

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 6 January 2020
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 M Luckas Medical Director Ms L Massey Non-Executive Director Mr L Philpott Non-Executive Director Mr C Oliver Chief Operating Officer Mr J Sumner Chief Executive 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 R Davies Deputy Director of Finance Mrs K Dowson Trust Board Secretary Mrs E McGuigan Director of Operations <i>(to item 20/01/2 only)</i> Mr G Jones Project Manager <i>(to item 20/01/2 only)</i></p> <p>Observing</p> <p>Mr J Pritchard Public Governor (Patients & Carers) Mrs P Psaila Public Governor (Patients & Carers) Mrs B Beadle Public Governor (Crewe & Nantwich) Mrs V Pickford Public Governor (Patients & Carers) Mr S Topping Journalist (Guardian Group)</p> <p>Apologies</p> <p>Mr R Favager Director of Finance & Strategic Planning Dr K Birch Lead Governor</p>	
<p>BoD20/01/1 20/01/1.1</p> <p>20/01/1.2</p>	<p>Welcome, Introduction and Apologies</p> <p>The Chairman welcomed all those present to the meeting. The Chairman reminded observers that he and Executive Directors would be available at the end of the meeting to answer any questions. The Chairman noted that Mr Favager, who has sent his apologies to the meeting, was appointed as the substantive Director of Finance & Strategic Planning shortly before Christmas.</p> <p>The Chairman announced that sadly Cllr Dorothy Flude, Governor for Cheshire East Council, had died shortly before Christmas. The Chairman reflected that Dorothy had been an outstanding public servant for all of her adult life and had made a significant contribution to lots of lives. The Chairman advised that he has written to her family on behalf of the Board of Directors and the Trust.</p>
<p>BoD20/01/2 20/01/2.1</p>	<p>Integrated Discharge Team</p> <p>Mrs Tunney introduced the story of a patient who has been influential in the development of a 90-day transformation programme to create a straight to test pathway for suspected cancer. The programme is still ongoing but the story illustrates how the patient voice is being used to shape transformation programmes. The story described the diagnosis and treatment experience of this bowel cancer patient.</p>

20/01/2.2	Ms McGuigan explained the 90-day approach and how patient and staff stories are included. Mr Jones added that the transformation team bring together departments and workstreams, map the process and manage events at 30,60 and 90 days. The Chairman commented that using patients as consultants to the projects is very positive. Ms Massey echoed this, noting that this reflects organisational maturity and the patient will be an ambassador for the Trust. Ms Butcher commented that this story was an escalation from Transformation and People Committee (TAP) to reflect the learning from the 90-day methodology.
20/01/2.3	Mrs Frodsham commented that is positive to see this further development to the service following the Trust's decision to invest in Endoscopy and Bowel screening several years ago and to review stoma services in the community more recently. Mr Oliver commented that at a recent deep dive into cancer performance against standards, across Greater Manchester the Trust came out as one of the best performers in the region. This story shows that even when achieving the 62 day target this is a long wait for patients. Mr Church asked if the current transformation programme will shorten timescales. Ms McGuigan replied that this has been part of the discussion, for example is it okay to telephone results through or do we wait for the letter. The patient view is that speed is the most important element.
20/01/2.4	Mr Sumner asked how patients are thanked and recognised for their contribution. Ms McGuigan replied that there is an end of programme 90-day celebration when everyone is thanked as a group, improvements are reviewed and it is agreed what is going to be continued. Ms Massey suggested that there may be opportunities for those services users who want to continue to be involved through exposure to Quality Improvement (QI) methodologies. The Chairman thanked Ms McGuigan, Mr Jones and the team for their work and asked for the Board's thanks to be passed on to the team and the patient. Resolved: The Board noted the story presented.
BoD20/01/3	Board Members' Interests
20/01/3.1	There were no declarations of changes in interests of Board Members.
20/01/3.2	There were no interests declared in relation to open items on the agenda.
BoD20/01/4 BoD20/01/4.1	Minutes of the Previous Meeting Board of Directors meeting held on 2 December 2019
20/01/4.1.1	The minutes of the meeting were agreed subject to the following amendments: <ul style="list-style-type: none"> • 19/12/2.2 Mrs Freeman asked that 'owns' in the second sentence is replaced with 'hosts' • 19/12/11.2.1 Mr Luckas suggested that the third bullet point should be reworded to read '<i>A frail elderly patient on a palliative care pathway sustained a fatal head injury as a result of an inpatient fall.</i>' • 19/12/11.2.2 Mr Luckas asked that this paragraph is reworded as follows '<i>The never event occurred with a frail elderly patient suffering from dementia. He had sustained a fractured femur which was undergoing surgical repair with a nail. The wrong side nail was inserted but not fixed. This was identified before the end of the procedure, removed and replaced with a correct side nail. The patient sustained a small fracture as a result which required a further surgical plate. His recovery was not affected.</i>' • 19/12/12.1.18 Mrs Freeman suggested that the first sentence is amended to read 'offer that is <i>not being used optimally</i> because of a lack of staff' • 19/12/12.4.3 Mrs Freeman asked that 'when it is implemented' is added to

	<p>the end of the last sentence</p> <ul style="list-style-type: none"> 19/12/13.2.1 Mr Luckas noted that his name had been written as Mr Murray in the second sentence and this should be changed. 19/12/13.4.2 Mrs Freeman asked that the penultimate sentence is reworded to read <i>'that to enable the test to be performed, 3 layers of security had to be disabled for the test to work correctly'</i>. <p>Resolved: Subject to the amendments noted the minutes were agreed as a true and accurate record of the meeting held on 2 December 2019.</p>
<p>BoD20/01/5 20/01/5.1</p>	<p>Matters Arising and Action Log</p> <p>The Chairman advised that there are two outstanding actions on the Board action log. 19/12/12.1.3 has been completed. Mrs Tunney advised that 19/12/10.1.6 has also been completed.</p> <p>Resolved: The Board noted that all actions have been complete.</p>
<p>BoD20/01/6</p>	<p>Annual Work Programme</p> <p>The Chairman noted that this is unchanged from the last Board meeting.</p> <p>Resolved: The Board noted version 4 of the Board Work Programme 2019/20.</p>
<p>BoD20/01/8 BoD20/01/8.1</p> <p>BoD20/01/8.2</p>	<p>Governors Items NED Appointment</p> <p>The Chairman advised that the NED appointment process has been completed, Mr Andy Vernon has been offered the role of Non-Executive Director (NED). Mr Vernon has a strong background in digitisation which is a skill which will be very useful in the coming years. Mr Vernon will take up this position on 1 February 2020 once the Council of Governors has ratified the appointment. The Chairman noted that there was a strong field of four candidates for interview and each candidate had met with two focus groups as well as the final interview panel. Governors were involved across each group.</p> <p>NED/Governors Meeting – 5 December 2019</p> <p>The Chairman advised that Governors had met with NEDs and discussed a number of items including the pending CQC inspection, the Secretary of State's visit to A&E and reports from Committee Chairs to Governors.</p>
<p>BoD20/01/7 BoD20/01/7.1 20/01/7.1.1</p> <p>BoD20/01/7.2 20/01/7.2.1</p>	<p>Chairman's Announcements Board Away Day – 9 December 2019</p> <p>The Chairman reported that the Board had met and discussed in depth a number of topics and received a fascinating presentation from Trans2 about their development approach. Since then the Trust have been discussing the future of Board development. The other substantive item to note was the preparation for the CQC Well Led visit which took place the following day.</p> <p>Vice Chair of Audit Committee</p> <p>The Chairman advised that this role will be vacant once Mr Davis finishes as NED on 31 January 2020. If Mr Vernon is ratified by the Council of Governors it is proposed that he becomes Vice Chair of the Audit Committee which is a post subject to the approval of Board.</p> <p>Resolved: The Board agreed that subject to Governor ratification Mr Vernon should be appointed to the role of Vice Chair of Audit Committee.</p> <p>Resolved: The Board noted the Chairman's updates.</p>

	Executive-led investigations. The number of incidents has now breached the target for the year but Mrs Tunney noted that the Trust is awaiting confirmation from the Clinical Commissioning Group (CCG) that six can be removed following review. Ms Tunney advised that the Trust position is to focus on reduction in harm rather than focusing on the overall number of reported incidents as the objective is to increase reporting but reduce harm. Mr Sumner added that the threshold for reporting to StEIS has been reduced. Mrs Tunney reported that the Never Event reported in November has been subject to a comprehensive investigation and actions are in place. Mr Davis commented that it was positive to note that there had been no inpatient falls resulting in neck of femur fractures for the past two months.
19/01/10.1.2	Mrs Tunney reported that there had been three cases of C.Difficile in November which is slightly over-trajectory in month, but there had been no breaches of the upper control limit. Post-infection reviews will take place this week to assess the avoidability of each case.
19/01/10.1.3	Mrs Tunney advised that quarter 2 CQUIN results are in the report following detailed discussion at Performance and Finance Committee (PAF). Of the 13, three were not achieved and five were partially achieved. Of the three that were not achieved none are relating to direct care but are in regard to audits of case notes and an overall improvement plan is in place. A detailed report was also taken to Quality Governance Committee (QGC) at the request of PAF to focus on the quality implications of the results. Delivery is a challenge as there is no additional resource but the team is working to improve results.
19/01/10.1.4	Mrs Tunney reported on episodes where the Registered Nurse (RN) ratio dropped below the safe staffing target of 85%. There were ten episodes across eight wards in November. Mrs Tunney reminded the Board that during the day other roles are utilised to ensure that safe levels of staffing are always in place. Mrs Tunney noted that the Children's Assessment Unit was under ratio because additional beds were opened in the bay. The Critical Care Unit was also below target in the report because there is no funded HCA establishment at nights. However, HCAs had been used for a period of time to cover 1to1 nursing. The two areas under 85% at night were Wards 5 and 6, which both normally have four RNs; this was reduced to three to cover other areas because of vacancies and sickness in line with the escalation policy. Mrs Tunney reiterated that at no time was any area left unsafe.
19/01/10.1.5	Mrs Tunney outlined the work taking place to reduce staff vacancies and was pleased to note that the second cohort of international nurses have now arrived. They will be supernumerary for two months. Mrs Barnett noted that the first cohort are due to pass their SOCE assessments in January and they will then be assigned to wards as part of the establishment. Mrs Tunney added that in addition the Trust are trying some new ideas on social media for recruitment. The Chairman thanked the Trust for its welcome to the international nurses as the feedback about the pastoral support and care has been very good.
19/01/10.1.6	Mrs Tunney advised that there had been 19 complaints in November which was the lowest number for a while and close to the monthly average for 2018. Mrs Tunney reminded the Board that each complaint has an action plan. Mrs Tunney noted that of the 13 closed complaints in November only one was upheld. Mr Davis questioned whether one of the Emergency Department (ED) complaints should be reviewed as the narratives describes lessons to be learnt but none have been pulled out. Mrs Tunney replied that this would be looked at again. Mrs Tunney noted that informal concerns had reduced slightly to 77 in month.
19/01/10.1.7	Mrs Tunney reported that there had been an increased number of positive postings to NHS Choices and no negative postings, the comments reflect a patient experience of caring and compassionate treatment. Mrs Tunney noted that Friends & Family

	<p>results remain positive with a 93-100% recommendation for ward areas. ED has been maintained at 87% following recent improvements.</p> <p>Resolved: The assurance provided in the Quality, Safety and Experience report was noted.</p>
<p>BoD19/01/11 BoD19/01/11.1 19/01/11.1.1</p> <p>19/01/11.1.2</p>	<p>SAFE Draft Quality Governance Committee (QGC) – 17 December 2019</p> <p>Ms Massey presented the minutes of the most recent meeting noting in particular that the committee had received a summary of the mock CQC inspection and had received the internal audit report on Ward Quality Spot Checks and noted the substantial assurance rating received.</p> <p>Ms Massey commented on the positive engagement work and effort of the preparation for the CQC inspection and noted particularly the leadership shown by all Executives but particularly Mrs Tunney. Mr Sumner noted that the CQC inspection had identified a small number of 'must-do' actions which were completed but asked how these will be monitored. Mrs Tunney replied that these are on the CQC improvement action plan and will be monitored fortnightly at the Quality Summit and reported quarterly to QGC.</p> <p>Resolved: The Board noted the items escalated by QGC and the report of the committee.</p>
<p>BoD19/01/11.2 19/01/11.2.1</p> <p>19/01/11.2.2</p>	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p> <p>Mr Luckas advised that there are two SUI to report, one of which was an inpatient fall resulting in a fractured neck of femur. The second was a patient with learning disabilities who was transferred to University Hospitals of North Midlands NHS Trust (UHNM) and sadly died soon after. Mr Luckas provided further detail about the complicated case and advised that it is not clear yet whether there were avoidable factors but an investigation will take place and in the interests of being open and transparent it is better to report this to StEIS and agree with the CCG at a later date to step it down should that be the outcome. Mr Sumner agreed that this is the right approach even though it may lead to the Trust being shown as having a higher incidence in national reporting.</p> <p>Mr Luckas advised that there were no RIDDOR reportable events.</p> <p>Resolved: The Board noted the report of SUIs and RIDDOR events.</p>
<p>BoD19/01/11.3 19/01/11.3.1</p> <p>19/01/11.3.2</p> <p>19/01/11.3.3</p>	<p>Cyber Security Report Q1 & 2 2019/20</p> <p>Mrs Freeman presented the Cyber Security report which is a recommended report that will now be a regular, six-monthly report to the Board. The numbers of incidents remain low with no more than three per month. Sentence removed under Section 43 of the Freedom of Information Act.</p> <p>Mrs Freeman noted the lessons learnt in regard to the patching process for Cisco equipment, following an incident at another Trust which led to complete IT failure. As a result, a new role of Assistant Networking Engineer has been approved. Mrs Freeman reported that secure email and Cyber Essentials accreditation have been maintained. Sentence removed under Section 43 of the Freedom of Information Act. Mr Sumner clarified that this report is not in the public domain due to the critical security information included and Mrs Dowson confirmed that this report had been redacted.</p> <p>Mr Brocklebank asked what the resolution plan is for the three critical plans which are shown as problematic and off track. Mrs Freeman confirmed that these are the</p>

	<p>issues already mentioned and this will change as recruitment takes place and the new data warehouse is implemented by the end of 2020. Mr Brocklebank asked if these risks are linked into the Board Assurance Framework (BAF) and Mrs Freeman confirmed that they are and the table on page 87 is lifted directly from the risk register.</p>
19/01/11.3.4	<p>Mr Davis asked if there is some confusion on the BAF between the risks classified as Cyber Security which are actually more about business continuity. Mr Sumner noted that this was the discussion had at the recent Board Away Day, this report provides more detail on the different types of risk but agreed that it is likely that Cyber Security will be separated from other IT continuity risks in the future. Mrs Freeman agreed that these are distinct areas of risk and the ones highlighted in the report are just those linked to system vulnerabilities. Mr Davis commented that this was a useful report to understand risks and to provide assurance and asked how these risks are managed. Mrs Freeman confirmed that the IT Strategy Group and Information Governance Group review these risks and escalate to PAF. Mr Sumner noted that following review of the BAF there will be further clarity on how the Board delegates key risks to each committee.</p>
19/01/11.3.5	<p>The Chairman thanked Mrs Freeman for this report as a welcome regular source of assurance in regard to Cyber Security and IT but suggested that an Executive Summary would be helpful to highlight key issues. Mrs Freeman agreed that this would enhance the report as long as it still meets the requirement of internal auditors.</p> <p>Resolved: The Board noted the Cyber Security Report.</p>
BoD19/01/12 BoD19/01/12.1 19/01/12.1.1	<p>RESPONSIVE</p> <p>Performance Report</p> <p>Mr Oliver presented the performance report which uses data from November 2019. Mr Oliver advised that four of the NHSI Single Oversight Framework (SOF) performance indicators were met in November. Mr Oliver reported that the 4-hour transit time performance continues to be a challenge. The Trust is likely to have similar results in December as well based on provisional figures. Mr Church asked if the A&E extension had led to an improvement in performance. Mr Oliver replied that it had not been anticipated that the extension would have an impact on the 4-hour transit time target but it does mean that the number of patients being cared for on corridors has reduced and the longest length of times to treatment have been reduced. This is an investment for patient experience and safety.</p>
19/01/12.1.2	<p>Mr Oliver noted that ED attendances have started to plateau at around 8,000 per month which is 12.9% above last November attendances. The growth is all at Leighton A&E, numbers attending Minor Injuries Unit at Victoria Infirmary, Northwich (VIN) and the Urgent Care Centre at Leighton Hospital are remaining steady. The conversion rate of attenders to admission has remained steady although the growth in numbers means that there are more admissions and the pressures are being felt on the bed base.</p>
19/01/12.1.3	<p>Mr Oliver advised the Board that the ED business case presented to the Board earlier in the year was based on 2017/18 activity and projected for five years. This has just been refreshed in regard to the medical workforce to understand the staffing needed to deliver the increase in activity. Ms Butcher observed that ED cannot keep expanding to meet demand, the system needs to address the issues and use the recent VENN capacity and capability assessment to develop alternative provision. Mrs Tunney noted that patient acuity is increasing which requires more nursing staff. Mr Sumner agreed that this is the biggest challenge for the organisation. The Trust needs to keep up with investment in workforce and estate and urgent care still requires more investment. Currently more beds have been opened but there are no</p>

	more staff.
19/01/12.1.4	Mr Sumner advised that hospital trusts and local authorities (LA) have been asked to respond to a letter from NHS England and NHS Improvement (NHSEI) to confirm that the LA have put more resource into social care this winter. This recognises that there needs to be more scrutiny on this. The Trust has delivered a joint response with East Cheshire Hospitals NHS Trust to the LA consultation on their budget reflecting the pressures on the Trust from social care.
19/01/12.1.5	The Chairman observed that demand will continue to grow and it is critical that the Trust understands what is driving this growth, is it the population or system issues? Mr Sumner reflected that there now appears to be recognition from government that hospital activity will not decrease but there must be still be a drive to deliver more care in the community. Mr Oliver replied that it is the role of the A&E Delivery Board to understand these factors and how the system can address these. The Chairman noted that in the interim it is the job of the Trust to care for all patients who arrive in A&E.
19/01/12.1.6	Mr Oliver reported that the number of Delayed Transfer of Care (DTOC) patients has started to reduce back down to typical levels and there has been a further improvement in December. Mr Sumner noted that this is very positive and clarified that this was across both LAs. Mr Oliver added that the recent reconfiguration of surgical beds is having the planned impact on medical outlier numbers with a significant decrease following phase 1 in September and after phase 2 was completed in November. The rate is at ten per day in November compared to 25 in November 2018. Mr Sumner observed that this is a good illustration of the impact of responding to patient need and there is lots of evidence about the importance of patients being in the right bed.
19/01/12.1.7	Mr Oliver reported that the number of maternity deliveries has been consistently above plan since One to One Midwives went into administration. Mr Sumner reminded the Board that achieving 3,000 births per year is seen as a key number for service sustainability and this will now be achieved. Mr Sumner asked if the facilities are sufficient to meet a higher demand. Mr Oliver replied that previous investment in maternity and neo-natal facilities mean that the Trust has enough physical space but there is a need to review the staffing requirements.
19/01/12.1.8	Mrs Davies, in the absence of the Director of Finance presented the financial report. The Trust was £10k overspent in month but due to previous month's spend it is now £437k adrift from the Control Total. Mrs Davies noted that the operational pressures are starting to be reflected in the finances following the opening of additional escalation areas above plan. The additional beds must be safely staffed and this necessitates the use of agency staff. Some additional funding has been received from NHSI to support an additional ward but this does not cover the cost of agency staff. Additional funds to support the development of the Ambulatory Care Unit are also due.
19/01/12.1.9	Mrs Davies noted that the increased use of agency staff is not unexpected and the Trust has taken two steps to encourage Trust staff to take up bank shifts to reduce the use of agency staff. Staff have been encouraged to pick up additional shifts over Christmas and beyond with a 12 shifts of Christmas campaign and an additional financial incentive is being paid to staff who work extra shifts on their own wards. The international nurse recruitment is helping. Mrs Davies warned the Board that the Trust is likely to exceed its agency cap this year which will have an impact on the Use of Resources rating. Mrs Davies reported that the Use of Resources rating is currently a 2 which is better than plan, predominantly due to a better financial liquidity rating than expected.

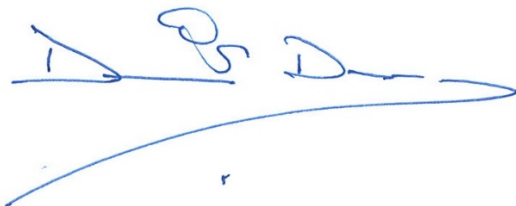
19/01/12.1.10	Mrs Davies advised that local commissioners are over-performing against anticipated activity levels, particularly for unplanned care and for diagnostics. The pressures on Radiology are not sustainable, £2m of work has been outsourced this year which is double that in 2018/19. Mr Oliver noted that an external service review on the Radiology work force is taking place to improve recruitment into this area and reduce the reliance on outsourcing. Mrs Davies added that a Radiology recruitment day in November had had some success and the use of recruit and retain incentives are being discussed.
19/01/12.1.11	Mrs Davies advised that the key divisional challenges are in the Division of Medicine and Emergency Care (DMEC) and Diagnostics and Clinical Support Services due to the reasons already discussed. The DMEC position is worsened by the level of Cost Improvement Programmes (CIP) not delivered. The capital position remains on track with delays due to timing issues not delivery.
19/01/12.1.12	<p>Mrs Davies reported that there had been a discussion at PAF about the budget forecast which would need to be considered in January but the view was that although there are further financial challenges ahead with more escalation beds than planned open there are some options to help mitigate this. The Trust still expects to meet the quarter 3 financial plan but there remains some level of risk in quarter 4 and failure to achieve this would have implications for the capital programme. Mr Sumner advised that this was good assurance for the Board in that there is a clear triangulation of financial and operational pressures stemming from urgent care and the Trust is working hard to mitigate these risks through the workforce plan.</p> <p>Resolved: The Board noted the Performance Report.</p>
BoD19/12/12.2 19/01/12.2.1	<p>Draft Performance and Finance (PAF) Committee notes</p> <p>Mr Davis presented the notes of the meeting of 19 December 2019 and noted:</p> <ul style="list-style-type: none"> • All the national Strategic Oversight Framework (SOF) indicators were met, with the exception of the A&E 4-hour transit target which was not unexpected. This is an outstanding performance compared to other providers. There is a lack of capacity in the system which is driving costs into the Trust. PAF noted that the growth in demand is from the frail elderly and the acuity of these patients is increasing. This is putting staff under immense pressure and while the extension has helped and improved patient and staff experience this has not impacted on the 4-hour transit time • Received an update on the cancer standards across Greater Manchester and noted the Trust has achieved all of these standards in spite of pressures • Noted no requirement to change the financial forecast at this time • Operational pressures continue and have worsened compared to last months • Despite the pressures, the Trust is still on track to meet its Control Total although it is likely to breach the agency cap
19/01/12.2.2	<p>Mr Davis commented that the committee has matured well and successfully correlates quality and performance while taking into account transformation and workforce.</p> <p>Resolved: The Board accepted the report of PAF and the items escalated to the Board for information.</p>
BoD19/01/13 BoD19/01/13.1 19/01/13.1.1	<p>WELL-LED</p> <p>Visits of Accreditation, Inspection or Investigation</p> <p>Mr Sumner reported the CQC visit had taken place in November and December.</p> <p>Resolved: The Board noted the visits reported.</p>

<p>BoD19/01/13.2 19/01/13.2.1</p>	<p>Employer Based Clinical Excellence Awards 2019/20 Mr Luckas advised that this was the first annual report to the Board on clinical excellence awards (CEA) since the policy was revised last year. This is a nationally mandated report. The Trust has not awarded the full amount available as it needs to be clear that this is for excellence. Mr Luckas thanked those Governors who had taken part.</p> <p>Resolved: The Board noted the update on the Board Assurance Framework.</p>
<p>BoD19/01/14 BoD19/01/14.1 19/01/14.1.1</p> <p>19/01/14.1.2</p> <p>19/01/14.1.3</p> <p>19/01/14.1.4</p> <p>19/01/14.1.5</p>	<p>EFFECTIVE Workforce Report Mrs Barnett presented the Workforce Report using data from November 2019. Mrs Barnett noted an increase of in-month sickness. In response the Executive Workforce Assurance Group has applied Statistical Process Control (SPC) to sickness in Estates & Facilities and Women & Children's where there has been a notable increase. This process should aid understanding of why rates have increased in these areas.</p> <p>Mrs Barnett noted that there had been a slight improvement in appraisal compliance and in December the 90% target has been reached. Mrs Barnett advised that the mandatory training rate has plateaued at around 84% and this will be the focus of further attention. A new e-learning platform is due to go live next month which has responded to staff feedback to make access and reporting easier.</p> <p>Mrs Barnett commented that while turnover remains better than target and is meeting the target this hides some areas of concern for example in nursing. When predictive measures have been used to map the next 18 months the vacancy gap is likely to worsen. This illustrates that despite a number of interventions in place more is needed and that retaining staff is key. TAP will be looking at this in more detail in February. The data analysis shows that there is more of a challenge with retention in Surgery & Cancer as there is an older workforce here. Mrs Barnett explained that this links closely to the Health and Wellbeing workstream, how to care for staff and ensure the reward and recognition strategy is right. Further focus is needed for Allied Health Professionals. The Chairman commented that it was positive to have an intelligence-led workforce strategy.</p> <p>Mrs Barnett noted that next steps for the BAF are to ensure that the risks are aligned to workforce issues and that this triangulates with the reality for staff and is informed by metrics. Mr Sumner observed that this was the approach for the next year as if workforce issues are not solved then this will create further costs. As the operational plan is developed for 2020/21 it needs to include the costs of solving workforce issues as the impact of these will take time to show financially. Ms Massey asked how the investment in the HR and Organisational Development (OD) team is progressing. Mrs Barnett updated the Board on recruitment with two of the three senior workforce and OD business appointed following internal development. The team is undertaking more OD interventions linked to transformation projects.</p> <p>Ms Massey commented that investment is required in non-clinical roles as well to support clinical staff. Mrs Barnett agreed noting the additional resource embedded in DMEC to support with metrics is having a very positive benefit. Mrs Barnett added that there are other projects invested in such as the ESR project which is now providing much better workforce data and a Data Workforce Analyst is being recruited. Mr Sumner agreed investment is crucial as the do nothing scenario is sobering. Ms Butcher commented that 2019-20 has been another year of actively strengthening the spine of the organisation and building the foundations of an intelligence-led approach.</p>

	<p>Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p>BoD19/01/14.2 19/01/14.2.1</p>	<p>Transformation and People Committee (TAP) – 5 December 2019</p> <p>Ms Butcher presented the notes of the meeting of TAP, noting that there were three items for verbal escalation:</p> <ul style="list-style-type: none"> • Received a presentation of the VENN model and concerns were raised in relation to the commissioning of appropriate capacity which will be escalated to the Cheshire East Partnership Board • Received a presentation on the benefits of the 90-day methodology programme for Pre-Operative Assessment Clinics • Received an update of Our Workforce Matters Strategy but noted the disappointment of being unable to launch the branding campaign due to issues with the intranet. <p>ACTION: Benefits assessment to be circulated to Board Members.</p>
<p>19/01/14.2.2</p>	<p>Mrs Barnett agreed that it is frustrating that technology cannot be moved quickly enough which has held up the branding campaign. This underlines the importance of having workplans aligned and teams thinking together more. Mr Sumner noted that the next Board Away Day will have a focus on the strategy to really prioritise what needs to be done. Workforce is the biggest challenge and a small investment in such as that in branding and communications needs to be linked together in the strategy.</p> <p>Resolved: The Board noted the minutes of the TAP meeting.</p>
<p>BoD19/01/14.3 19/01/14.3.1</p>	<p>Consultant Appointments</p> <p>Mr Luckas advised that three Consultant appointments have been made from one interview process for Consultant Paediatricians. All three will be taking part-time contracts and this was a good opportunity to appoint to a speciality which can be a recruitment challenge.</p> <p>Resolved: The Board noted the appointment.</p>
<p>BoD19/01/14.4 19/01/14.3.1</p>	<p>Cure Bid</p> <p>Mr Oliver reminded the Board of the presentation at a Board to Board meeting with the CCG by Dr Duncan Fullerton on the Cure programme aimed at reducing smoking rates. Mr Oliver noted that the Trust had submitted a bid following this which was not successful but there is now another opportunity. The deadline for the bid is next week and will be presented to Executives later today and then to TAP on Thursday for approval. Mrs Frodsham observed that Dr Fullerton has undertaken a huge amount of work to promote this programme with partners across Cheshire. Mr Oliver noted that while the bid has to come from a secondary care provider the bid has been developed with partners.</p> <p>Resolved: The Board supported the bid for the CURE programme.</p>
<p>BoD19/01/15 19/01/15.1.1</p>	<p>Any Other Business</p> <p>iBabs Board Portal</p> <p>Mrs Freeman advised the Board that following a tender process and a live demonstration to members of the Board and Board Secretariat, iBabs had been chosen as the solution to move the Board to paperless meeting. The system will go live in February with March as the first Board meeting on the new system. The Board will have a full training session at the next Board Away Day.</p>
<p>19/01/15.1.2</p>	<p>Rainbow Badges</p> <p>Mr Oliver advised that the Trust would like to adopt a NHS scheme which has been</p>

<p>19/01/15.1.3</p> <p>19/01/15.1.4</p>	<p>rolled out to 50% of Trusts. The purpose of this scheme is to show that staff are visibly open and non-judgemental to staff and patients that are or are thinking about identifying as LGBTQI. Staff are asked if they want to sign a pledge and wear a rainbow NHS badge. There will be further communications to staff, there has also been a lot of interest from non-NHS partners. The Chairman expressed his support for the scheme. Mr Davis noted that members from the LGBTQI community had attended the last Annual Members Meeting and had been positive about the culture and support offered by the Trust.</p> <p>Resolved: The Board agreed to adopt the Rainbow Badge scheme for the Trust.</p> <p>Mr Davis The Chairman announced that sadly this was the last meeting for Mr Mike Davis who has been a NED for the last seven years. The Chairman thanked Mr Davis for his contribution which it is impossible to overestimate and noted that Mr Davis leaves the Trust in a stronger place than when he started. The Chairman wished Mr Davis well for the future. Mr Davis replied with a reminder of what the Board were discussing when he started in 2013 and drew out the parallels and similarities with issues discussed at the Board today. Mr Davis reflected that there was much to be proud of in the last seven years but what the Trust should value the most highly is the culture of its staff and the compassion and desire to improve the outcomes and experience for patients.</p> <p>Mr Davis as part of the review of the meeting noted that today's meeting had been typical with a moving patient story which is impacting the improvement of services at the start of the meeting. The meeting demonstrates the Board's commitment to the key themes and findings of the Francis enquiry into Mid Staffordshire NHS Foundation Trust in 2013. Mr Davis concluded that this is a kind but tough Board which it has been a privilege to be part of.</p>
<p>BoD19/01/16</p>	<p>Time, Date and Place of the next meeting Board of Directors Meeting to be held in Public on Monday 3 February 2020 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.</p>
<p>The meeting closed at 11:58am hours.</p>	

Signed



Chairman

Date 06 February 2020

Minutes of Board Meeting held in 'Private'
Monday 6 January 2020
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 M Luckas Ms L Massey Mr C Oliver Mr L Philpott Mr J Sumner Mrs J Tunney</p> <p>In Attendance Mrs A Freeman Mrs D Frodsham Mrs R Davies Mrs K Dowson</p> <p>Apologies Mr R Favager Dr K Birch</p>	<p>Chairman Director of Workforce and OD Non-Executive Director Non-Executive Director Deputy Chair Non-Executive Director Medical Director Non-Executive Director Chief Operating Officer Non-Executive Director Chief Executive Officer Director of Nursing and Quality</p> <p>Chief Information Officer Director of Strategic Partnerships Deputy Director of Finance Trust Board Secretary</p> <p>Director of Finance & Strategic Planning Lead Governor</p>
BoD2/20/01/1	<p>Welcome and Apologies The Chairman welcomed Board members to Part II of the meeting and noted the apologies given.</p>
<p>BoD2/20/01/2 2/20/01/2.1</p>	<p>Board Members Interests There were no interests declared in relation to open items on the agenda.</p>
<p>BoD2/20/12/3 2/20/01/3.1</p>	<p>Minutes of the Previous Meeting Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 2 December 2019.</p>
<p>BoD2/20/12/4 2/20/01/4.1 2/20/01/4.2</p>	<p>Matters Arising and Actions from Previous Meeting There were no matters arising in addition to those included on the agenda. The Chairman noted that the three outstanding actions have either been completed or are on the agenda for the meeting. Resolved: The Board noted the outstanding actions had been completed.</p>
BoD2/20/12/5.1	<p>Effective Medical Staffing Update</p>

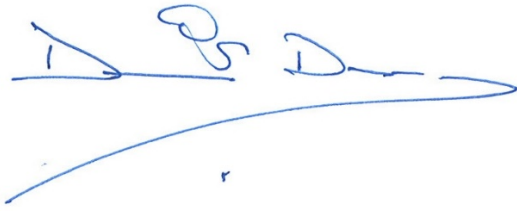
2/20/01/5.1	<p>Sentence redacted under Section 40 of the Freedom of Information Act.</p> <p>Resolved: The Board noted the update provided.</p>
<p>BoD2/20/12/6 BoD2/20/12/6.1 2/20/01/6.1.1</p>	<p>Well Led Chief Executive Update Cheshire Fire and Rescue Mr Sumner advised that Cheshire Fire and Rescue Service have responded to the Trust's letter in regard to the ward refurbishment deadline as work will go beyond the previously agreed date. An extension has been agreed and the importance of completing the work reiterated.</p>
2/20/01/6.1.2	<p>NHSEI Event Paragraph redacted under Section 36 of the Freedom of Information Act.</p>
2/20/01/6.1.3	<p>Paragraph redacted under Section 36 of the Freedom of Information Act.</p>
2/20/01/6.1.4	<p>Mr Sumner noted that the Trust needs to be ready to respond to any funding opportunities particularly for IT and infrastructure. Mr Sumner observed that in 2019/20 the Trust had benefits of nearly £4m by being prepared for opportunities for additional funding at short notice.</p>
2/20/01/6.1.5	<p>ICP Mr Sumner advised that he and Mrs Frodsham had a productive meeting with Cheshire and Wirral NHS Foundation Trust (CWP) to discuss the Cheshire East Integrated Care Partnership (ICP). In principle it has been agreed that the Trust will be the host and conversations have started to develop how this might look in practice. Mr Sumner noted that he has also met with East Cheshire Hospitals NHS Trust (ECT) to discuss these plans. Mr Sumner advised that he will be attending ECT Board to appraise them of the plans.</p>
2/20/01/6.1.6	<p>Paragraph removed under Section 36 of the Freedom of Information Act.</p>
2/20/01/6.1.7	<p>Mr Sumner outlined the Trust preference to have two programmes of work within Cheshire East Place which are the Acute Sustainability agenda and delivery of the ICP and a Partnership Board overseeing this. Assurance has been received from all partners that investment in social care is a priority. Risks are shared between all partners. Ms Butcher asked where the commissioning strategy across the LA and Clinical Commissioning Groups (CCG) is and Mr Sumner replied that this should sit with the Partnership Board.</p>
2/20/01/6.1.8	<p>Mr Sumner advised that Cheshire East Council are keen that the Partnership Board is more closely linked to the Health and Wellbeing Board. Ms Butcher noted that the membership of the ICP Board is important to ensure all partners are engaged but the Health and Wellbeing Board is a product of the 2012 NHS and Social Care legislation and may no longer be relevant given the changes proposed. The ICP Board will have to make decisions not just provide a scrutiny function.</p> <p>Resolved: The Board noted the Chief Executive's update.</p>

<p>BoD2/20/12/6.2 2/20/01/6.2.1</p>	<p>Business Case Pre-Commitments</p> <p>Mrs Davies updated the Board on the discussions held at Performance and Finance Committee (PAF) in regard to the commitments already made for new investment by the Board through business cases. This was following a previous discussion at Board as there are £4m of pre-commitments already for 2020/21. Mrs Davies suggested that as preparations for the annual plan are underway it would be better addressed as part of this process. The Chairman clarified that the Board would review the draft annual plan at the March meeting. Mr Sumner added that the strategic planning at the Board Away Day in January will help to prioritise the commitments for next year.</p> <p>Resolved: The Board noted the update.</p>
<p>BoD2/20/12/6.3 2/20/01/6.3.1</p> <p>2/20/01/6.3.2</p> <p>2/20/01/6.3.3</p> <p>2/20/01/6.3.4</p> <p>2/20/01/6.3.5</p> <p>2/20/01/6.3.6</p>	<p>South Cheshire Private Hospital (SCPH) Operating Model</p> <p>Mr Oliver presented a paper outlining the proposed operating model for South Cheshire Private Hospital (SCPH) once the acquisition is completed in February. Mr Oliver noted that there is still a lot of work to prepare the Trust to take on circa £5m worth of NHS activity. Some elements have the potential to be stripped out such as telephone consultations. Mr Oliver advised that the building is likely to be closed for 5-6 months for refurbishment.</p> <p>Paragraph removed under Section 42 of the Freedom of Information Act.</p> <p>Mr Oliver advised that the gaps in demand and capacity have been mapped and some Estates efficiencies identified. Surgery & Cancer division are working to understand what they need to deliver the additional activity and if further resource is needed which will need to be treated as any other investment.</p> <p>Mr Oliver outlined the plan for SCPH which is to create an Orthopaedic Centre of Excellence. Mr Sumner addressed the risks outlined in the paper which reflect that the first six months will be challenging. The impact on Referral to Treatment (RTT) waiting times and the size of the waiting list has been raised with regulators but there is still more to explore, for example to ensure that there is sufficient space in outpatient clinics. Mr Sumner noted that Consultants are keen for this to progress but with the Trust already at 100% occupancy there needs to be a clear aspiration of how it will work and what the benefits to the long-term strategy are. A discussion needs to be had on how essential maintaining the RTT is if it means using premium resources to achieve it. Mr Philpott commented that the risk section is slim and this would benefit from being expanded with mitigation strategies outlined.</p> <p>Ms Butcher asked if the Trust is risking higher agency costs to manage more activity. Mr Oliver replied that the proposed LLP is one solution to manage the extra Consultant capacity. Mr Oliver suggested that currently same-day cases have to stay overnight because the recovery bay is only open until 8pm and there may be a case for closing this later which would allow for a third session in theatres and reduce overnight stays. Mr Oliver advised that Performance and Finance Committee (PAF) will continue to review this work until the model is agreed and then Transformation and People (TAP) will take ownership.</p> <p>Mr Brocklebank asked if there is a business development and marketing</p>

<p>2/20/01/6.3.7</p> <p>2/20/01/6.3.8</p>	<p>plan as if the building is closed people will assume it is not reopening. Mr Oliver confirmed that the CCG are now advising that referrals to SCPH have stopped but promoting the facility is not a priority as it will be a challenge to fulfil all the referrals that will come through GPs. Once the centre is established there will be opportunities for out of area activity such as previously completed for Betsi Cadwaladr University Health Board. Mr Sumner added that private work is not being retained so the communications focus is on GPs rather than the public but acknowledged that the public messages need to be right and talk about the investment in a new centre of excellence</p> <p>The Chairman commented that it is a good paper which provides clarity on a number of things and it is positive to hear that Consultants are on board. Communications will be important and a compelling narrative created that contains three to four messages. Mr Oliver reminded the Board that the wider organisation does not know about this proposal yet and there are rumours building so communications need to go out this week. Mr Church asked if the new building will be branded separately and Mr Oliver replied that it will be but it will be clear that insured patients are not going to be treated. There is quite a big market for self-pay patients and the Trust has undertaken these in the past but the process is not streamlined and this would need to be improved if it is to be another revenue stream.</p> <p>Mr Sumner asked why this was not an options paper but just has one proposed solution. Mr Oliver confirmed that this followed the discussion at Board Away Day in September which had been in favour of this model.</p> <p>Resolved: The Board agreed the planned operational model for South Cheshire Private Hospital.</p>
<p>BoD2/20/12/6.4 2/20/01/6.4.1</p> <p>2/20/01/6.4.2</p> <p>2/20/01/6.4.3</p> <p>2/20/01/6.4.4</p> <p>2/20/01/6.4.5</p> <p>2/20/01/6.4.6</p>	<p>Limited Liability Partnership (LLP) Model Mr Oliver presented the proposal of how to deliver additional work with the same workforce and advised that five options had been reviewed:</p> <ul style="list-style-type: none"> • Locum/interim consultant, but this is a recruitment risk • Insourcing, Wording removed under Section 43 of the Freedom of Information Act. • Waiting List Initiative, these are challenging to do now because of the tax and pension liability pressures for Consultants • Increase of existing job plans, this would have the same issue on pensions • Contract with an LLP has been assessed as the best short-term solution for a pilot <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p> <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p> <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p> <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p> <p>Mrs Frodsham commented that the Trust needs to move quickly to the medium term aims to recruit two new surgeons to build on the additional capacity. The Consultants have recognised there are no avenues to</p>

<p>2/20/01/6.4.7</p> <p>2/20/01/6.4.8</p>	<p>generate additional income streams. Mr Luckas agreed that recruiting new Orthopaedic surgeons should not be a problem but the additional Endoscopy work will require more staff and these are harder to recruit, as are Urologists. Mr Oliver confirmed that this is the plan and the LLP is very much a short term fix to meet patient care.</p> <p>Paragraph removed under Section 42 of the Freedom of Information Act.</p> <p>The Chairman summarised that the Board is exploring a hybrid model for a transitional period that doesn't commit the Trust and that it must ensure that it is contracting services not individuals. The Trust needs to understand the limit of the potential exposure in a short-term solution. The Chairman suggested a further discussion with additional feedback from the solicitors would be helpful before the acquisition date in mid-February. Mr Sumner confirmed that this could be added to the Board Away Day discussion. Sentence removed under Section 36 of the Freedom of Information Act. The Chairman thanked the Non-Executive Directors in particular for their helpful input</p> <p>Resolved: The Board noted the proposal for an LLP and asked that this is returned for further discussion following the receipt of further information from solicitors.</p> <p>ACTION: Removed under Section 36 of the Freedom of Information Act.</p>
<p>BoD2/20/01/7 2/20/01/7.1.1</p>	<p>Any Other Business</p> <p>Mrs Freeman advised that the digital clinical business case has now been sent from the regional team NHSI team to the national team for approval who have an estimated review time of four weeks.</p> <p>Resolved: The Board noted the update.</p>
<p>BoD2/20/01/8 2/20/01/8.1.1</p>	<p>Review of the Board meeting</p> <p>Mr Davis finished his review of the meeting noting the extraordinary issues the Board has been focusing on for the past seven years and how many of these are still contemporaneous, such as SCPH and the Partnership Board. However, the Trust is in a much better place and Mr Davis expressed his confidence that the development of the ICP will address gaps in out of hospital care and improve patient care and that the Trust will get an EPR. Mr Davis concluded that the biggest shift is to the culture of the Trust and its capacity to manage change despite the everyday operational pressures.</p>
<p>BoD2/20/01/9</p>	<p>Time, Date and Place of the next meeting</p> <p>The Board of Directors Meeting is to be held in Private on Monday 3 February 2020 in the Boardroom, Leighton Hospital following the Board meeting held in Public.</p> <p>The meeting closed at 13:25pm</p>

Signed

A handwritten signature in blue ink, consisting of a stylized 'I' followed by a horizontal line, a large 'S' with a loop, and a 'D' with a horizontal line, all connected by a long, sweeping underline.

Chairman

Date 06 February 2020