

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 6 June 2016

at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Ms E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning

In attendance

Katharine Dowson	Trust Board Secretary
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Observing

Sara Nightingale	Ward Manager, Ward 23
Mark Wilde	Divisional General Manager, Women and Children's
Karen Edge	Deputy Director of Finance (BIU)
Kate Williams	Ward Manager, Ward 18 (<i>Item BoD16/06/10.1 only</i>)
Penny Dobson	Ward Manager, Ward 9 (<i>Item BoD16/06/10.1 only</i>)
Jill Clarke	Ward Manager, Elmhurst (<i>Item BoD16/06/10.1 only</i>)
Barbara Beadle	Governor
Ray Stafford	Governor
Janet Roach	Governor
	Volunteer <i>Name removed under S40 of the Freedom of Information Act</i>
	Volunteer <i>Name removed under S40 of the Freedom of Information Act</i>
Sue Pickup	Patient Experience Manager (<i>Item Bod 16/06/2 and BoD16/06/10.1 only</i>)

Apologies

John Lyons	Lead Governor
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BoD16/07/1 Welcome, Introduction and Apologies

- 16/06/1.1 The Chairman welcomed the Board and observers to the meeting, in particular Ms Carmichael who was attending her first board meeting as a Director of the Trust.
- 16/06/1.2 Apologies for absence were received and noted.

BoD16/06/2

Patient Story

16/06/2.1

Ms Lynch introduced a story about the first triplets to be born at Leighton hospital in the last ten years. The story was very positive with the parents particularly praising the foetal medicine team who supported them throughout the pregnancy and the Neo-Natal team. They remarked on the care taken, each triplet had its own team and support continues to be good from the Paediatric team. Board particularly noted the advice the parents received 'from multiple sources' about going to a specialist provider once they were aware they were carrying triplets but that they had decided to stay with Leighton and advised 'they would do so again under the same circumstances'.

16/06/2.2

The Board were pleased to see such a positive story. Mr Davis added that this emphasised the importance of having a consultant led maternity service for the local health economy. He also suggested that the Board should let the family of the significant donor to the Neo-Natal refurbishment in 2014 know the outcome and impact of the investment on this family.

ACTION: Chairman to write to Name removed under S40 of the Freedom of Information Act, highlighting this story.

BoD16/06/3

Board Members' Interests

16/06/3.1

There were no new interests to declare.

16/06/3.2

There were no interests declared in relation to open items on the agenda.

BoD16/06/4.1

Minutes of the Previous Meeting

16/06/4.1.1

The Board agreed the minutes of 3 May 2016 with the following amendments:

- Mr Barnes noted that he had arrived during item 2.1.
- Mrs Bullock noted that in paragraph 16/05/12/1/3 the phrase 'cost improvement programme' was duplicated.
- Mrs McNeil asked that the phrase 'intelligent information' be replaced with the more appropriate 'intelligent analysis' in paragraph 16/05/13.1.2
- Mr Oldham noted that in paragraph 16/05/13.2.2 the word Board should be removed from the phrase Board Governance Report as it was not a *Board* Governance report.

Resolved: The Board minutes of 3 May 2016 were agreed as a true and accurate record of the meeting, with the noted adjustments of accuracy.

BoD16/06/4.2

Minutes of the Extraordinary Board Meeting 24 May 2016

16/06/4.2.1

The Chairman expressed his thanks to Dame Patricia for chairing the Extraordinary Board meeting in his absence. There were no amendments to the minutes.

Resolved: The Extraordinary Board minutes of 24 May 2016 were agreed as a true and accurate record of the meeting.

BoD16/06/5

Matters Arising and Action Log

16/06/5.1

There were no Matters Arising in addition to those included on the agenda.

16/06/5.2

The Chair asked the Board to note that there were no outstanding actions on the Board Action Log.

BoD16/06/6 Annual Work Programme

16/06/6.1 Mrs Dowson informed the Board that the Work Programme has been amended this month. The Stronger Together Programme Board report has been removed from July as the Board agreed this report will be delegated to the Transformation and People Committee (TAP). Mrs Dowson also advised the Board that the CQC Registration Bi-Annual Report and the CQC Comprehensive Inspection Action Plan will be on the July Agenda as it will not be reviewed at Committee level until later in June.

Resolved: To note and approve the 2016/17 Work Programme and note the changes made.

BoD16/06/7 Chairman's Announcements

BoD16/06/7.1 Meeting with Cheshire East Council Chief Executive

16/06/7.1.1 The Chairman informed the Board that he and Mrs Bullock had recently met with Mr Michael Suarez and Mr Paul Bates, the Cabinet Member and portfolio holder for health. The Chairman reported on a positive discussion in regard to strategic issues and the local health economy. He and Mrs Bullock will be meeting with Cllr Rachel Bailey, Leader of Cheshire East Council in two weeks time. Cllr Janet Clowes remains the Cheshire East Council Partnership Governor representative.

BoD16/06/7.2 British Red Cross

16/06/7.2.1 The Chairman asked the Board to note his interest in this item as Cheshire President of the British Red Cross. The Chairman reported the cessation of winter resilience funding which supports the Red Cross work in A&E with discharges. He noted that Chester and Warrington hospitals have also had this service withdrawn for the same reasons. The Chairman added that there may be a future opportunity to restore this service through future winter resilience money. He also confirmed that the Red Cross still retain a strong presence in the Trust and they will be providing their Home Support service for recent discharges which is funded separately.

16/06/7.2.2 Mrs McNeill asked why the funding has been lost. The Chairman confirmed that NHS England have reduced funding to the CCGs so they are under pressure to withdraw all non-tariff funding. Mrs Bullock commented that winter funding is usually for an activity over a given period of time and noted that the System Resilience Group, (SRG), were undertaking a review to understand the impact and effectiveness of all winter initiatives and to ascertain if these would be useful beyond those periods. The Chairman advised the Board that he has raised this issue with the Chief Executive of the British Red Cross.

BoD16/06/7.3 Cheshire Police and Crime Commissioner

16/06/7.3.1 The Chairman advised the Board that following elections in May, Mr David Keane has been elected as the new Police and Crime Commissioner for Cheshire. The Chairman has written to Mr Keane and invited him to meet with Mrs Bullock and himself. Mr Barnes asked whether a regular police presence on site could be restored and the Chairman confirmed that this would be on the agenda for the meeting.

BoD16/06/7.4 Estate and Service Visits

16/06/7.4.1 The Chairman updated the Board on his visit to the Pathology department. He noted the transformation of the department as a result of significant investment in world class, state of the art analytical equipment. Despite the upheaval the department have maintained standards, retaining its status as one of the few Pathology departments to

have achieved all four major accreditations. The Chairman noted the hard work and dedication of the team. Mrs McNeil suggested that this could be a useful opportunity for a positive press story.

ACTION: To write to the Pathology team to thank them for the work (Chairman)
ACTION: Ask the Communications Manager to send a press release out detailing the investment in Pathology (E Carmichael)

16/06/7.4.2 The Chairman reported that he had also visited the Victoria Royal Infirmary site with Mr Mike Babb, Divisional Director of Estates and Facilities. The visit focused on the estate and the opportunities on the site for community services but he also met patients and received very positive feedback. Mrs Frodsham noted that charitable funds had enabled the ophthalmology suite to be established, this is now open and treating patients who previously had come to Leighton. The Phlebotomy suite has also had investment to increase capacity.

BoD16/06/8 Governors' Items

16/06/8.1 **Lead Governor:** The Chairman advised the Board that currently no nominations for the Lead Governor position had been received.

16/06/8.2 **Governor Elections:** Mrs Dowson, on behalf of the Chairman, updated the Board on the process underway for the election of new Governors. Mrs Dowson advised the Board that the nomination phase for new Governors would start on the 1 July and close on 29 July following which the election period, if needed, will start on 19 August and close on 15 September. Results are expected on Friday 16 September.

16/06/8.3 Mrs Dowson added that there are now 4 Governor vacancies rather than the 3 previously reported to the Board. These are in Vale Royal, Patient and Carers and Nursing and Midwifery Staff Constituencies. There is also now a vacancy in Congleton as Dion Cross was asked to relinquish his position following non-attendance at Council of Governors meetings.

16/06/8.4 **Governor/NED Meeting:** The Chairman summarised the positive meeting between Governors and NEDs held on 9 May 2016 which had been well attended. There was a good discussion on the financial challenges faced by the Trust, the Sustainability and Transformation Plan (STP), Junior Doctors, Purdah and Freedom to Speak up Guardian. The last topic was raised by a Governor who wished to know what the Trust were doing to meet their obligations on this and although there was insufficient information available in the meeting Mrs Dowson was able to report back to all Governors on the Trust ongoing work in this matter.

ACTION: Circulate note of Governor/NED meeting to Executives for information. (Mrs Dowson)

BoD16/06/9 Chief Executive's Report

BoD16/06/9.1 Junior Doctors Update

16/06/9.1.1 Mrs Bullock reported that the BMA and the Government have reached agreement on the terms of the new Junior Doctors contract and subject to approval by members this may lead to the end of the current dispute. The doctors were currently being balloted with results expected at the end of June. Mrs Bullock reported that there are still ongoing discussions about how the new contract will look, and Medical Staffing are modelling the impact of the new contract on the junior doctors who remain concerned about the contract. Dr Dodds added that at the recent Joint Local Negotiation Committee meeting

the BMA representative were not convinced that the ballot will be an endorsement of the agreement reached. The new contract will not be implemented until the results of the ballot are known.

BoD16/06/9.2 Cheshire & Merseyside STP Membership Group

16/06/9.2.1 Mrs Bullock advised the Board that she will be attending the second meeting of this group on 23 June. Mrs Bullock reported that Mrs Louise Shepherd, Chief Executive of the STP Leadership Group, attended the Cheshire and Merseyside local Chief Executive provider group. During this meeting Mrs Shepherd reported that NHS England have provided a clear steer on the content of the STPs and the need to focus on two to three clear issues. One of these should be acute provider reconfiguration. Mrs Bullock said that she will be meeting with the other Cheshire acute provider Chief Executives and the Chief Executive from Wirral University Teaching Hospital to discuss the STP.

16/06/9.2.2 Mrs Bullock reported that the STP footprint indicative allocations for 2016/17 to 2020/21 have now been released and advised Board of these.

BoD16/06/9.3 Local Delivery Plan - Strategic Outline Case

16/06/9.3.1 Mrs Bullock informed the Board that the Mid Cheshire local health economy strategic outline case was complete and had been circulated to the Board and Governors. While some aspects remain theoretical and aspirational, the plan recognises the financial challenges, including the social care deficit, predicted locally. The plan outlines local interventions that can be implemented, but some challenges can only be solved through the regional or national health economy solutions which can then drive change locally. The group is continuing to meet regularly in order to maintain momentum on the plan.

BoD16/06/9.4 Executive Director Away Day

16/06/9.4.1 Mrs Bullock reported on the Executive Director Away Day which took place on 31 May. The morning was spent discussing the Community Services Tender, reviewing the mobilisation, implementation plan and the level of due diligence required. Mrs Bullock will continue to keep the Board informed of this work. The Executives also discussed the Local Delivery Plan - Strategic Outline Case and the Temporary Staffing project which is being led by Ms Lynch and Ms Carmichael.

BoD16/06/9.5 Connecting Care Provider Board

16/06/9.5.1 Mrs Bullock summarised the most recent Connecting Care Provider Board held on 20 May. Deloitte presented a summary of the Local Delivery Plan – Strategic Outline Case noting some challenge from the board regarding the assumptions made within the case.

16/06/9.5.2 Significant discussions took place regarding the Integrated Community Teams and whether the funding is included in the Community Services specification, noting the CCGs are making a decision on 9 June whether funding will continue for this programme. If they decide not to fund this then the Trust need to understand the impact on the specification for the community services tender. There continues to be regular meetings with the partnership consortium and the CCGs which also includes legal support.

16/06/9.5.3 Mrs Bullock reminded Board of the progress that has been made on scoping the development and implementation of the integrated community teams across three clusters and that the Connecting Care Board had approved a Business Case prior to the agreement to fund the programme. Mrs Bullock advised that further information was subsequently given showing how money would be taken out of the acute provider as

activity reduced. Mrs Bullock further noted that the CCGs financial position is such that they are reviewing all discretionary spend and the Integrated Community Teams was part of this consideration. As requested by the CCG Mrs Bullock confirmed a benefits realisation paper had been submitted to the CCG to support their decision making. Mr Hopewell asked if finances were the only aspect of the decision and Mrs Bullock confirmed this was the case. Mr Church commented on how impressed TAP had been by the work being done to date so it was very disappointing to hear the funding was at risk. Mrs Bullock confirmed that community services integration is the agreed direction of travel but the CCG have said that no benefits have been realised yet and their budgets are under severe pressure. Whilst Mrs Bullock acknowledged the limited benefit to date she confirmed that this would be the case with only 50% of staff recruited prior to the pause and no leadership or project management to take the service forward.

Cheshire & Merseyside Provider Chief Executive Meeting

Mrs Bullock confirmed that this had been reported under item 16/06/9.2.

BoD16/06/9.6 Contract Position with CCGs

16/06/9.6.1 Mrs Bullock advised the Board that the contract was signed on 25 May and Mr Oldham will report on the impact in the Budget Item 13.4

BoD16/06/9.7

16/06/9.7.1 Mrs Bullock reported an additional item following an incident last week whereby a woman carrying a baby appeared to be acting suspiciously. Although quickly ascertaining that no babies were missing an alert was appropriately triggered by two midwives who saw the woman. An immediate investigation showed that there were no concerns and the site lock down of the site ceased. Mrs Bullock reported that the incident had been handled very well and illustrated the effectiveness of the Trusts processes, whilst noting the usual after action review will take place to ascertain any new learning. Dame Patricia added that she was disappointed with the media coverage as local residents were reported as being concerned about safety at the hospital. Mrs Bullock added that the coverage was unfortunately alarmist for the public but the narrative did show that the hospital was safe despite the emotive language used and that the media stories themselves were generally positive

BoD16/06/10 CARING

BoD16/06/10.1 National Patient Survey

16/06/10.1.1 The Chairman welcomed Mrs Kate Williams Ward 18 Ward Manager, Mrs Penny Dobson Ward 9 Ward Manager, Mrs Jill Clarke Ward Manager, Elmhurst and Mrs Sue Pickup, Patient Experience Manager. Mrs Williams introduced the presentation and noted the improved results from the 2015 survey. The average score for all questions had improved by 3% from the last survey, with significant improvements on noise at night and support for pain relief. Responses were received from 681 inpatients, from June and July 2015, which was a 9% higher response rate than last year. Each ward has received their specific feedback and areas with more than 30 responses had received a personalised ward report which has been well received.

16/06/10.1.2 Mrs Clarke reported that the survey had asked what was good and what could be improved. Areas of improvement highlighted included staffing levels, food, call bell response and lights at night. Ms Clarke advised the Board that action was already being taken to in these areas to improve the patient experience.

16/06/10.1.3 Mrs Dobson told the Board that there had been a prevailing theme in the responses regarding lack of communication. As a result of this the inpatient information has been reviewed and updated; 'Your Stay in Hospital' booklets are now available to all patients.

These explain everything from admission to discharge; EIDO leaflets are also available for patients on many conditions. Another theme reported is in regard to delays on discharge and several measures are being put in place as part of the wider work already ongoing in this area. Mrs Dobson added that the need to speak to staff regarding changes and to communicate the results and actions and share good ideas was essential and is being carried out.

- 16/06/10.1.4 Dame Patricia remarked that it was good to see improvements as a result of action taken, for example the noise at night campaign and that while discharge speed remains an issue, it is a complicated process to get 2 weeks of medication prepared. Mrs Dobson responded that on her ward, most patients go home with a standard pack of medication which has the opportunity to speed the process up and that she is currently looking into this standard pack being issued from the ward. Mr Barnes reiterated that it is good to see progress and asked for clarification on the process to report the survey results. Mrs Pickup confirmed that the survey closes in September, with results back to the Trust in December and a benchmark report issued by CQC in the early summer. Ms Lynch added that the results are also used to inform the Quality and Safety Strategy.

BoD16/06/10.2 Quality, Safety and Experience Report

- 16/06/10.2.1 Ms Lynch presented the April figures from the Quality, Safety and Experience report. The aim to reduce year on year of patient harm incidents was achieved in April, 168 compared to 214 in April 2015. Ms Lynch reported four serious harm incidents which were all Stage 3 pressure ulcers. The Trust has launched a React to Red campaign in May with work beginning with staff in April. The inpatient falls reduction target was met but work remains ongoing to reduce incidents further. Dame Patricia commented that she had attended the launch of the pressure ulcer work and a collaborative workshop and was very impressed with the work underway. Ms Lynch added that the intention is to sustain this work in order to see that reflected in the results.
- 16/06/10.2.2 Ms Lynch drew the Board's attention to the SHMI rates table. Mr Barnes asked Ms Lynch to clarify the definition of low harm in relation to Medication Incidents. Ms Lynch replied that these are national definitions and low harm means the patient's condition was not affected by medication being missed or incorrect.
- 16/06/10.2.3 Ms Lynch advised the Board that the CDifficile and MRSA targets were achieved in April but there has been one MRSA case in May which will be reported next month, the patient is doing well. The stroke target was missed in month. The business case presented for approval at today's Board meeting is intended to address many of the barriers for achieving this and if approved will be in place from 1 July. Ms Lynch asked the Board to note that the new CQUIN targets will be reported from next month. This report reflects the Q4 results from 2015/16 in which the AKI and Sepsis CQUIN targets were not met.
- 16/06/10.2.4 Ms Lynch asked the Board to note the staffing levels for April noting that there had been an increase in registered nurse and HCA hours achieved for both day and night shifts in month.
- 16/06/10.2.5 Ms Lynch presented the Patient Experience section of the report noting 26 complaints were received in April with a prevailing theme of communication. She noted the recent work done to improve inpatient communication. Ms Lynch noted that two complaints were closed by the Ombudsman in April, one was upheld and one was not. Mrs McNeil asked for detail of the upheld complaint and what lessons could be learnt from it. Ms Lynch advised Mrs McNeil she would report back to her the details and any implications.

ACTION: Ms Lynch to advise Mrs McNeil on the details and implications of the

upheld complaint from the Ombudsmen (Ms Lynch).

16/06/10.2.6 Ms Lynch reported that informal concerns were down by 20 at 113 for April. She added that the complaints panel go through all the complaints individually and make deep dives on a selection per month. She advised the Board that five new clinical negligence claims were received in April and one was closed which related to a 2008 claim. One inquest report was received in April that concluded that the Trusts level of care did not contribute to the death despite the initial classification as a Serious or Untoward Incident (SUI). There were some lessons to be learnt for the Trust and these have been implemented.

16/06/10.2.7 Finally Ms Lynch summarised the comments left on NHS Choices and the results of the Family and Friends survey. There were many compliments, the issue of Wi-Fi hotspots was raised and Matt Palmer in IT is investigating options. Ms Lynch asked the Board to note the report which is to provide assurance to the Board that patient safety and experience is taken seriously within the Trust. The Chairman asked the Board for any further comments to make on the report

Resolved: To note the Patient, Quality and Experience Report.

BoD16/06/11 SAFE

BoD16/06/11.1 Draft Quality Governance Committee notes

16/06/11.1.1 Dame Patricia reported the outcomes of the 9 May Quality Governance Committee (QGC) meeting. There are no issues for escalation to the board. Dame Patricia asked the Board to note the work completed in response to the 2015 nationally published dashboard on Maternity Care which showed the Trust amongst the lower performers. She reported that the committee have reviewed the causes of this and identified issues in the data that do not reflect the positive work being done in maternity and the national recognition that has been received. Dame Patricia drew particular attention to the work Mrs Lynda Coughlin has undertaken to communicate the findings with the national teams and to ensure that the data is now being reported properly within the Maternity Information System.

16/06/11.1.2 Dame Patricia also reported that QGC had reviewed and approved the Quality Account. The Board Assurance Framework had been reviewed for the new financial year but QGC had decided to hold any significant changes until the impact of the STP submission become clearer.

Resolved: To note the Quality Governance Committee action notes.

BoD16/06/11.2 Serious Untoward Incidents and RIDDOR Events

16/06/11.2.1 Dr Dodds advised the Board that there had been five SUIs reported in April. One was a never event in which the wrong size joint was used in surgery, this did not result in patient harm. The patient will continue to be monitored. Dr Dodds confirmed a Root Cause Analysis will take place to ascertain the causes of this incident. Dr Dodds reported three pressure ulcers, two Grade 3 and one Grade 4. The fifth incident was an inpatient fall which resulted in a fractured femur.

16/06/11.2.2 Dr Dodds also reported that a member of staff, who no longer works for the Trust, breached the Information Governance policy of the Trust. The breach was reported to the Information Commissioner who has not asked for any action to be taken by the Trust although they are pursuing a prosecution against the individual. This may result in negative publicity for the Trust as it will be published on their website.

16/06/11.2.3 Dr Dodds noted that there had been one RIDDOR event reported this month.

Resolved: To note the Serious Untoward Incidents and RIDDOR Events update.

BoD16/06/11.3 Business Case for Anaesthetic Cover for Maternity

16/06/11.3.1 Mr Wilde presented the paper which is a follow on paper for a previously approved in principle business case brought to the Board in November 2014 in regard to investment in anaesthetics. At the time the approval was in principle based on confirmation that funding could be made available through the annual planning process. Subsequently the CQC inspection recommended investment to provide a dedicated emergency caesarean list. Mr Wilde advised that the Clinical Leads for Obstetrics and Anaesthetics reviewed the risk assessment and CQC recommendation against the current clinical and financial position and have determined the best use of the resource available, outlined in the paper which assesses what type of investment will produce the most benefits and result in a reduction of the most risk.

16/06/11.3.2 Mr Wilde explained that the recommended option would benefit the most women as it provides an anaesthetist dedicated to maternity at the weekend who would cover emergency caesareans. Currently the anaesthetist covers CCU and ICU as well as maternity and delays in arriving at theatre can occur. This delay is seen by clinicians as a greater risk than interrupting elective caesareans to fit in emergency caesareans which happens infrequently. In addition the paper recommends creating a new ante-natal consultant clinic to see patients without being interrupted by labour ward commitments.

16/06/11.3.3 Mr Wilde advised the Board that resourcing the anaesthetist at the weekend will also reduce pressure on the anaesthetics cover in CCU which the CCG has stated is a priority and which they have agreed to commission. Mr Wilde acknowledge this still leaves a gap in cover for maternity from 5pm to 2am Monday to Friday when the anaesthetist rota will remain split, but the weekend cover will provide the greatest impact on the system and for patients. Mr Barnes asked whether the recommendation will have any impact on income. Mr Wilde said there would be no increase in income as the coding of the births will remain the same but it will significantly increase quality standards.

16/06/11.3.4 Mr Davis supported the recommendation in the paper and asked if the CQC would need to be informed or approve the measure. Mrs Bullock replied that the Trust will inform CQC in the course of their regular meetings but it is for the Board to manage the risk as it sees fit based on clinical advice. Mrs Frodsham added that it can be hard to recruit anaesthetists, and a rota which splits cover across specialities is less attractive to recruits than speciality areas. Mr Barnes clarified for the minutes that this paper was not a business case as described in the Agenda but a paper following business case approval.

Resolved: Options 2 and part of Option 3 were agreed for investment as recommended in the paper.

BoD16/06/12 RESPONSIVE

BoD16/06/12.1 Performance Report

16/06/12.1.1 Mr Oldham presented the Performance Report for April 2016. Mr Oldham reported that the 62 day cancer screening target had not been met due to a single breach in April. This was due to patient choice to delay treatment which is a recurring issue. Mr Oldham will be presenting a paper to Performance and Finance Committee (PAF) to review this issue and possible actions and that Mrs Frodsham is working with the national office to review at what point patient choice should suspend the pathway.

16/06/12.1.2 Mr Oldham advised the Board that the Diagnostics 6 week pathway failed in April due to an increase in ultrasound activity. This is due to changes to the Rheumatology pathways to meet new clinical guidance. Work is underway to address this issue but May is likely to breach as well due to the backlog of cases. The 4 hour transit target remains challenging and was missed for April although it is better than the forecast trajectory for April. Mrs Bullock advised of national work that had been undertaken to review what each Trust needs to achieve to deliver an aggregate national target of 95% by the end of March 2017. NHS Improvement has requested the Trust revise one of its monthly position to support this, therefore, the forecast of 88% for March 2017 be revised to 92.8% to ensure the national aggregate target is met. Mrs Bullock added that it was essential to meet the target or some of the £6.5 million Sustainability and Transformational Funding (STF) may be clawed back.

16/06/12.1.3 Mr Oldham reported that GP referrals continue in line with target, reflecting the expected forecast growth. Theatre efficiency has been a challenge due to delayed discharges and also the impact of additional cancellations because of the 48 hour junior doctor strike in April. The Chairman asked if theatre cancellations had therefore helped ease the impact on bed pressures. Mrs Frodsham responded that it had not been noticed due to the ongoing high pressure on beds with occupancy of over 100% and because 44 beds were lost from the system on 1 May due to winter ward closures. In response to a question from Mr Church, Mrs Frodsham confirmed that the bed closures were due to the loss of winter funding. The Chairman agreed that there were always going to be external factors influencing the efficiency of the hospital but it would be useful to see if theatre efficiency had improved over the long term. Mrs Frodsham agreed and suggested that this should be reviewed at TAP. The level of activity delivered is planned so it is straightforward to see progress against plan. Mrs McNeil commented that this target failure reflected tensions between theatre activity and access and flow.

ACTION: TAP to review and assess theatre efficiency levels against plan. (Mrs Frodsham).

16/06/12.1.4 Mr Oldham informed the Board that April finances were better than forecast with a surplus position of £181k and a positive cash flow position. He warned the Board that the uncertainty of receiving the STF created risks to the finances. He noted that activity is already higher than plan, as despite negotiations, the contract settlement with the CCGs was based on no growth in activity and in one month the difference is already £500k. The CCGs have been made aware of this. Mr Oldham said that this was a health economy challenge regarding the affordability of treatment. The contract is based on payment by results, so the focus has to be on managing demand. Mr Hopewell commented that there is an inherent risk that the contract payment will be delayed or challenged later in the year as it has been for 2015/16.

Resolved: To note the Performance and Finance report.

BoD16/06/12.2 Draft Performance & Finance Committee Notes – 26 May 2016

16/06/12.2.1 Mr Davis presented the notes of PAF from 26 May. He noted there were no escalations that require action for the Board and summarised the PAF discussion. He confirmed that PAF discussed the Cancer targets and the failure to meet the 62 day screening to treatment target as well as the 4 hourly transit time breach. Mr Davis commented that PAF also discussed the risks to the STF including the cap on agency spend which will be a challenge to the Trust. In April spend is £99k over target mainly due to locum consultants, radiographers and Therapies staff. Mr Davis advised that the work to address this challenge is being carried out at TAP and Ms Carmichael will be reporting on the financial risk within this committee. Mr Church commented that it will be useful to

have the medical and administration figures as nursing agency spend has always been provided.

- 16/06/12.2.2 Mr Davis said he thought the new Agency spend format of the report is good and is more focused. It does however reflect a reliance on locums across the Trust. Mrs Bullock advised that each division has conducted an impact assessment on removing locum consultants and other agency staff and identify whether this could lead to a patient safety issue. As a result, some locum / agency posts have ceased. Mr Church asked if the cap can be mitigated against if it is an issue of patient safety. Mr Oldham confirmed that while there is the potential to pay above the top rates for patient safety reasons the total spend cannot breach £6.2 million without risking the withdrawal of the STF. Last year the Trust spent £9.7 million on agency staff. The Chairman asked if the £99k was a reduction. Mr Oldham replied that it wasn't a reduction but it is on target to reach £6.2million for year end. Mr Davis added that the closure of the 44 beds had helped as nurses had been reallocated to areas with vacancies to reduce reliance on agency staff.

Resolved: To note the Performance and Finance Committee notes.

BoD16/06/12.3 Legal Advice

- 16/06/12.3.1 Mrs Bullock advised that the partnership agreement with Cheshire and Wirral Partnership and the GP alliances for community services was a project requiring significant legal due diligence.

BoD16/06/13 WELL-LED

BoD16/06/13.1 Draft Transformation and People Committee Notes – 5 May 2016

- 16/06/13.1.1 Mrs McNeil reported on the meeting of TAP, noting there were no issues for escalation to the Board. Mrs McNeil commented that the balance on the agenda between the transformation and people elements was improved. The committee had received an excellent presentation on outpatients and the impact an effective project manager can have on transformation and delivery. Mrs McNeil noted that the committee had discussed the challenges of the Agency Cap and Access and Flow across the hospital.

BoD16/06/13.2 Draft Audit Committee notes – 24 May 2016

- 16/06/13.2.1 Mr Hopewell reported that the Audit Committee had reviewed the Annual Report and Accounts and the Annual Governance Statement in order to provide assurance to the Board and the committee was able to recommend to the Board that they approve these documents at the Extraordinary Board meeting on 24 May 2016.

BoD16/06/13.3 Annual Board Subcommittee Reviews

- 16/06/13.3.1 Mrs Bullock advised that this paper was provided to the Board for information but would welcome any questions or comments. Mrs Bullock recommended that the Board ratify the appointment of Mr Davis as Vice-Chair of the Audit Committee

Resolved: The Board approved Mr Davis to be appointed to the Audit Committee as Vice-Chair.

BoD16/06/13.4 Budget Pack Proposal

- 16/06/13.4.1 Mr Oldham presented the Budget to the Board and went through the pack in detail answering questions and providing clarifications as they arose. He advised the Board that this had been delayed until the contract with the CCGs was signed to reduce the risk

to budgetary changes later in the year. Mr Oldham reported that the control total of £820k deficit remained the same. He advised the Board that further guidance on the requirements of receiving the STF will be issued soon.

- 16/06/13.4.2 Mr Oldham reported to the Board the impact of the contract mediation process with the CCGs. The activity levels have been agreed based on a 1.8% growth rather than the 4% proposed by the Trust. However the Trust will continue to plan based on a 4% growth forecast. The CCGs are keen to work closely with the Trust to help manage demand and are confident that their QIPP plans will have an impact on demand and make savings this year. Mrs McNeil asked whether this was likely, Mr Oldham replied that elective work is staying level but the non-elective is higher than the proposed 4% growth and May looks similar. Mr Hopewell asked if this will impact on elective work and therefore finances going forward. Mr Oldham confirmed that the STP is being developed to attain the 2020 target of a financially balanced local health economy.
- 16/06/13.4.3 Mr Oldham informed the Board that the non-payment by results tariff had not kept pace with costs in recent years, this has been resolved in the new Contract and the CCGs have also approved a £200k investment into critical care. Mr Oldham also reported that mediation had agreed with the Trust that the classification of GP admissions should stay as admissions and not be classed as outpatients. Mediation also ruled that the CCGs should be allowed to make quality investments through CQUINs; two have now been agreed and work is in progress for the third previously disputed CQUIN.
- 16/06/13.4.4 Mr Oldham reported on the final issue that was taken to mediation which was the A&E admission rate. The Trust has one of the highest rates of admissions from A&E per 100,000 of population which is a product of the whole of the local health economy. The CCG therefore asked for a financial cap at a peer average to reduce their financial exposure. The Trust had offered a 32% cap but mediation suggested a compromise of 28.5% with anything above this amount paid as an outpatients appointment. In response to a question from Mr Church Mr Oldham advised the Board that the Trust is much higher than peers due to a combination of factors including the lack of cubicle space driving pathways into admissions, the isolation of the Trust to other hospitals and the co-location of the Urgent Care Centre which means that the ratio of patients going through A&E is lower by about 6,000 attendances, which is the number of patients going through the UCC each year. A previous utilisation review had noted that 30% of admissions are avoidable but inevitable, as alternative services are not available. The CCG is seeking assurance that all pathways are leading to appropriate admissions.
- 16/06/13.4.5 Mr Oldham informed the Board that an agreement had been reached on the settlement for 2015/16 of £400k. Fines and penalties for late discharge correspondence, outpatient letters and radiology reporting times have been reduced by 50%. In summary Mr Oldham noted the impact given the contingency allowed for and advised the Board that the proposed acuity investments were contingent on getting a good settlement and this will need to be considered before the investments are approved.
- 16/06/13.4.6 Mr Oldham also asked the Board to note the Capital programme which builds on the agreed 5 year programme and includes provision for a third CT and MRI scanners in order to meet demand. Mr Oldham reported that some aspects of the 2016/17 programme already have approved business cases, such as Ophthalmology, some minor works and the conversion of the GUM building to Dermatology. The general backlog maintenance programme has been cut by half this year, this will enable maintenance in areas of significant risk only. The Clinical Portal and EDMS development is in line with the agreed IT strategy and the improved rostering system is to support Carter recommendations. Mr Oldham advised that alternative options for general equipment replacements are being investigated, for example the leasing of new scanners rather than purchasing. Mr Oldham reminded the Board that the Trust has

drawn down a loan from DoH of £5.8million to ensure cash flow is maintained; the budget presumes this is paid back in 2016/17, but there may be an option to keep this facility until 2021.

16/06/13.4.7 Mr Hopewell asked for clarity on the totals to be approved adding that even if the revenue budget and overall capital spend of £11.1million is approved each capital scheme needs to be separately approved by the Board. Mr Oldham confirmed that due to some changes to carry forwards at the end of the year the capital scheme is £11.3million. Leasing costs and overheads are in the Income and Expenditure forecast for planning purposes but will be individually assessed at a subsequent Board.

16/06/13.4.8 Mr Oldham asked the Board to note that the sensitivity analysis; the biggest impact on this being the failure to receive any of the STF. This would have a huge impact, taking the forecast from an upside position of £1.6 million surplus to a downside position of £9.67million deficit. Mrs McNeil commented that the mitigating actions were very slim compared to previous years due to the pressures on the finances. Finally Mr Oldham asked the Board to note the list of requested investments that have not currently been resourced but would be carried forward to the investment planning for next year.

16/06/13.4.9 The Chairman asked the Board to approve the overall budget but note the clarification needed on the capital budget. He recommended that the Board approve up to £11.3 million for the capital programme with the understanding that PAF will review the capital programme budget and the impact on the carry forwards from 2015/16. However this doesn't alter the overall position. Mrs McNeil asked if the guidance provided on the limited level of access to securing finance as part of the 'Delivering the Forward View' guidance will impact on the I&E plan. Mr Oldham said that the Trust had always been good about managing and creating assets in different ways. Mr Church thanked Mr Oldham for a good report that was straightforward to understand.

Resolved: The Board approved the Budget for 2016/17 and noted the Budget pack report.

BoD16/06/13.5 Visits of Accreditation, Inspection or Investigation

16/06/13.5.1 Mrs Bullock informed the Board that the Pharmacy Technician project had been shortlisted for a Health Service Journal Award but had not won. The Trust have been nominated for the Patient Safety Congress Awards in regard to the Board leadership work completed using Pascal Metrics. The winner will be announced on 5 July.

BoD16/06/14 EFFECTIVE

BoD16/06/14.1 Consultant Appointments

16/06/14.1.1 Dr Dodds informed the Board that two Consultant Radiologists have been appointed since the last Board meeting.

BoD16/06/14.2 Business Case for Stroke Services

16/06/14.2.1 Mrs Frodsham presented the Business case for managing Hyper-acute stroke patients in collaboration with University Hospitals of North Midlands (UHNM). Several options for service design have been considered in collaboration with the Stroke Network, neighbouring Trusts and CCGs, to address the concerns of out of hours cover in particular as the Trust does not have enough consultants to deliver the Stroke Thrombolysis service over seven days. The recommended option maintains access for initial assessment at Leighton with patients confirmed with Hyper-acute stroke to be transferred to UHNM where a seven day consultant cover will be in place. Mrs Frodsham explained that the new pathway will ensure new clinical standards are met, although it

will result in a loss of income for the Trust. This has been accounted for in the financial plan for 2016/17.

16/06/14.2.2 Mrs Frodsham asked the Board to approve the Business Case proposal for the pathway, to be implemented from 1 July 2016 subject to the Standard Operating Procedure (SOP), being approved by the Quality Governance Committee. Mrs Frodsham said the SOP had been subject to review by the overview and scrutiny committees as well as to the Stroke Network who have supported the work. Mrs Frodsham also added that the pathway will be monitored clinically to measure the impact on patients.

16/06/14.2.3 Mr Church asked if there was the potential for this service to be provided in the Trust if sufficient consultants were recruited. Mrs Frodsham replied that the national direction of travel was for this service to be centralised. UHNM are able to provide seven day services and are one of the few centres able to deliver a Thrombectomy service, so they are the best option for patient care. Mrs Frodsham confirmed that local patients will be transferred back to Leighton after 72 hours to continue their recovery. Mr Barnes commented on the clear recommendations in the paper which he would like to see replicated in all business cases. Mr Church asked about the plan for communicating this to the public. Mrs Frodsham responded that a press release will be sent out.

Resolved: The Board approved the Business Case subject to approval of the SOP at QGC on Monday 13 June.

BoD16/06/15 Any Other Business

16/06/15.1 There was no other business to report.

BoD16/06/16 Time, Date and Place of the next meeting

16/06/16.1 Board of Directors Meeting to be held in Public on Monday 1 August 2016 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 12:30pm.

Signed

Chairman

Date

Board of Directors Meeting
Minutes of the Meeting held in 'Private'
Monday, 6 June 2016
in the Boardroom, Leighton Hospital, Crewe

Present:

Mr D Dunn	Chairman
Dame P Bacon	Non-Executive Director (Deputy Chair)
Mrs T Bullock	Chief Executive
Mr J Barnes	Non-Executive Director
Ms E Carmichael	Director of HR and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr P A Dodds	Deputy Chief Executive/Medical Director
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance and Strategic Planning

In attendance:

Mrs K Dowson	Trust Board Secretary
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Apologies

Mr J Lyons	Lead Governor
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BoD2/16/06/1 Welcome and Apologies for Absence

2/16/06/1.1 The Chairman welcomed everyone to the meeting and noted apologies given.

BoD2/16/06/2 Board Member Interests

2/16/06/2.1 There were no new interests declared and no interests declared in relation to open items on the agenda.

BoD2/16/06/3 Minutes of the Previous Meeting

2/16/06/3.1 There were no amendments to the minutes of the last meeting.

Resolved: The minutes of the last meeting held on 3 May 2016 were accepted as an accurate reflection of the meeting.

BoD2/16/06/4 Matters Arising and Actions from Previous Meeting

2/16/06/4.1 There were no matters arising in addition to those included on the agenda.

2/16/06/4.2 It was noted that there are currently no outstanding actions.

BoD2/16/06/5 Medical Staffing Update

2/16/06/5.1 *Section removed under S42 of the Freedom of Information Act.*

Resolved: the Medical Staffing verbal update was noted.

BoD2/16/06/6 Stronger Together Programme Board

2/16/06/6.1 Mrs Bullock presented the minutes of the 26 January 2016 Programme Management Board. She reminded the Board that these would be the last set of to come to the Board following the decision to report these meeting minutes at the Transformation and People Committee in the future. There were no further comments

Resolved: To note the minutes of the Programme Management Board of 26 January 2016

BoD2/16/06/7 Any Other Business

2/16/06/7.1 Sustainability and Transformation Plan

Mrs Bullock provided additional feedback on the Sustainability and Transformation Plan (STP) from Louise Shepherd, CEO of the STP Leadership Group, following her meeting with national bodies on 11 May. Mrs Bullock reported that NHSE have recommended the STP should include options agreed between the Chief Executives (CE) of how acute providers in Cheshire could reconfigure acute services, suggesting that any plan agreed by all the CEOs would be supported.

Section removed under S43 of the Freedom of Information Act.

Mrs Bullock reported that she is meeting John Wilbraham on 10 June, and meeting with all five Chief Executives this week.

2/16/06/7.1.1 Mrs Bullock commented that acute reconfiguration has not previously been a focus of the Cheshire STP and therefore Cheshire is considered to be behind other regions in this respect. However, it was noted that Cheshire was much further ahead in terms of the vertical integration of services. NHSE also confirmed that there will be very limited capital investment available. Mrs Bullock said that the focus is now on acute reconfiguration but it was recognised that this would not close the financial gap and to do this other areas would still need to be considered such as; the Lord Carter review recommendations, continuing the integrated care model, purchasing at scale and bringing other back office functions together, include the work underway through the Cheshire and Merseyside Women and Childrens Vanguard and avoidance of growth through better information about population health and prevention.

2/16/06/7.1.2 *Section removed under S43 of the Freedom of Information Act.* Mrs Bullock discussed the alternative acute reconfiguration models that were possible and that would be discussed with the provider CEOs.

2/16/06/7.1.3 Mrs Bullock advised that the STP indicative allocations for 2016/17 to 2020/21 had been released and shared the values of these for the Cheshire and Mersey STP. Mrs Bullock confirmed that although the 2016/17 figures and 2020/21 figures were known, that it was still not very clear how this would look for the years in between and that the STP needs to include what financial improvements will be delivered year by year. Mr Hopewell asked whether it is likely any reconfiguration will make large savings which will cover the increased costs of care in the community. Mrs Bullock advised this was unlikely and therefore, that acute reconfiguration could not be the only solution and referenced those outlined above. Mrs McNeil commented that it was significant that Mrs Bullock had been advised that any solution on reconfiguration would not have to go to Board for a decision.

2/16/06/7.1.4 Mrs Bullock answered a number of questions following a frank and detailed discussion on the STP and implications for MCHFT.

2/16/06/7.2 East Cheshire CCG

Mrs Bullock reported to the Board on the meeting held with East Cheshire CCG, (ECCCG). They have clear views on their vision for the future which centre on integrated social and

health care based around GP practices. *Section removed under S43 of the Freedom of Information Act*

2/16/06/7.2.1 Mrs Bullock reported that the CEO of ECCCG, Mr Jerry Hawker, was explicit about the plans and the CCG are keen to work with partners such as Mid Cheshire to ensure the best solutions for the East Cheshire population. Mr Davis added that the Cheshire solution is part of a wider context with many conversations such as those happening across the country. Mr Barnes agreed that if the CEOs can agree a solution between them then it will reduce the challenge from providers and if organisational change drives the process then estate and operational change will follow through.

2/16/06/7.2.2 Mrs Bullock asked the Board for their views on the direction of travel if they were different from those presented. Mr Davis replied that if the national drive is for bold solutions, this should be for a pan-Cheshire trust with a new tertiary unit in the centre although he recognised that there may be enabling steps prior to this such as merging with another Trust. Mr Barnes said the pan-Cheshire solution would be difficult with no capital investment and therefore creating an East and a West solution may be the best first step. Mr Hopewell agreed that the steps outlined seemed the right approach.

2/16/06/7.2.3 Mr Oldham asked about the potential impact on the Stronger Together if the focus moves to an East / West landscape. Mrs Bullock confirmed that this will continue as the Cheshire solution will still not provide tertiary services.

Resolved: The Board agreed that Mrs Bullock had the full support of the Board to take forward discussions with ECCCG and Cheshire CEOs in regard to the future health economy for Cheshire, keeping patient safety and experience at the centre of all proposals.

2/16/06/7.3 **Paul Chandler NHS Improvement Telephone Conference**

Mrs Bullock reported to the Board that she had spoken with NHSI in regard to the impact of the contract agreement on the 2016/17 plan and the four hourly trajectory. Mrs Bullock outlined the discussion that took place and as a result asked the Board to consider approval of the £400k of acuity investment in Paediatrics and Surgery that had previously been agreed subject to available resources in 2016/17. The Board agreed that this is a quality and safety investment to be considered despite the financial challenges. Mr Oldham responded to a question from the Chairman regarding the timescale for spending of the £400k, confirming that the money will only be released gradually as current vacancies will be recruited to before any new posts.

2/16/06/7.3.1 Mrs Bullock also reported that she had asked Mr Chandler whether the agreed control total could be amended by an additional £500k to the deficit to accommodate the gap that has arisen as a result of the contract agreement. He had advised that it was unlikely but that he would ask. Mrs Bullock also confirmed that the Trust had still accepted the control total as it stood.

2/16/06/7.3.2 Regarding the four hourly trajectory, Mrs Bullock confirmed that national work had been undertaken to establish what all Trusts would need to achieve to reach an aggregate four hourly performance at 95% by March 2017. Based on this Mr Chandler asked if the Trust could adjust its trajectory accordingly, the impact being a change to the March 2017 position only, being revised from 88% to 92.8%. Mrs Bullock confirmed that the Trust had complied with this request.

Resolved: The Board noted the discussion with NHS Improvement and approved the investment in acuity for Paediatrics and Surgery and noted the revision to the four hourly trajectory.

2/16/06/7.4 **Community Services**

Mrs Bullock reported to the Board that the process of due diligence for the Community Services Tender (CST), is continuing with regular meetings with the CCGs and partners. However, Mrs Bullock noted that the business case required to the Board would not be as comprehensive as is warranted. *Section removed under S43 of the Freedom of Information Act.* Mrs Bullock asked the Board to take this into account when considering the level of risk the Board is prepared to accept.

- 2/16/06/7.4.1 The Board discussed the appetite for risk in regard to the CST. Mr Hopewell suggested that an all embracing warranty is needed, which includes a clear governance structure sharing the risks among partners and the CCG. Mr Davis agreed that services could start if risks have been agreed in principle. Mrs Bullock confirmed that a legal partnership agreement is being developed and the intention will be that risks will sit across all partners. Mrs Bullock advised the Board that the Trust could still pull out of the partnership if the Board felt the risks were too great, but that taking over community services was a long term strategic aim of the Trust. If the Trust did not take this opportunity any future tenders would be open to greater competition which would be challenging for the Trust to match.
- 2/16/06/7.4.2 In response to a question from Mr Davis, Mrs Bullock agreed that NHSI need to be kept informed and that discussion had already been underway and further discussions are planned. NHSI will need to decide whether this is a material or significant transaction and therefore whether ratification is required by the Council of Governors. Mr Oldham added that NHSI were considering that it would be material rather than significant, but a decision will be made now that the impact of the CCG contract on 2016/17 finances is understood.
- 2/16/06/7.4.3 Dame Patricia asked if the Trust was clear exactly what services would be transferring over to the Trust. Mrs Frodsham replied that most of the services had been clearly specified but that the Trust had requested clarity where staff are listed on the TUPE list, connected to a service that has not been included in the specification. There is also a lack of detail within the list in regard to vacancies, maternity leave etc. Mrs Frodsham advised that there are also key risks in regard to the estate, finances and on services that may be currently subsidised by the current provider.
- 2/16/06/7.4.4. Mrs Frodsham noted that the partnership agreement will be clear about how operational and financial decisions will happen and what the principles of decision making are particularly in regard to transformational projects. The decision making processes by which primary and secondary acute services are merged into the integrated teams must be clear, for example who makes the budget decisions. Mr Barnes asked if the Trust is speaking to other Trusts who have been through a similar exercise. Mrs Bullock replied that links have been made with Stockport, York and Tameside who had all been helpful in offering support, materials and resources around their process.
- 2/16/06/7.4.5 The Chairman commented that it was important to remember that the Trust submitted a bid for the tender in order to deliver a better service for the local population. Some risk should be taken on finance, if it can be underwritten by the CCG or as a collective between partners and the CCG. There is a huge reputational risk for the Trust, and partnership, if it fails to deliver improved services or pulls out of the tender and these are equally as concerning. The Chairman said it will be a challenge to take on the services and transform them; the CST will be around 12% of the Trust budget but it will take significant resources to make it work. The Chairman also reminded the Board of its fiduciary duty as a Board not to risk the viability of MCHFT.
- 2/16/06/7.4.6 Mr Barnes said that if the Board decided to carry on despite the concerns it was with an open and clear understanding of the risks and concerns shared; if guarantees cannot be agreed the Board needs to be aware of risks. Mrs McNeil said that it was in all partners' interests for this tender to progress successfully and the Trust should seize this opportunity as it was unlikely to come again. Mr Hopewell added that it was imperative that the legal

issues were robustly dealt with especially in the light of contractual issues experienced recently with the local CCGs. Mr Davis advised that if clear contractual protections, indemnities and warranties are agreed, with reserved matters for partners who are taking the risk, then all risks can be allocated and resolved.

2/16/16/7.4.7 Mr Davis asked if a structure for the partnership has been agreed. *Section removed under S43 of the Freedom of Information Act.* Mrs Frodsham confirmed that legal services are looking at alternative partnership models to ensure a true partnership approach both in terms of risk and reward. Mr Oldham confirmed that a break point will be built in to any agreement.

2/16/06/7.4.6 Mrs Bullock summarised the Board's view that the Trust should carry on discussions and in the business case for the Board explicitly detail the successful due diligence done to date, all areas of remaining risk and progress to date in respect of shared indemnity, governance and partnership arrangements. If there are then any gaps a further decision will be made to decide whether to take on that risk.

Resolved: The Board noted the risks associated with the CST and agreed that these should be identified and indemnified between partners.

2/16/06/7.5 **Complaint upheld**

In response to the action from Part I of the Board meeting, Ms Lynch advised the Board of the detail of the complaint case upheld by the Ombudsman and the lessons to be learnt for A&E.

BoD2/16/03/10 **Review of Meeting**

2/16/03/10.1 A review of the Board meeting was presented by Mr Davis. The strategic context for the Board focussed on three aspects, the financial distress in system, the STP and the new focus on reconfiguration and the CST and the commitment to deliver this to a higher standard. Mr Davis summarised the Board discussion to carry on and be bold in order to deliver a better service for patients and bring about radical transformation. It was testament to the commitment to patient care and experience that the Board had agreed business cases in two quality measures, in maternity and stroke care and to continue investment to address nursing acuity in surgery and paediatrics, noting the potential impact on the control total. Finally Mr Davis said that the patient story of the triplets should be an inspiration to the Board to keep Paediatrics, maternity and neo-natal care at Leighton.

BoD2/16/03/11 **Date and Time of Next Meeting**

2/16/03/11.1 The next meeting is scheduled to take place on Monday, 4 July 2016 following the Board meeting held in Public.

Signed by:
Chairman

Date:

Closed 2pm