responding in real time to fix issues so they don't become complaints. Many people don't complain but this does not mean they are necessarily happy with the service. Mr Luckas noted that the theme that emerges from the closed complaints in September is one of frustration with waiting, but people don't often complain because of one wait, it is a number of things.</p>
19/11/10.1.8	<p>Mr Davis asked how incidents are reviewed over time to understand any clusters or themes of incidents that result in complaints. Mrs Tunney replied that divisions receive a report with a number of themes monthly. The Chairman suggested that more time spent looking at compliments may be helpful to understand what is working well and to then do more of it.</p>
19/11/10.1.5	<p>Mrs Tunney reported that the NHS Choices star rating system is being changed and will be using more user research to create a clearer picture. While the system is being changed the star rating system is not operating. Mrs Tunney advised that Friends and Family (F&F) results continue to be positive with all areas receiving over 87% recommendation, with some areas as high as 100%. Response rates remain low in some areas, there has been a further delay with the technology to roll out text message ratings in Outpatients although the first messages did go out last week. There were 432 compliments received in September.</p>
19/11/10.1.6	<p>Mr Brocklebank noted the use of real time pulse surveys in the care sector which are easy to benchmark and very good value. They can be easily operationalised with the right automation and survey software. Mr Sumner confirmed that there were a few in</p>

	<p>place around the Trust but this could be something to use more of.</p> <p>Resolved: The assurance provided in the Quality, Safety and Experience report was noted.</p>
<p>BoD19/11/10.2 19/11/10.2.1</p>	<p>Nursing & Midwifery Staffing Comprehensive Report</p> <p>Mrs Tunney presented the annual report for comprehensive safe staffing which provides assurance in two areas, safe staffing levels and systems to manage demand for staffing. Mrs Tunney explained that a number of acuity tools have been used depending on the speciality and the review is completed twice a year. A further review is taking place in Paediatrics due to the merging of wards 16 and 17 and another Birthrate Plus review is taking place in Maternity following the closure of One to One Midwives and the subsequent increase in patient numbers.</p>
19/11/10.2.2	<p>Mrs Tunney summarised the findings in each division, noting that the four ward areas in DMEC and four wards in Surgery and Cancer (S&C) were noted as requiring investment. In Maternity the current staffing levels are sufficient but this may change once the impact of One to One closing is factored in. Here the focus is likely to be on the level 3 Midwifery Support worker. The acuity and dependency in the Neonatal Intensive Care Unit (NICU) varies greatly and there is no real pattern but a review is taking place as part of specialist commissioning. CCICP were reviewed for the first time using a set of indicators as there is no national tool. It was noted that only Winsford Care Community have implemented band 6 caseload management which should be rolled out across all the care communities. The introduction of the malinko case management tool will support work allocation and scheduling in CCICP.</p>
19/11/10.2.3	<p>Mrs Tunney outlined the recommended actions which are to make the proposed investments as outlined in the report without delay, in Ward 7 (DMEC), Ward 10 and 13 (S&C). The investments required can be managed within this year as part of the overall pressure and will be incorporated into the nursing pay budget for 2020/21. A number of other actions are outlined for each division to support safe staffing and acuity levels which require changing skill mixes in some areas and reviews of particular services and areas. Mrs Tunney also outlined the progress made through e-rostering implementation which is due to be rolled out to Paediatrics and the Emergency Department next, the next phase will be the introduction of Safe Care Live which will enable a live daily staffing status across the Trust.</p>
19/11/10.2.4	<p>Mrs Tunney asked the Board to note the planned additional investment and the recommendations made in the report.</p> <p>Resolved: The report and recommendations were noted.</p>
<p>BoD19/11/11 BoD19/11/11.1 19/11/11.1.1</p>	<p>SAFE Draft Quality Governance Committee (QGC) – 14 October 2019</p> <p>Ms Massey presented the minutes of the most recent meeting noting that there are three items for verbal escalation:</p> <ul style="list-style-type: none"> • An update on Getting it Right First Time (GIRFT) and the process • Received the Patient Experience Strategy 2019-21 which is based on the NHSI and CQC framework and takes more of a quality improvement (QI) approach and has ambitious, measurable goals • Received the Director of Infection Prevention and Control's Annual Report 2018/19 which was submitted to CQC as part of the Provider Information Request
19/11/11.1.2	<p>Ms Massey noted that the review of GIRFT was prompted by Mr Luckas as there has been a significant rise in the number of visits being made and that as a result a new oversight and monitoring process is to be adopted, with closer ties to divisions, to ensure that actions are being completed and opportunities for learning across the</p>

	<p>organisation are identified. Ms Massey reported that this process will report to Executive Quality Governance Group (EQGG) with progress escalated to QGC.</p> <p>Resolved: The Board noted the items escalated by QGC and the report of the committee.</p>
<p>BoD19/11/11.2</p> <p>19/11/11.2.1</p> <p>19/11/11.2.2</p>	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p> <p>Mr Luckas advised that there were two SUI to report:</p> <ul style="list-style-type: none"> • Failure of timely review for a post-operative patient led to a delay in treatment; it is not yet clear if serious harm has occurred as a result • Delay in accessing an emergency CT scan which resulted in the deterioration of the patient's condition and led to successful life-saving surgery which may not have otherwise been needed <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>
<p>BoD19/11/11.3</p> <p>19/11/11.3.1</p>	<p>Guardian of Safe Working Hours Report Q2 2019/20</p> <p>Mrs Barnett reported on the work of the Guardian of Safe Working Hours for quarter 2. This is the first report following the changes to contracts made in the 2016-17 conditions of service for junior doctors. Five exceptions were claimed by four doctors, all in regard to hours and time off in lieu, no immediate concerns were raised. Mrs Barnett noted that the rate of fines for Trusts has now changed to 2019 NHSI locum rates.</p> <p>Resolved: The Board noted the report.</p>
<p>BoD19/11/11.4</p> <p>19/11/11.4.1</p>	<p>Preparations for Flu</p> <p>Mrs Barnett presented a paper on the Trust preparations for the flu vaccination campaign which has now begun. The report shows the actions requested by NHSI and NHSE of Boards which have all been completed. The Trust have been asked to lead the campaign and ensure good communication and promotion. Mrs Barnett noted the higher 80% target for frontline staff, 38.6% of staff have received the jab to date which is 10% behind last year. This is due to a delay in vaccines being received and work is in place to improve the uptake. This figure will be included in the monthly workforce report from December. The Chairman asked if the Jab at the Hut would be repeated this year and Mrs Tunney advised that it is starting today. Mrs Barnett reported that the flu nurse is in place and peer vaccinators are in place. Mr Favager reminded the Board that this is a CQUIN target and there is £0.5m linked to achieving this target.</p> <p>Resolved: The Board noted the update.</p>
<p>BoD19/11/12</p> <p>BoD19/11/12.1</p> <p>19/11/12.1.1</p> <p>19/11/12.1.2</p>	<p>RESPONSIVE Performance Report</p> <p>Mr Oliver presented the performance report which uses data from September 2019. Mr Oliver reported that four of the key metrics were delivered which included the diagnostic 6 week waiting time which achieved 0.95% against the target of 1% for the first time since the failure of the imaging server upgrade earlier in the year. Mr Oliver noted that the two week rapid access cancer standard achieved 97.3% against a target of 93% despite an additional 400 patients compared to the same period last year.</p> <p>Mr Oliver advised that the 62 day to treatment from screening was not delivered in month. There is a small cohort of patients who were subject to a registration issue</p>

19/11/12.1.3	<p>but following a RCA it has been found that no harm has resulted. September was the second lowest numbers going to treatment from screening, 8 compared to a monthly average of 12, therefore only one patient needed to breach to lead to a failure of the target.</p>
19/11/12.1.4	<p>Mr Philpott asked if there are any trends in cancer diagnosis or is the increase due to an aging population. Mr Oliver noted an increase in lung cancer in particular. Mr Philpott asked what impacts the ability to manage these standards and Mr Oliver replied that it was the speed of getting diagnostics completed, these services are really needed across seven days so that patients can be diagnosed within 3-4 weeks following their first appointment. Lots of cancer diagnostics are sent to tertiary centres who are also seeing growth in demand and delays. Mr Oliver noted that the Trust has a bid in place to become a rapid diagnostic centre.</p>
19/11/12.1.5	<p>Mr Oliver noted that the 4-hour transit time performance continues to be a challenge. The Trust has taken part in a report by Venn Consulting on capacity at the point of need. across Cheshire and Merseyside. This model suggests that there is spare bed capacity if all patients are where they should be. The four key deficits identified are community mental health placements, streaming options, domiciliary care and long term care placements. Mr Sumner advised that this was discussed at A&E Delivery Board (AEDB) and confirms what the acute sector has been saying for some time; partners have been asked to do more based on this and to consider the impact for A&E patients who are having to wait to long to see a doctor. Members of the AEDB have been invited to come and see the impact in A&E and on long stay patients.</p>
19/11/12.1.6	<p>Mr Brocklebank highlighted the pressure the care market is under with many providers handing back contracts to local authorities and care homes delivering two rates, one for local authorities and one for private residents. Mr Oliver agreed that domiciliary care needs to work differently, for example a joint workforce model using CCICP as a vehicle for care and getting access to care home places which are available but only at an inflated rate.</p>
19/11/12.1.7	<p>Ms Butcher commented that the whole model of commissioning home care is being discussed at the Cheshire East Partnership Board (CEPB) this week, there is a need for an integrated health and care system with a new model moving away from disparity between private funders and state funders. Mrs Frodsham noted that she is meeting with the Local Authority (LA) and commissioners to discuss the development of integrated reablement and community staff to pick up some of this gap. Mr Church observed that it would be more cost effective to pay higher rates at care homes than provide care in hospitals. Mrs Frodsham noted that LAs have exceeded their budgets to provide care and not all the issues are financial.</p>
19/11/12.1.8	<p>Financial Performance Mr Favager noted that many of the operational pressures already discussed by the Board were manifesting themselves in the financial position and risk going forward. Performance and Finance Committee (PAF) have already scrutinised this report in detail with the minutes included in today's Board papers. Half-way through the year (month 6) the Trust is cumulatively £4k ahead of plan although as previously reported CCICP is £180k underspent and the acute Trust is £176k overspent. Mr Favager advised that the current UoR rating is 2 but this is likely to fall to 3 in line with the plan because of the failure to achieve the agency spend cap and the capital loan which has been requested.</p>
19/11/12.1.8	<p>Mr Favager reported an improvement position in September with an underspend following the receipt of £125k additional midwifery income. In month, £90k of costs were due to unbudgeted escalation beds being opened and this remains one of the key risks to delivering the Trust's financial plan this year. Mr Favager noted that the block contract is overperforming by £700k, primarily due to overperformance in A&E</p>

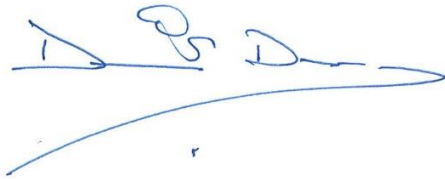
19/12/12.1.9	<p>and Diagnostics as discussed earlier in the Board meeting. CQUIN performance for quarter 2 has not yet been finalised but the draft figures suggest £500k behind plan. Mr Favager reminded the Board that due to the block contract negotiation only 10% of the CQUIN money is at risk. Associate contracts continue to significantly underperform against plan.</p> <p>Mr Favager advised that pay is off plan by £153k with nursing pay being the largest area, at £600k overspend. PAF have reviewed this expenditure using SPC charts against agency pay, vacancies and sickness rates. Overall nursing pay is broadly flat but this illustrates that planned CIPs through bed closure and sickness are not delivering. Any savings that have been made on pay are being offset by increased expenditure on agency staffing which is primarily due to increased demand in the system. Reviews are taking place in a number of areas including carers pools (1:1) nursing, Pharmacy Technicians and supervisory/coordinator roles. Mr Favager noted that overspend on non-pay continues primarily due to outsourcing costs which is in part offset by medical vacancies.</p>
19/12/12.1.10	<p>Mr Favager reported that the CIP programme is behind plan by £400k due mainly to savings on the nursing and DMEC CIP. Mr Favager advised that savings have been delivered on supplies and procurement on a bottom line basis although it is proving challenging to get evidence on this from NHS Supply Chain. Mr Favager noted that the agency ceiling is likely to be breached as spend to date is £3.2m against a £5.7m target. There are no real concerns with the capital programme although there are some underspends due to slippage and the phasing of schemes.</p>
19/12/12.1.11	<p>Mr Favager summarised the key messages particularly emphasising the financial risks in regard to unplanned care and frequently opened escalation beds and the need for the Trust to create a more robust process going forward for the development of CIPs. Mr Brocklebank asked what the Trust is doing to deliver CQUIN 3b and 3c, delivering advice about smoking and alcohol and asked whether it would be cost effective to employ someone to do this given the link to financial incentives. Mr Luckas advised that the gap is someone to prescribe tobacco replacement therapies as these are expensive and there is a lack of community provision to provide this advice.</p>
19/12/12.1.12	<p>Mr Sumner noted that in regard to alcohol this is a service which was decommissioned some time ago. This means appropriate medication is not always provided as quickly as possible and patients end up detoxing as an inpatient. There are a number of packages including support for alcohol dependency which would prevent the opening of more beds for inpatients. Mr Luckas noted that Crewe is an outlier for alcohol and tobacco related ill health. Ms Butcher observed that this links back in to commissioning intentions across the system for what the population needs.</p>
19/12/12.1.13	<p>Ms Massey observed that this had been a helpful discussion and the cause and effect of linked up commissioning is clear. Ms Butcher agreed that the greater connectivity of community and acute care needs to be extended to social care and into some challenging areas to find solutions through combined integrated commissioning. Mr Sumner noted that the forecast rating for agency spend of 1 on page 130 is incorrect, this number has not been reforecast and should still be 2.</p> <p>Resolved: The Board noted the Performance Report.</p>
BoD19/11/12.2	Draft Performance and Finance (PAF) Committee notes
19/11/12.2.1	<p>Mr Davis presented the notes of the meeting of 24 October 2019 and noted the eight verbal items for escalation:</p>

19/11/12.2.2	<ul style="list-style-type: none"> • Mrs Linda Buckley had attended PAF ahead of the UoR assessment • Non-achievement of the 4-hour transit time; discussed actions in some detail, and noted staff are managing remarkably well given the increase in demand • All three headline cancer standards and 18 week RTT were achieved for quarter two • Noted an informative report into bank and agency Registered Nurse use from April 2017 which is being reviewed by Executives • Noted a high rate of internal delays in ED due to the lack of sufficient mental health services support in A&E. A Core 24 funding bid to regulators has been made by the CCG as the Trust is underfunded compared to peers • Received quarterly divisional finance reports on performance; this remains on track • Reviewed winter plans • Received a presentation on short-term cancellations of operations and noted the excellent use of data and analysis. The Trust benchmarks well for on-day and the previous-day cancellation rate has improved significantly in 2019 and benchmarks well to peers. The Trust has identified itself as an outlier for 3-7 days cancellation which was unexpected but this is expected to improve following the Pre-Operative Assessment Clinic 90 day improvement programme. This will be reported to the Council of Governors in January as it was a Governor-led enquiry. Mr Oliver provided assurance to the Board that the number of cancellations due to lack of beds is very small and is a decision that can only be made by himself or the Director of Operations. A new comprehensive theatre dashboard is due to be rolled out soon which has been developed using the new data warehouse facility to aid quality improvement. <p>The Chairman asked what the probability is of elective work being cancelled through the winter and Mr Sumner advised that it was too early for regulators to have given any guidance yet. Mr Oliver advised that there will be a Trust enforced two week shut down over Christmas and New Year as normal and Orthopaedics may not be rescheduled until later in January. However, all cancers and urgent electives will continue and day cases will be increased in January.</p> <p>Resolved: The Board accepted the report of PAF and the items escalated to the Board for information.</p>
BoD19/11/12.3 19/11/12.3.1	Legal Advice Mr Sumner advised that there had been no new legal advice taken in the month.
BoD19/11/12.4 19/11/12.4.11 19/11/12.4.2	Freedom to Speak up Guardian Q2 2019/20 Mrs Tunney presented the quarter 2 report and outlined the activity that has taken place to promote the role of Freedom to Speak up Guardian (FUSG) which includes new boxes for submissions and posters. Mrs Tunney noted a reduction in concerns received with two received in quarter, a further submission was signposted to HR. The Trust figures have been submitted to the National Guardian's office. Mrs Barnett noted that a national benchmarking report has now been received and Mrs Tunney advised that this will be reported next time. Mr Church commented that on his patient safety walkaround it had been apparent that there was not much understanding about the NED FSUG role. Mrs Tunney agreed that staff should be aware that there is an alternative to speaking to her. Mr Sumner advised that the role will be moving to a member of staff who is not part of the executive and this role is being sought from within the organisation and he and Mr Church will be interviewing candidates.

	Resolved: The Board approved the business case.
BoD19/11/13 BoD19/11/13.1 19/11/13.1.1	WELL-LED Visits of Accreditation, Inspection or Investigation Mr Sumner reported that the United Kingdom Accreditation Service (UKAS) review of Biochemistry services at Leighton and Macclesfield Hospitals took place and compliance was confirmed. Resolved: The Board noted the visits reported.
BoD19/11/13.2 19/11/13.2.1	Trust Strategy Mr Oliver gave an update on the Trust Strategy following the recent strategy away day with senior managers. Mr Oliver advised that this was a successful event which allowed for a good level of interaction between corporate teams and divisions to help unblock issues as well as time for senior teams to take stock and reflect. Plans will now be refreshed and plans on a page will be shared with Board Members before the CQC visit and well led interviews. Resolved: The Board noted the update on the Trust Strategy.
BoD19/11/13.3 19/11/13.3.1	Annual Fit and Proper Persons Review Mr Sumner noted that the annual review against the Fit and Proper Persons Regulations has taken place and all annual checks have been completed with no concerns raised. Mrs Frodsham confirmed that since last year this has included the members of the CCICP Partnership Board. Resolved: The Board noted the annual review.
BoD19/11/14 BoD19/11/14.1 19/11/14.1.1 19/11/14.1.2 19/11/14.1.3 19/11/14.1.4	EFFECTIVE Workforce Report Mrs Barnett presented the Workforce Report using data from September 2019 noting that sickness has reduced slightly and this is now being looked at in a different way using SPC charts as previously discussed at Board. The new focus is on areas of S&C where significant changes in rates have been identified in Ward 18 and Theatres. The new SPC chart will show any changes as a result and Transformation and People Committee (TAP) and Executive Workforce Assurance Group (EWAG) will monitor this in more detail. Mrs Barnett advised that appraisal rates continue to improve with a significant 8.1% improvement in the Women & Children's Division. DMEC's rate continues to improve and there is a great deal of focus being put into this by the division. The target of 90% compliance by October has been met by some divisions and this deadline has now been extended to March but remains an area of high focus. Mrs Barnett noted that the greater challenge is mandatory training which remains at the same level. The next approach will be to look at specific subject areas for non-compliance in clinical areas. Mrs Barnett highlighted that Corporate services are Red for mandatory training which is not acceptable as there should be no reason why this cannot be met. Mrs Barnett reported that turnover remains low although this figure hides some detail and a workshop on recruitment and retentions strategy was held recently on how to lose the vacancy gap; this work will be monitored at TAP. Mr Church asked which areas have improved the retention rate and Mrs Barnett replied that DMEC has particularly improved which is positive. It is only CCICP that is rated red at 11%. Resolved: The Board noted the performance summarised in the workforce report

	and the assurance provided.
BoD19/11/14.2 19/11/14.2.1	Transformation and People Committee (TAP) – 3 October 2019 Ms Butcher presented the notes of the meeting of TAP, noting that there were five items for verbal escalation: <ul style="list-style-type: none"> • Received a comprehensive and positive review in relation to CCICP which highlighted its success, particularly in regard to the integration with primary care and GPs • Noted the 5-year forward view of the Workforce plan, and the importance of using it as a tool and keeping it up to date • Noted the update in relation to Talent Management Board • Received a presentation regarding ED drivers and the pending work on long length of stay, the focus on data intelligence and what it tells us • Noted the Equality, Diversity and Inclusion objectives 2020/24
19/11/14.2.2	Ms Butcher reflected that it was a meeting full of dynamic discussions and it is clear that the workforce and the way people work is changing. Mrs Barnett observed that TAP is starting to mix up the transformation and people agenda more successfully and this feels aligned. The Chairman echoed the sentiments expressed, noting that the work of TAP now feels more aligned to the corporate objectives of the organisation. Mr Brocklebank commented that the biggest difference is having a long-term view for the Trust with the five year workforce plan as there is clear, joined-up workforce strategy.
19/11/14.2.3	Mr Sumner noted an adjustment to the workplan item in the draft minutes. MIAA are leading work on the BAF as consultants not as part of their role as internal auditors to the Trust. Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.
BoD19/11/14.3 19/11/14.3.1	Consultant Appointments Mr Luckas advised that two Consultant appointments have been made, one Anaesthetist and one Histopathologist.
BoD19/11/15 19/11/15.1.1	Any Other Business Mrs Freeman was pleased to announce that NHSI have confirmed that the Trust, together with East Cheshire Hospitals NHS Trust, have been awarded £2.5m for an E-prescribing and Medicines Administration System which will form part of the Electronic Patient Record system.
19/11/15.1.2	The Chairman reminded the Board that the Lord Lieutenant of Cheshire would be attending the Trust to open Ward 12, the Children and Adolescent Unit and the Imaging Suite. All Board Members are invited to attend.
BoD19/11/16	Time, Date and Place of the next meeting Board of Directors Meeting to be held in Public on Monday 2 December 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.
The meeting closed at 12:18 pm hours.	

Signed



Chairman

Date

**Minutes of Board Meeting held in 'Private'
Monday 4 November 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 A Freeman 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 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 Chief Information Officer Trust Board Secretary</p> <p>Lead Governor</p>
<p>BoD2/19/11/1</p>	<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>BoD2/19/11/2 2/19/11/2.1</p>	<p>Board Members Interests There were no interests declared in relation to open items on the agenda.</p>
<p>BoD2/19/11/3 2/19/11/3.1</p>	<p>Minutes of the Previous Meeting There were no amendments proposed.</p> <p>Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 7 October 2019.</p>
<p>BoD2/19/11/4 2/19/11/4.1 2/19/11/4.2</p>	<p>Matters Arising and Actions from Previous Meeting There were no matters arising in addition to those included on the agenda.</p> <p>It was noted that there were no outstanding actions to be reviewed.</p>
<p>BoD2/19/11/5.1</p>	<p>Effective Medical Staffing Update</p>

2/19/11/5.1	<p>Mr Luckas advised that there was nothing to report.</p> <p>Resolved: The Board noted the update provided.</p>
<p>BoD2/19/11/6 BoD2/19/11/6.1 2/19/11/6.1.1</p> <p>2/19/11/6.1.2</p> <p>2/19/11/6.1.3</p> <p>2/19/11/6.1.4</p> <p>2/19/11/6.1.5</p> <p>2/19/11/6.1.6</p>	<p>Well Led Chief Executive Update Mr Sumner appraised the Board of a number of items:</p> <p>MIAA discussions Mr Sumner advised that Mersey Internal Audit Agency (MIAA) are in this week acting as advisors to the Trust. Terms of Reference for the work have been agreed and the work will commence with a review of the meeting structure, how information flows up and down, whether risks are clear and understood and are there any inconsistencies in the structure. This will be helpful to have prior to the Well Led inspection. A gap analysis will be completed as a result. Following this a review of the Board Assurance Framework (BAF) and risk register and how it is used in meetings to manage risks will be completed to understand how to strengthen the approach. Committee Chairs should expect to speak to MIAA as part of the process.</p> <p>Ms Linda Buckley, NHSI/E Regional Director Mr Sumner advised that Ms Buckley will be chairing the upcoming Use of Resources (UoR) review at the Trust and prior to this she was invited to take a tour of the Trust and in particular the areas of challenge. This included the notes store, redeveloped ward areas and the residencies to explain the pressures on the Trust because of the fire safety issues. The aim is to gather support for developing a five year estates strategy to develop fit for purpose buildings and make investments in sustainable buildings. Her advice had been to ensure everything that was promised at the last UoR for completion is done.</p> <p>100 day plan Mr Sumner advised that the first 100 days is nearly complete and all the initial actions are complete with the exception of the BAF and risk register. Items that have been progressed include the A&E build, BMI Hospital potential acquisition, sickness metrics, using SPC charts, agreement on QI and more time spent on strategy. The Executive reviewed progress at the away day and their intention is to publish a document that sets out the aims and what has been achieved before planning for the next 100 days.</p> <p>Estates and Facilities Director Mr Sumner referred the Board to previous discussions about joint roles with East Cheshire Hospitals NHS Trust (ECT) where it had been noted that these posts did not provide sufficient capacity. The Trust has decided to appoint a full time Associate Director of Estates and interviews took place last week. Mr Sumner was pleased to note that Mr Martin Foster, an experienced NHS Estates Manager has accepted the role and it is hoped he will start in three months, although interim arrangements remain in place until March 2020.</p> <p>Divisional Appointments Mr Oliver was pleased to announce that two appointments have been made to Divisional General Manager (DGM) roles. Mrs Julie Weir is retiring at Christmas from her role in Diagnostics and Clinical Support Services and Ms Emma Colgan has been appointed from Sheffield</p>

	<p>Teaching Hospitals NHS Foundation Trust to replace her; starting at the end of February 2020. Ms Colgan is currently the Directorate Manager for Pathology. Mr Oliver announced that Mr Andy Williams, currently Director of Mental Health at Alderhey Children's Hospital NHS Foundation Trust will be taking up the role as DGM of Women and Children's Division replacing Mr Lee Bloomfield who leaves this month. Mr Williams will start after Christmas.</p> <p>Mr Sumner welcomed the high calibre of applicants being received at the Trust.</p> <p>Resolved: The Board noted the system update.</p>
<p>BoD2/19/11/6.2 2/19/11/6.2.1</p>	<p>Pathology Network Business Case</p> <p>Mrs Frodsham presented the business case for a Pathology 'N8' network between the Trust, ECT and University Hospitals of North Staffordshire NHS Trust (UHNH) in response to the requirement from NHSI to achieve efficiencies and meet quality improvement targets through the creation of Pathology networks. Mrs Frodsham reminded the Board that the Trust have delivered Pathology services for ECT for over ten years, hosting a joint workforce and budget for the service across the two sites. The Trust are also part of the 'Stronger Together' partnership with UHNH, a partnership with East Cheshire Trust (ECT). Mrs Frodsham also reminded the Board that this case had already been discussed and approved at Board at both Strategic Outline Case and Outline Business Case Stage. Mrs Frodsham presented the drivers for changes, the benefits, risks and challenges of the business case.</p>
2/19/11/6.2.2	<p>Mrs Frodsham advised that the pathology services at the Trust are in need of significant capital investment to remodel laboratory space to bring it to the required standards, prepare for digital pathology and replace aging systems such as LIMS. This is against a background of an aging population with an increasingly number of comorbidities and the need to reduce hospital admissions. There are also workforce challenges with many specialist areas difficult to recruit to and an aging workforce requiring the development of new opportunities to develop scientific staff into new roles. There are also opportunities to improve patient care by different ways of working.</p>
2/19/11/6.2.3	<p>Paragraph removed under Section 43 of the Freedom of Information Act.</p>
2/19/11/6.2.4	<p>Paragraph removed under Section 43 of the Freedom of Information Act.</p>
2/19/11/6.2.5	<p>Mr Philpott thanked Mrs Frodsham for a helpful summary and asked if the financial 10 year table is based on current rates. Mr Favager said that he would check but believes it is not discounted. Mr Philpott asked what the benefit for patients will be. Mrs Frodsham replied that with investment, the turnaround time for results will be much improved, from days to hours in some cases. Mrs Tunney added that this would mean patients could be started on the right treatment more quickly. Mr Sumner noted that the costs of putting in infrastructure for new tests becomes more difficult as technology advances and this will mean sharing those costs.</p>


2/19/11/6.2.6	Paragraph removed under Section 43 of the Freedom of Information Act.
2/19/11/6.2.7	Paragraph removed under Section 43 of the Freedom of Information Act.
2/19/11/6.2.8	Mr Oliver confirmed that the operational Board will ensure that patient need is based on clinical requirements not whose patients they are and this is essential. The new DGM has some experience of managing a network from the tertiary provider angle which will be helpful. Ms Butcher asked how the partnership will report to the Board and Mrs Frodsham confirmed it will be joint reporting to both Boards similar to how it currently works with ECT. The Chairman observed that the Board has been signed up to this concept and direction of travel for some time now and is aware that some ownership will have to be given up.
2/19/11/6.2.9	Paragraph removed under Section 36 of the Freedom of Information Act.
2/19/11/6.2.10	Mrs Frodsham asked that the Board approve the business case to develop a hub and spoke model and start to work through the proposal. The system cannot transfer until the computer system is in place. Mrs Frodsham advised that Mr Favager has agreed to take the lead on the commercial agreements for the Trust. Sentence removed under Section 42 of the Freedom of Information Act.
2/19/11/6.2.11	Mr Sumner clarified that the Board is currently being asked to approve the strategic intent to move to a Pathology Network as described for the benefits described and to give permission to get agreements in place.
2/19/11/6.2.12	Mr Sumner suggested that the Board could see these agreements again before final sign off. Mrs Frodsham replied that the expectation had been to delegate this to leads. Mr Sumner commented that with so many unknowns in regard to Removed under Section 42 of the Freedom of Information Act the final model the Board should see the final plan once the commercial agreement is in place to understand how the model will work operationally, who is responsible and who is held to account. Mr Philpott agreed and noted that this would allow the Board to have further sight on the likely savings as well.
2/19/11/6.2.13	Sentence removed under Section 36 of the Freedom of Information Act. The Board also need to approve the £100k for transformation costs to support project management and HR support. Mrs Frodsham advised that the plan was then to create a draft commercial agreement by the end of November to be signed off by the end of January. Sentence removed under Section 42 of the Freedom of Information Act. Mr Sumner asked what would happen if the partnership did not go ahead in regard to LIMS and Mrs Freeman replied that there would be an additional costs to install LIMS at Leighton. Sentence removed under Section 42 of the Freedom of Information Act. Resolved: The Board approved the business case subject to a final sight and approval of the commercial position and governance

	arrangements before any transfer of staff takes place.
BoD2/19/11/6.3 2/19/11/6.3.1	<p>LIMS Business Case</p> <p>Mrs Freeman presented the business case for LIMS noting that this is closely linked to the previous business case. Mrs Freeman explained that the current system is no longer supported and the Trust has been issued a termination notice, therefore a new system has to be procured either independently or with partners. Mrs Freeman noted that there is £1.8m of planned capital required over two years associated with the replacement of LIMS. There is some pressure in the current year as the deal struck with the supplier requires a large upfront payment this year, which will be £629k over plan. There will also be a residual payment in year three.</p>
2/19/11/6.3.2	<p>Sentences removed under Section 36 of the Freedom of Information Act. Mr Church asked if this financial case is the same case as presented previously in the outline business case. Mrs Freeman confirmed that this is slightly lower.</p>
2/19/11/6.3.3	<p>Mrs Freeman asked the Board to approve the signing of a contract for a joint procurement with UHNM for a shared LIMS system, recognising the pressure on the capital budget for 2019/20. The Chairman noted that Executives had said that this cost is absorbable and asked that the Board is advised of the conversation with ECT about additional capital commitment.</p>
2/19/11/6.3.4	<p>Resolved: The Board approved the business plan subject to a conversation with ECT about their capital contribution. Mr Favager has delegated authority to approve the LIMS business case and report the conversation back to PAF.</p>
2/19/11/6.3.5	<p>Mr Brocklebank observed that the Trust has approved three business cases today, two of which require additional absorbing of costs and asked how this is being managed. Mr Favager agreed that this is something to be aware of around pre-commitments for future years and the Executive Team are now going back through all previously approved business cases to ascertain where progress is up to around implementation. This will help inform discussions on the 2020-21 financial plan. Mr Sumner added that he is keen to sharpen up the business case process and has drafted a paper in regard to how to speed up the process to be agile, but still provide assurance and oversight. This will be brought to Board.</p> <p>ACTION: Business Case paper to be brought to Board (Mr Sumner).</p>
BoD2/19/11/6.4 2/19/11/6.4.1	<p>Business Case for the Acquisition of South Cheshire Private Hospital</p> <p>Mr Sumner presented the business case for the acquisition of South Cheshire Private Hospital (SCPH). Mr Sumner reminded the Board that this situation arose as BMI advised the Trust of their intention to vacate the South Cheshire Private Hospital (SCPH) site. This leaves an amount of NHS work that needs undertaking, a building and a number of staff. The business case asks whether there is a case for taking on some or all of the work and resources. The more challenging question is to ask whether this meets the needs of the Trust's strategic plan over the next two to three years.</p>

2/19/11/6.4.2	Paragraph removed under Section 43 of the Freedom of Information Act.
2/19/11/6.4.3	Mr Sumner described the work which is predominantly general surgery and orthopaedics. Most of the general surgery is day case and could be managed at the Treatment Centre with additional evening and weekend lists. Orthopaedics is more of a challenge, although the recent dramatic reduction in waiting lists following the implementation of the MSKSpa project does put the Trust in the best possible starting position.
2/19/11/6.4.4	Mr Sumner advised that the residual risks include the current £300k contribution to the revenue budget from SCPH which will not be replaced, but if BMI left the site this would be a pressure anyway; the costs of completing the additional work is also not yet quantified until an LLP and rates are agreed with clinicians. Doing nothing is no longer an option as the work will likely be arriving at the Trust from January. It is imperative that staff are spoken to, and consultants are confirmed as being on board. Sentences removed under Section 43 of the Freedom of Information Act. If agreement is reached then communications out to staff need to happen by the end of the week and include opportunities for staff to meet with the Executive.
2/19/11/6.4.5	Sentences removed under Section 36 of the Freedom of Information Act. Ms Butcher summarised that it is a balance of risks, with some unknowns against the risk appetite of the Trust and the lack of a do nothing option. Mr Sumner agreed but reminded the Board that from next winter the building will allow elective work to carry on all winter without disruption and this would free up other estate to develop for future use.
2/19/11/6.4.6	Mr Church commented that the proposals read well and this is the agreed direction of travel with clearly identified risks and therefore he would support the case. Mr Davis agreed and noted how quickly this had shifted from a problem to an opportunity which is commendable. Mr Davis supported the decision to close the building to complete works and welcomed the agreed approach to manage the additional work over the winter. Mr Philpott also supported the case and commented on the positive approach of having progressive engagement with the Board which he had found helpful. Ms Massey welcome the proposition as an exciting prospect for the Trust. Sentence removed under Section 43 of the Freedom of Information Act. Mr Favager commented that a full valuation would be undertaken as part of putting the asset on the Trusts books Resolved: The Board approved Option 1 of the business case to acquire the building and TUPE of existing BMI staff.
2/19/11/6.4.7	Mr Sumner advised that he will email the Board following the meeting with BMI on Wednesday but that this was strictly confidential until then. Resolved: The Board noted the update.
BoD2/19/11/7 2/19/11/7.1.1	Any Other Business Independent Chairman for C&M Healthcare Partnership Mr Sumner advised that Mr Alan Yates has been appointed who has a

	<p>long and distinguished history as Chief Executive at a number of NHS Trusts. Mr Sumner suggested that he and the Chairman meet with Mr Yates.</p> <p>Resolved: The Board noted the update.</p>
<p>BoD2/19/11/8 2/19/11/8.1.1</p> <p>2/19/11/8.1.2</p>	<p>Review of the Board meeting</p> <p>Ms Butcher reviewed the meeting reflecting on what makes a good meeting such as participation, blended input and a focus on patient care and all this was in evidence. Issues discussed included due diligence, risk appetite and risk management which together made an effective board meeting. Ms Butcher reflected on a sense of the right culture, as illustrated in the patient story which also demonstrated the improving continuity between acute and community care. Ms Butcher also noted the support provided to the new nurses to ensure they have a positive experience and the attention given to compassion.</p> <p>Ms Butcher reflected that the meeting demonstrated a learning organisation, with solid yet dynamic discussion of regular items. The Board is also benefitting from a different approach on issues brought by Mr Sumner as the new Chief Executive. Ms Butcher also noted evidence of a stronger use of data and how this informs the Board. There was a good balance between parts I and II with more in part II than usual and the Board grapples tricky and challenging issues in a thoughtful way to come to satisfactory outputs and outcomes and therefore it was an effective board meeting.</p>
BoD2/19/11/9	<p>Time, Date and Place of the next meeting</p> <p>The Board of Directors Meeting is to be held in Private on Monday 2 December 2019 in the Boardroom, Leighton Hospital following the Board meeting held in Public.</p> <p>The meeting closed at 14:08 pm</p>

Signed



Chairman

Date: 5 December 2019