

**Board of Directors Meeting**  
**Minutes of the Meeting held in Public**  
**Monday, 1 October 2018**  
**at 9.30am Alsager Golf Club, Alsager, ST7 2UR**

<b>Present</b>	
Mr D Dunn	Chairman
Mr J Barnes	Non-Executive Director
Mr J Church	Deputy Chair (Chairman)
Mrs T Bullock	Chief Executive
Ms L Butcher	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr P Dodds	Medical Director and Deputy Chief Executive
Ms L Holland	Interim Director of Workforce and OD
Mr D Hopewell	Non-Executive Director
Mrs L Massey	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer
Mrs J Tunney	Director of Nursing and Quality
<b>Apologies</b>	
Dr K Birch	Lead Governor
<b>In attendance</b>	
Ms H Bebbington	Incoming Director of Workforce and OD
Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Ms L Lane	Advanced Community Practitioner <i>(item 18/10/02 only)</i>
Ms L Papworth	Advanced Community Practitioner <i>(item 18/10/02 only)</i>
<b>Observing</b>	
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mr G McCourty	Public Governor (Vale Royal)
Mrs N Moores	Public Governor (Patients & Carers)
Mrs P Psaila	Public Governor (Patients & Carers)
Mr J Pritchard	Public Governor (Patients & Carers)
Mr R Stafford	Public Governor (Patients & Carers)
Cllr J Clowes	Partnership Governor (Cheshire East Council)
Mr S Topping	Press, Northwich Guardian
<b>BoD18/10/1</b> 18/10/1.1	<b>Welcome, Introduction and Apologies</b> The Chairman welcomed all those present to the meeting including Governors and Ms Bebbington who was attending her first Board meeting prior to taking up her Executive role on 1 November. The Chairman also welcomed staff attending for the patient story. The Chairman reminded observers that he and the Chief Executive will be available at the end of the meeting to answer any questions.
18/10/1.2	The Chairman noted the apologies received.
<b>BoD18/10/2</b> 18/10/2.1	<b>Patient Story</b> Mrs Tunney introduced the patient story which was in regard to a patient who benefitted from the new Rapid Response Service (RRS) established by Central Cheshire Integrated Care Partnership (CCICP). Following seven hospital admissions between November and June the Advanced Community Practitioner had started visiting the patient and with a combination of a care package, training on recognising symptoms, therapies and rapid access to a GP and antibiotics the patient had been kept out of hospital since despite several further infections.

18/10/2.2	<p>In response to a question from Mr Davis, Ms Lane explained that the RRS was introduced in September 2017 to identify patients with long term conditions that have resulted in a number of hospital visits and admissions. Patients receive a visit within two hours of a request for a GP home visit, following triage by a GP. Patients then receive treatment at home, with GP advice where appropriate, to avoid unplanned hospital admissions. Ms Butcher asked how the volume of demand is managed. Ms Papworth explained that in winter those with long-term conditions often require more care and need to be prioritised.</p>
18/10/2.3	<p>Ms Butcher asked how the teams interface with other agencies such as social care where required. Ms Lane replied that the teams are working increasingly closely and efficiently with social work colleagues to put packages of care or respite in place. The aim is that all teams will be integrated and housed together in a community hub. The Chairman commented that the RRS is a positive benefit for patients and the Trust and asked where this practice has been shared nationally. Ms Lane replied that the service has been shortlisted for a Nursing Times Award and the team presented to the awards panel in September. A journal item is also being published and the team have spoken to many Trusts about the work that is taking place.</p>
18/10/2.4	<p>Mr Oldham commented that the impact on GP admissions is very impressive, there had been a rising trend of GP admissions up to September 2017 which has now reduced. Mrs Frodsham commented that she was very proud of the service and what it has achieved but that it is only part of the puzzle. The investment in IT systems means that nurses can see GP prescriptions and a review of the frailty model is taking place to review all over 75's with a focus on those over 90. Other areas of development include a home IV service and making better links to mental health and care support. Mr Barnes asked how the change had impacted on their work. Ms Papworth replied very positively that while it can be challenging there is lots of variety and the service is well supported by GPs who provide guidance. Patients are also very appreciative of the support, for example the patient in the story who has described how he 'got his life back' as he is now attending social events and meetings.</p>
18/10/2.5	<p>The Chairman thanked Ms Lane and Ms Papworth for their obvious enthusiasm and commitment. The Chairman asked for the Board's thanks to be passed to the team.</p> <p><b>Resolved:</b> The Board noted the story presented.</p>
<p><b>BoD18/10/3</b></p> <p>18/10/3.1</p> <p>18/10/3.2</p>	<p><b>Board Members' Interests</b></p> <p>There were no new interests declared by Board Members.</p> <p>There were no interests declared in relation to open items on the agenda.</p>
<p><b>BoD18/10/4</b></p> <p><b>BoD18/10/4.1</b></p> <p>18/10/4.1.1</p>	<p><b>Minutes of the Previous Meeting</b></p> <p><b>Board of Directors meeting held on 3 September 2018</b></p> <p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• 18/09/06 Mr Barnes noted that the annual work programme had not been changed so should be 'noted' by the Board rather than 'approved.'</li> <li>• 18/09/10.1.3 Ms Butcher observed there was a full stop in between Central and Cheshrie in the last sentence which should be removed.</li> <li>• 18/09/12 A typo was noted in the item title, 'Say' should be 'Day'</li> </ul> <p><b>Resolved:</b> Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 3 September 2018.</p>

<p><b>BoD18/10/5</b></p> <p>18/10/5.1</p>	<p><b>Matters Arising and Action Log</b></p> <p>The Chairman gave a verbal update noting that there were no outstanding actions on the Board action log.</p> <p><b>Resolved:</b> Actions to be closed as complete.</p>
<p><b>BoD18/10/6</b></p>	<p><b>Annual Work Programme</b></p> <p>The Chairman advised that the workplan attached had not changed since the last meeting and was attached for information.</p> <p><b>Resolved:</b> The Board noted version 2 of the Board Work Programme 2018/19.</p>
<p><b>BoD18/10/7</b></p> <p>18/10/7.1</p>	<p><b>Chairman's Announcements</b></p> <p>The Chairman reported that he had no announcements to make.</p>
<p><b>BoD18/10/8</b> <b>BoD18/10/8.1</b> 18/10/8.1.1</p> <p><b>BoD18/10/8.2</b> 18/10/8.2.1</p> <p><b>BoD18/10/8.3</b> 18/10/8.3.1</p>	<p><b>Governors Items</b></p> <p><b>New Governor Induction</b></p> <p>The Chairman noted that the three newly elected Governors have started their induction beginning with a half-day session in the Trust on 9 September.</p> <p><b>NEDs and Governors – 11 September 2018</b></p> <p>The Deputy Chair advised that he had chaired this meeting on behalf of the Chairman and it had had been well attended by Non-Executive Directors (NED)s and Governors. The Deputy Chair advised that there were discussions on the pressures on the workforce particularly in the Emergency Department (ED). A further item for discussion was Pharmacy and the wait for discharge, which the group recognised is not always down to pharmacy delays. Ms Butcher and Mr Pritchard advised that they had been on a walkround when these issues had been raised. Dr Birch asked that Governors are kept informed of any announcements in relation to the redevelopment of Weaver Square in Northwich. The Deputy Chair advised that the committee chairs gave a summary of committee discussions and escalations to Board.</p> <p><b>Annual Members Meeting – 2 October 2018</b></p> <p>The Chairman reminded the Board that the Annual Members Meeting (AMM) will take place in Congleton Town Hall on Tuesday 2 October at 12.30pm following the Health and Wellbeing Fair being held in partnership with Congleton Partnership from 10am. The Chairman reminded the Board that the AMM is held in a different place in the region each time and that this is the first time it has been to Congleton.</p>
<p><b>BoD18/10/9</b> <b>BoD18/10/9.1</b> 18/10/9.1.1</p> <p><b>BoD18/10/9.2</b> 18/10/9.2.1</p>	<p><b>Chief Executives Report</b></p> <p><b>CQC Report and Rating</b></p> <p>Mrs Bullock announced that the Care Quality Commission (CQC) rating and report was published recently following the inspections which took place at the Trust between March and May 2018. Mrs Bullock was delighted to note that the Trust retained its 'Good' rating. The Trust is in the process of publishing and celebrating the results which given the pressures over the last year is an incredible achievement and all staff were to be made aware, thanked and congratulated. Mrs Tunney is leading the development of an action plan which was already underway following feedback from the visit. This will be reviewed at Quality Governance Committee (QGC).</p> <p><b>System Update</b></p> <p>Mrs Bullock reported that she had attended the Partnership Board for Cheshire East Place on 5 September where the transformation bid to the Cheshire &amp; Mersey Health &amp; Care Partnership (H&amp;CP) for the Integrated Care Partnership (ICP) had been agreed. This bid has subsequently been approved to support Cheshire East to move</p>

18/10/9.2.2	<p>forwards with the ICP. Mrs Bullock advised that recruitment for an Independent Chair was agreed to replace Dr Neil Goodwin who will be stepping down in the near future.</p> <p>Mrs Bullock noted that Ms Holland is supporting the partnership with the recruitment process for this post. An ICP Programme Director is also being sought, this will be a secondment for a current leader in the system who can step out of their role for 18-24 months. Expressions of interest have been requested and recruitment will take place once the new Chair is in place. Mrs Bullock added that regulators are expecting a detailed piece of work on the place based strategy by 12 October.</p>
<p><b>BoD18/10/9.3</b> 18/10/9.3.1</p> <p>18/10/9.3.2</p> <p>18/10/9.3.3</p>	<p><b>Executive Director Away Day</b></p> <p>Mrs Bullock reported that Estates &amp; Facilities Division had attended this away day. Mrs Bullock announced that Mr Mike Babb, Divisional Director for Estates and Facilities is retiring in November and will be much missed. The Trust is currently speaking to system partners to understand if there is an opportunity to create a joint post across the two acute providers or within Cheshire East Place.</p> <p>Mrs Bullock advised that various topics were discussed on the day including delivery against the Cost Improvement Programme (CIP), the Quality Impact Assessment process of CIPs, the winter planning process, financial recovery and collaborative working between the two acute providers in Cheshire East. Mrs Bullock explained that the Executive had reviewed the management of change process noting that 22 had taken place in the current financial year to date and discussed the importance of being aware of the scope and the impact on staff.</p> <p>The Chairman commented on the impact Mr Babb has had in the Trust, particularly overseeing the transformation of the estate during his tenure.</p> <p><b>ACTION: Write to Mr Babb on behalf of the Board to thank him for his work. (Chairman)</b></p> <p><b>Resolved:</b> The Chief Executive update was noted.</p>
<p><b>BoD18/10/10</b> <b>BoD18/10/10.1</b> 18/10/10.1.1</p> <p>18/10/10.1.2</p> <p>18/10/10.1.3</p> <p>18/10/10.1.4</p>	<p><b>CARING</b></p> <p><b>Quality, Safety and Experience Report</b></p> <p>Mrs Tunney presented this report on quality, safety and patient experience using data from August 2018. Ms Tunney noted that she would be presenting exceptions to the achievement of local and national targets only.</p> <p>Mrs Tunney reported that the never event advised to Board last month resulted in no harm to the patient and the duty of candour was applied. The process has been reviewed and found to be correct but the staff member did not follow the process. Mrs Tunney advised that there had been one serious incident in August for CCICP which had resulted in harm, this was reviewed at the Pressure Ulcer Panel (PUP) and categorised as an unavoidable Pressure Ulcer (PU) due to patient non-compliance.</p> <p>Mrs Tunney noted that hospital acquired PUs have increased by three in month to 27, with 11 classified as avoidable. PUs remain an area of focus with PU champions, link nurses and training in place. Quality reviews are held in each division with Mrs Tunney and Dr Dodds which review PU at a ward level. Mr Church commented that he had seen the correct use of the repositioning chart during a recent patient safety walkround which has given him assurance that efforts are being made at ward level. Ms Massey agreed that it is good to see the vigilance and continued scrutiny on this area which needs to be maintained.</p> <p>Mrs Tunney advised that the number of PU reported for CCICP had increased significantly by 21 to 72. However, only one of these was classified as avoidable which is a significant achievement. The increase in reporting may be down to the hot</p>

	<p>as it was challenging to identify PUs as opposed to moisture lesions in the hot weather conditions. Mrs Tunney reported that there were four E-Coli cases in August, all were from different areas and all were unavoidable. The post-infection reviews had found that the cases were due to co-morbidities and existing infections.</p>
18/10/10.1.5	<p>Mrs Tunney presented the safe staffing report, noting that seven wards had fallen below the safe staffing level for registered nurses (RN) due to vacancies and sickness which the Trust is working hard to address. A recent Saturday recruitment event had been very successful with 21 offers of RN posts made, some of these were to student nurses who will qualify next September. This approach will be included in the nursing recruitment plan. Mrs Tunney advised the Board that while not all wards were at an optimal level of RN staffing they were at all times safe with alternative staffing provided, for example by student nurses or Healthcare Assistants (HCAs)</p>
18/10/10.1.6	<p>Mrs Tunney reported on patient experience for August, noting that the biggest area for complaints was Surgery and Cancer (S&amp;C), with 59 concerns raised predominantly about treatment delays and cancelled appointments. Mrs Tunney advised that the main theme for complaints remains communications; the first workshop on communications has now taken place and 40 staff attended. Positive feedback has been received and it is hoped that behaviours will change as a result.</p>
18/10/10.1.7	<p>Mr Davis observed that there were six closed complaints from Medicine and Emergency Care (MEC) linked to incidents, predominantly from the winter period and asked if the deep dive into MEC complaints had any results. Mrs Tunney replied that all complaints linked to incidents where harm occurred are reviewed at the Patient Safety Summit. In MEC there were a number of issues across these six complaints and no real themes. Dr Dodds commented that a review has been held with quality and operational leads about last winter. At this meeting the process for opening escalation beds, staffing levels and the allocation of junior doctors were all discussed. This review produced learning which has been shared across the Trust.</p>
18/10/10.1.8	<p>Mrs Tunney reported that there had been a reduction in informal concerns by 24 in month, which given the level of activity and acuity of patients is an achievement. Concerns about the waiting time in community and cardiology were among areas addressed and investigated through Matrons and Divisions. If individual staff are identified they are asked to reflect on their practice.</p>
18/10/10.1.9	<p>Mrs Tunney noted that the NHS Choices rating for both Leighton and Victoria Infirmary remain the same and are very positive. Leighton Hospital received ten postings in August, including two negative postings and noted what these were in relation to. Both postings were addressed by Matrons and responses made on NHS Choices.</p>
18/10/10.1.10	<p>Mrs Tunney presented the Friends and Family Test results for July and noted that two areas are low for response rates, Maternity and Outpatients. Maternity is to have a new focus on completion, but it is challenging as women are asked three times during their stay to provide feedback. The roll out of text messaging reminders for Outpatients began in August and it is hoped that this will lead to the same improvement as seen in ED. Mrs Tunney noted that the rate that would recommend the Trust for treatment remains over 90% in all areas except ED and ED has improved 2% in August.</p>
1018/10/10.1.11	<p>Mr Davis asked if the national mortality data has been released yet. Dr Dodds advised that it had come out last week without any warning to Trusts. The Trust rates remain very similar and in fact there is very little national change on results.</p>

	<b>Resolved:</b> The assurance provided in the report was noted.
<b>BoD18/10/10.2</b>	<b>Nursing and Midwifery Staffing Comprehensive Report</b>
18/10/10.2.1	Ms Tunney presented the annual report on nursing and midwifery staffing and explained that the review of nursing and midwifery safe staffing levels takes place twice a year in order to ensure that the staffing numbers match the needs of patient numbers and acuity. Mrs Tunney advised that this report is a requirement from the National Quality Board to provide assurance in regard to safe levels of staffing, systems for escalation and to ensure triangulation of evidence with harm incidents. The report has to take account of a number of quality factors as listed in the report.
18/10/10.2.2	Mrs Tunney advised that there is no single national method for assessing establishment requirements and the Trust uses three different methods as explained in the report, one for adults, one for paediatrics and one for maternity. Mrs Tunney presented the results across these three areas. The key findings were: <ul style="list-style-type: none"> <li>• 6 wards are not at the correct staffing levels across adult specialities</li> <li>• ED and Critical Care Unit (CCU) do not have 24 hour Registered Nurse Shift Coordinator cover</li> <li>• Consistent gap in Maternity acuity</li> </ul>
18/10/10.2.3	Mrs Tunney explained that the S&C report shows a significant increase in acuity and dependency, but this was in a period when there were twelve escalation beds open plus up to 27 medical outliers in surgical beds through the summer. Mr Davis asked how these gaps are filled and Mrs Tunney replied that this would be through the use of other clinical groups such as HCAs, Matrons and Student Nurses. Mrs Tunney added that gaps were also identified in the Diagnostics & Clinical Support Services (DCSS) Division but this review included Elmhurst Intermediate Care unit for the first time which accounts for the difference. The increase in acuity here from June 2018 is also due to the introduction of the pharmacy technician role alongside RNs.
18/10/10.2.4	Mrs Tunney advised the Women & Children's (W&C) varies greatly and there is no real pattern to predict acuity. Therefore, there needs to be a flexible approach to staffing and staffing levels are reviewed every four hours. The Neonatal unit staffing levels are reviewed every 12 hours as again there is significant variance in staffing required. The Chairman asked that given the increase in acuity across many areas of the Trust what mitigation is being put in place for this winter.
18/10/10.2.5	Mrs Tunney outlined the agreed actions which include agreed investments in Ward 2, a 24-hour RN Coordinator in both ED and CCU, a move to 12 hour shifts in S&C to close gaps in handover across Wards 13,18 and 10 and a twilight HCA shift on Ward 21B and one full time equivalent midwife in maternity.
18/10/10.2.6	Mrs Tunney advised that in addition there are a number of divisional actions agreed including understanding the demand for elective work across S&C. Mr Oliver noted that there were 800 more attendees in the last six months and that the division was doing well on improving practice and timely safe discharge which had mitigated some of this growth in demand. A review of supernumerary roles across adult wards including Pharmacy Assistants, HCAs and technicians will also take place.
18/10/10.2.7	Mrs Tunney noted that the report also outlines the workforce plans, recruitment efforts and work on retention of RNs. In addition, the agreed e-Rostering system has now been purchased and work has started to implement this which will provide much more visibility and flexibility on acuity and staffing levels.
18/10/10.2.8	Mrs Tunney asked the Board to note the recommendations at the end of the report

<p>18/10/10.2.9</p> <p>18/10/10.2.10</p>	<p>and the work taking place to include community staff and ED staff in the next annual review. The Chairman commented that this was a very helpful report that will help the Trust to reduce reliance on expensive bank and agency staff. Ms Massey thanked Mrs Tunney for the comprehensive and detailed report which illustrates how dynamic the staffing situation is and the different levels of care required across different areas of the Trust. Ms Massey added that if combined with the Quality Improvement Plan, efficiencies can be identified and productivity gains made by getting the right staff in the right place doing the right job.</p> <p>Mr Oldham noted that investment for acuity was a red line for the Trust during contract discussions at the beginning of the year and as a result £0.5m has been invested in staffing this year and further investment is planned for next year. The overspend in staffing is due to vacancies and additional beds being open, the agreed bed base is appropriately staffed. Mr Church observed that this was a concern for staff on Ward 6 recently and that it is important for staff to know that the Board is aware and doing what it can do relieve pressures. Mrs Tunney agreed that staffing has been a key point of discussion on the last two walkabouts and it is important that staff understand that the Trust is committed to funding the correct establishment on each ward and that retaining staff is essential. Ms Massey added that staff wellbeing is closely linked to this.</p> <p>Ms Butcher commented that it is essential that the Trust keeps looking ahead at staffing levels as based on the current trend acuity is only going in one direction. The Chairman agreed that showing the two-year trend in the report is very helpful as it allows the Trust to put mitigation in place and source finance to enable investment. Mrs Tunney concluded that while there are a number of recommendations in the report, the general recommendation is for continued incremental investment to increase the nursing base.</p>
<p><b>BoD18/10/11</b> <b>BoD18/10/11.1</b></p> <p>18/10/11.1.1</p> <p>18/10/11.1.2</p> <p>18/10/11.1.3</p>	<p><b>SAFE</b> <b>Draft Quality Governance Committee (QGC) – 10 September 2018</b></p> <p>Mr Barnes presented the minutes of the recent meeting noting that the committee had reviewed the Trust's action plan in response to both the Kirkup and the Gosport reports. Mr Barnes outlined the background to both reports which were in response to findings at other Trusts. The committee noted that all actions were on track and will be reviewed at QGC.</p> <p>Mr Barnes reported that QGC had reviewed the risk register and outlined the way in which risk descriptions and scoring are being reviewed to be more consistent across the Trust. Pilots are taking place in Estates and Facilities Division and CCICP to review all risks on the register and move the risks which are task specific or a local workplace issue, leaving those that relate to organisational risks. This will allow clearer links between divisional risk registers and the corporate risk register and Board Assurance Framework (BAF). Dr Dodds confirmed that this exercise will be complete across the Trust by the end of March 2019.</p> <p>The Chairman welcomed the revision of the approach to risk registers which will enable the Board to be more accurately focused on the risks the Board is responsible for.</p> <p><b>Resolved:</b> The Board noted the items escalated by QGC.</p>
<p><b>BoD18/10/11.2</b></p> <p>18/10/11.2.1</p>	<p><b>Serious Untoward Incidents (SUI) and RIDDOR Events</b></p> <p>Dr Dodds advised that there was one SUI to report which was an inpatient fall resulting in a fractured neck of femur.</p>

18/10/11.2.2	<p>Dr Dodds advised that there were no RIDDOR reportable events.</p> <p><b>Resolved:</b> The Board noted the report of SUIs and RIDDOR events.</p>
<b>BoD18/10/11.2</b>	<p><b>Guardian of Safe Working Hours Report Q1 2018-19</b></p> <p>Ms Holland reported that the Quarter 1 data had included only two exception reports which had been investigated and closed. No immediate safety concerns had been identified and there were no fines for the Trust as a consequence.</p> <p><b>Resolved:</b> The Board noted the verbal update from Ms Holland.</p>
<b>BoD18/10/12</b> <b>BoD18/10/12.1</b>	<p><b>RESPONSIVE</b> <b>Performance Report</b></p>
18/10/12.1.1	<p>Mr Oliver presented the performance report which uses data from August 2018. Mr Oliver noted that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in August.</p>
18/10/12.1.2	<p>Mr Oliver reported that the Trust continues to deliver the three headline cancer standards, with the two week referrals for breast symptoms returning to above target in September and compliant for the quarter. Mr Oliver advised that all Trusts now need to report on any long waits (over 104 days), on the 62-day cancer pathways and the Trust had one to report for Quarter 1. A full harm report will take place but the delay was due to patient choice and was therefore unavoidable. The Chairman commented that it was frustrating to have to undertake a report when the cause is known and the Trust can do nothing about it. Mr Oliver highlighted the comparison across Trusts for this measure which shows that the Trust has the second lowest number of long waits on this pathway in the region.</p>
18/10/12.1.3	<p>Mr Oliver presented unplanned activity for August. The 4-hour transit time target was not achieved but had improved from July to 87.14% and was the highest performing month since November 2017, although the 90% trajectory for September has not been met. Mr Oliver noted that there were 820 less attendances than July but still 500 more than August last year. 670 more patients were coded to majors and resus which reflects the increase in acuity of attendees.</p>
18/10/12.1.4	<p>Mr Oliver noted the continued growth in admissions which are predominantly from ED attendances; GP admissions are reducing. Bed occupancy remains high and from next month will be reported without elective wards, paediatrics and critical care as these lower occupancy rates are masking the bed availability for Medicine and Emergency Care.</p>
18/10/12.1.5	<p>Mr Oliver noted that while Length of Stay (LoS) figures remain on track there are a high numbers of medical outliers. The Trust has received initial feedback from the Cheshire &amp; Merseyside review of non-elective need which is positive and the Trusts LoS is the lowest in the region. Mr Barnes expressed his concern about the level of medical outliers and asked if this is likely to increase further. Mr Oliver replied that the elective programme and its capacity is being reviewed with a reallocation of surgical wards to medical being considered.</p>
18/10/12.1.6	<p>Mr Oliver advised that the number of delayed discharges continue to remain within the standard but there are increasing pressures as two care homes locally have closed to admissions. This will be slightly offset by additional domiciliary care packages planned for winter which are being utilised from September.</p>
18/10/12.1.7	<p>Mr Oliver presented the planned activity performance, noting that the Referral to Treatment (RTT) target is still being met, (92.63% above a target of 92%). Three</p>



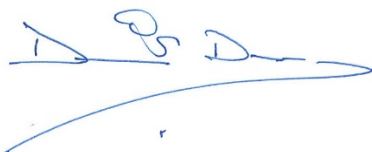
<p>18/10/12.1.8</p> <p>18/10/12.1.9</p> <p>18/10/12.1.9</p> <p>18/10/12.1.10</p>	<p>areas, General Surgery, Trauma &amp; Orthopaedics and Cardiology are below target and a trajectory and plan for recovering in these specialities has been agreed. Mr Oliver advised that in addition to the RTT target Trusts have been asked to ensure that waiting lists do not increase from the number on in March 2018 to March 2019. This is particularly challenging for the Trust as performance against the RTT was very good in March 2018 when regulators requested that that the Trust worsened this performance as part of the Capped Expenditure Process (CEP). As part of the market shaping work the Trust also brought in activity from other areas with a significant amount of work taking place for Betsi Cadwaladr University Health Board</p> <p>Mrs Bullock commented that the Trust needs to respond to regulators demands robustly as the Trust is now being penalised for a growth in the waiting list while still meeting the RTT. Mrs Bullock commented that with the proposed changes to regulators in the region it will be different people in post who will not have a memory of the request made to the Trust last year to reduce its RTT position and which resulted in an increase in waiting list size. Mr Barnes asked if the Trust should have refused to worsen its RTT position, Mrs Bullock replied that this was not an option, but the Trust had been clear about the consequences and its concerns and has now advised of the costs of returning to previous waiting list levels.</p> <p>Mr Oliver confirmed that the Trust have submitted a paper to NHS England explaining the Trust position, its causation, the action taking place to recover and the required investment needed to deliver a balanced waiting list. Mrs Bullock confirmed that as a result the Trust would not be prepared to fail the RTT if requested to do so and the Board agreed to this position.</p> <p>Mr Oliver presented the financial report noting a typo in the figures, the deficit is £1.8M not £1.6M before exceptional items. The total deficit is £2.2M which is £1.8M worse than plan. Mr Oliver explained that the performance is worse than plan for a number of reasons including additional pay costs for beds that have been open during the summer because of the high levels of unplanned activity. CCICP has delivered a £247k surplus. Ms Butcher asked what the progress is on recruiting GPs. Mrs Frodsham replied that this continues to be challenging and there has been some success but also a number of retirements. More Advanced Community Practitioners and Pharmacists are also being recruited to support the Out of Hours service.</p> <p>Mr Oliver outlined the income position noting that Vale Royal CCG income is below target but that income from Eastern Cheshire CCG is above target. Mr Oliver advised that there is an under performance of £442k from Specialist Commissioning due to a high cost drug rebate, but this is a pass through payment and will be offset on the cost of drugs line. Overall the Trust is £600k better than plan for income. Mr Oliver advised that the Trust is £900k below target for the Cost Improvement Programmes (CIP), the proposed ward closure in Surgery &amp; Cancer did not take place due to medical demand and the sickness improvements in nursing have not been realised. Mr Oliver noted that a successful nursing recruitment event had been held in September. Mr Oldham added that the cash profile remains strong as payments from the CCG have been received early in the year to support cash flow and Sustainability and Transformation Fund money from 2017/18 was received earlier than expected. Mr Oldham advised that this position is likely to deteriorate through the year.</p> <p><b>Resolved:</b> The Board noted the Performance Report.</p>
<p><b>BoD18/10/12.2</b></p> <p>18/10/12.2.1</p> <p>18/10/12.2.2</p>	<p><b>Draft Performance and Finance (PAF) Committee notes</b></p> <p>Mr Hopewell presented the notes of the meeting of 20 September 2018 which had not been quorate. The items for escalation to the Board were noted:</p> <ul style="list-style-type: none"> <li>• Sustained level of admissions and impact on bed occupancy and length of stay</li> </ul>

<p>18/10/12.2.3</p>	<ul style="list-style-type: none"> <li>• Waiting list instruction from NHSI, impact on cost and the electives programme over winter and targets</li> <li>• Discussions in regard to the Clinical Commissioning Group (CCG) Memorandum of Understanding (MoU) are continuing</li> <li>• Agency Cap increase likely to breach cap in next month</li> <li>• High use of bank staff</li> <li>• Increase in sickness rates and impact on the financial position</li> </ul> <p>The Chairman noted that not being quorate is unusual and is a consequence of the lean membership of the Committee but that this is kept under review.</p> <p><b>Resolved:</b> The Board accepted the report of PAF and the items escalated to the Board for information.</p>
<p><b>BoD18/10/12.3</b> 18/10/12.3.1</p>	<p><b>Legal Advice</b></p> <p>Dr Dodds advised that there had been no new legal advice taken in the month but that the ongoing support for issues previously reported to Board continued.</p>
<p><b>BoD18/10/12.4</b> 18/10/12.4.1</p> <p>18/10/12.4.2</p>	<p><b>Equality Diversity System 2017/18 (EDS)</b></p> <p>Ms Holland presented the annual report on Trust compliance against the EDS. Ms Holland explained that the report demonstrates how the Trust is performing against the ten protected characteristics as set out in the Equality Act. There are 18 outcomes grouped into four goals which previously the Trust has measured itself against. This year Trust stakeholders such as Healthwatch were also consulted which is why there may appear to be some worsening of the measures. This outside view has helped identify areas where improvements can be made.</p> <p>The Chairman noted that the process for completing this assessment was more robust this year which will help the Trust to respond and develop further actions which is useful and important. Mrs Frodsham asked if there is an action plan in place and where this is monitored and Ms Holland confirmed that the Equality and Diversity Group have developed an action plan and it will be monitored through that committee with escalation to the Transformation and People Committee (TAP).</p> <p><b>Resolved:</b> The Board noted the report provided.</p>
<p><b>BoD18/10/13</b> <b>BoD18/10/13.1</b> 18/10/13.1.1</p>	<p><b>WELL-LED</b></p> <p><b>Visits of Accreditation, Inspection or Investigation</b></p> <p>Dr Dodds reported that CQC had visited the Trust with 24 hours notice to assess Radiology and ensure compliance against IMER regulations; no immediate concerns were raised and good practice was noted. Dr Dodds advised that any actions identified will be shared with the team, and progress against these tracked</p> <p><b>Resolved:</b> The Board noted the visit.</p>
<p><b>BoD18/10/13.2</b> 18/10/13.2.1</p>	<p><b>Draft Audit Committee notes from the meeting held on 10 September 2018</b></p> <p>Mr Hopewell presented the minutes of the Audit Committee meeting noting that there was one item for escalation for information to the Board of Directors. The Committee had discussed and reviewed the internal audit plan and made some changes to the areas of focus for the remainder of the year.</p> <p><b>Resolved:</b> The Board noted the minutes of the Audit Committee.</p>
<p><b>BoD18/10/13.3</b> 18/10/13.2.1</p>	<p><b>Organisational Risk Register Q1 2018-19</b></p> <p>Dr Dodds advised the Board that this report has been reviewed by QGC and Executive Quality Governance Group (EQGG) and contains the new five</p>

<p>18/10/13.2.2</p> <p>18/10/13.2.3</p>	<p>organisational risks which link into the Annual Governance Statement (AGS) and are mapped across to the BAF. Dr Dodds noted that Mr Barnes had already summarised the work taking place on risk which is being led by Mr Kevin Wynn, Interim Associate Director of Integrated Governance.</p> <p>Mr Davis noted that the risk on medical devices training has been on the risk register for a number of years and asked at what stage this becomes justifiable. Dr Dodds replied that a dedicated medical devices trainer would be required to address this but that this investment has always been a lower priority than addressing other risks. Mrs Bullock commented that the investment remains justifiable and will continue to be reviewed every year and prioritised against all other risks.</p> <p>Dr Dodds noted the mitigation put in place such as medical devices training must now be signed off as part of the annual appraisal for doctors which will help compliance on training whilst noting many users of these devices are not doctors. Mr Oldham asked if there have been any incidents of patient harm that have been linked to a lack of training as it is important that there is no significant risk to patient safety. Dr Dodds replied that there have been a small number of links to incidents, but they have all been of low or no harm. Dr Dodds suggested that this risk is discussed further at EQGG.</p> <p><b>Resolved:</b> The Board noted the Q1 Organisational Risk Register.</p> <p><b>ACTION: The risk associated with Medical Devices training rates to be reviewed at EQGG (Dr Dodds)</b></p>
<p><b>BoD18/10/13.4</b> 18/10/13.4</p>	<p><b>EPPR Core Standards 2018</b></p> <p>Mr Oliver presented the Emergency Preparedness, Resilience and Response (EPPR) annual assurance process for 2018/19. The report demonstrates substantial compliance with the 64 standards. Four are amber and all will be actioned by January 2019. Mr Oliver advised that the report has been through the governance process and approved at each stage.</p> <p><b>Resolved:</b> The Board approved the Trust performance against EPPR for 2018/19.</p>
<p><b>BoD18/10/13.5</b> 18/10/13.5.1</p>	<p><b>Workforce Race Equality Scheme (WRES) Annual Report</b></p> <p>Ms Holland asked the Board to approve the annual report on WRES to 31 March 2018. This report allows the Trust to understand the diversity of its workforce and is part of the compliance with the EDS standards. Ms Holland advised that there were no significant or major changes to last year's report. Ms Holland highlighted the dip in performance against point 18 which reports the likelihood of BME staff being shortlisted. This is a challenge for the Trust given the given local demographics but the recruitment team is assessing how it can recruit and target those from BME groups. Ms Holland noted the improvement in BME staff accessing non-mandatory training. Ms Holland confirmed that this report along with the EDS will be published on the website.</p> <p><b>Resolved:</b> The Board approved the WRES annual report.</p>
<p><b>BoD18/10/14</b> <b>BoD18/10/14.1</b> 18/10/14.1.1</p>	<p><b>EFFECTIVE</b> <b>Workforce Report</b></p> <p>Ms Holland presented the Workforce Report using data from August 2018 noting that there were no significant changes to the July position. There was a small improvement in the rolling 12 month sickness absence. Ms Holland advised that the new mandatory training dashboard is now live which, as previously reported to Board, will lead to a deterioration of the training rates while staff complete the new requirements. Ms Holland noted that the new dashboard had been well received and</p>

18/10/14.1.2	<p>the Board have all received information on their own training requirements.</p> <p>Ms Holland reported an increase in leavers in August and a task and finish group is working on the issue of retention. A summary of exit interviews is reviewed by Executive Workforce Assurance Group (EWAG) and Transformation and People Committee (TAP) on a quarterly basis.</p> <p><b>Resolved:</b> The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p><b>BoD18/10/14.2</b> 18/10/14.3.1</p> <p>18/10/14.3.2</p>	<p><b>Transformation and People Committee (TAP) notes</b></p> <p>Mr Church presented the notes of the meeting of TAP from 6 September 2018 and noted that there were two items for escalation to the Board for information. TAP had reviewed an escalation from PAF in regard to the health and wellbeing of staff coping with activity pressures, particularly in ED and reported these back to PAF. Mr Church advised that there was a good discussion among the committee and that ED is not an outlier for reasons of absence. However, it was recognised that a number of different sources such as stress surveys and the numbers of staff accessing the staff counselling service demonstrate that staff are under pressure and it is important for the Board to recognise this.</p> <p>Mr Church noted that TAP had reviewed the current transformation portfolios to assess what is still transformation and what is day to day and the work to define this is ongoing.</p> <p><b>Resolved:</b> The Board noted the minutes of the TAP meeting and the items for escalation.</p>
<p><b>BoD18/10/14.3</b> 18/10/14.3.1</p>	<p><b>Consultant Appointments</b></p> <p>Dr Dodds advised that a replacement Consultant Paediatrician has been appointed.</p>
<p><b>BoD18/10/15</b></p>	<p><b>Any Other Business</b></p> <p>There were no further items of business.</p>
<p><b>BoD18/10/16</b></p>	<p><b>Time, Date and Place of the next meeting</b></p> <p>Board of Directors Meeting to be held in Public on <b>Monday 5 November 2018</b> at 9.30 am in the Boardroom, Leighton Hospital, Crewe.</p>
<p>The meeting closed at 11:25 hours.</p>	

**Signed**



**Chairman**

**Date 5 November 2018**

**Minutes of Board Meeting  
held in 'Private'  
Monday 1 October 2018  
at Alsager Golf Club, Alsager, ST7 2UR**

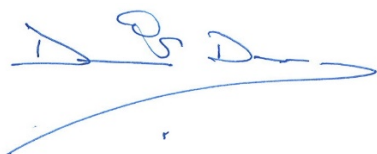
<p><b>Present</b> Mr D Dunn Mr J Barnes Mr J Church Mrs T Bullock Ms L Butcher Mr M Davis Dr P Dodds Ms L Holland Mr D Hopewell Mrs L Massey Mr M Oldham Mr C Oliver Mrs J Tunney</p>	<p>Chairman Non-Executive Director Deputy Chair Chief Executive Non-Executive Director Non-Executive Director Medical Director and Deputy Chief Executive Interim Director of Workforce and OD Non-Executive Director Non-Executive Director Director of Finance &amp; Strategic Planning Chief Operating Officer Director of Nursing and Quality</p>
<p><b>In Attendance</b> Ms H Bebbington Mrs D Frodsham Mrs K Dowson</p>	<p>Incoming Director of Workforce and OD Director of Strategic Partnerships Trust Board Secretary</p>
<p><b>Apologies</b> Dr K Birch</p>	<p>Lead Governor</p>
<p><b>BoD2/18/10/1</b></p>	<p><b>Welcome and Apologies for Absence</b>  The Chairman noted the apologies received.</p>
<p><b>BoD2/18/10/2</b>  2/18/10/2.1</p>	<p><b>Board Members Interests</b>  There were no interests declared in relation to open items on the agenda.</p>
<p><b>BoD2/18/10/3</b>  2/18/10/3.1</p>	<p><b>Minutes of the Previous Meeting</b>  <b>Resolved:</b> The minutes were agreed as a true and accurate record of the meeting held in private on 3 September 2018.</p>
<p><b>BoD2/18/10/4</b>  2/18/10/4.1  2/18/10/4.2</p>	<p><b>Matters Arising and Actions from Previous Meeting</b>  There were no matters arising in addition to those included on the agenda.  It was noted that there was one action which has been completed and can be closed.</p>
<p><b>BoD2/18/10/5</b>  2/18/10/5.1</p>	<p><b>Effective Medical Staffing Update</b>  Dr Dodds reported that there are no staffing issues to advise to the Board.</p>

<p><b>BoD2/18/10/6</b> <b>BoD2/18/10/6.1</b></p> <p>2/18/10/6.</p>	<p><b>Well Led System Update</b></p> <p><b>East Cheshire Trust</b> Mrs Bullock advised that there was nothing further to report for the system update. The Chairman informed the Board that he had met with Mrs Lynn McGill Chair of East Cheshire Trust (ECT) and they had agreed actions as Chairs. From October the regular Chair to Chair meetings will be replaced with joint Chair and Chief Executive monthly meetings.</p> <p><b>Resolved:</b> The System update was noted.</p>
<p><b>BoD2/18/10/7</b> <b>BoD2/18/10/7.1</b> 2/18/10/7.1.1</p> <p>2/18/10/7.1.2</p> <p><b>BoD2/18/10/7.2</b> 2/18/10/7.2.1 2/18/10/7.2.2 2/18/10/7.2.3</p> <p><b>BoD2/18/10/7.3</b> 2/18/10/7.3.1</p> <p>2/18/10/7.3.2</p> <p><b>BoD2/18/10/7.4</b></p> <p>2/18/10/7.4.1</p> <p>2/18/10/7.4.2</p> <p><b>BoD2/18/10/7.5</b> 2/18/10/7.5.1</p>	<p><b>Any Other Business</b> <b>Paragraph removed under Section 42 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 42 of the Freedom of Information Act.</b></p> <p><b>Item removed under Section 43 of the Freedom of Information Act.</b></p> <p><b>Winter Plan Capital Investment</b> Mrs Bullock reminded Board about the letter from NHS England (NHSE) asking for assurance against eight criteria before investment into a portacabin to support winter pressures is approved. Mrs Bullock noted that the Trust had proposed a portacabin solution for winter at a cost of £1.5M to house the Clinical Decisions Unit (CDU). This would then free the current CDU up for additional majors spaces. The Trust is concerned that it cannot meet a number of the criteria and that there is no revenue available to support this additional space although even without additional staffing available this would improve patient experience by reducing long waits on the corridor.</p> <p>Mrs Bullock noted that the Trust has been honest and transparent about its ability to meet the eight criteria but was concerned as the Trust has still not been advised one way or another. Mrs Bullock advised that the criteria included a commitment to recover the 4-hour transit time performance by 50% and to complete the installation of the portacabin by the 24 December, however; the delay in notification of this capital means that will not happen as any portacabin solution will take four months to install due to its bespoke nature.</p> <p><b>System Update</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Business Case</b> Mr Barnes asked if there was any further update on the business case on SACU and seven day working which had been approved at the last Board meeting pending further discussions with consultants and the</p>

<p>2/18/10/7.5.2</p> <p><b>BoD2/18/10/8</b> 2/18/10/8.1</p> <p>2/18/10/8.2</p>	<p>CCG. Mr Oldham replied that a further discussion had taken place at the Capped Expenditure Process Executive meeting. The SACU investment has been agreed and is progressing as has the Outpatients capacity. The seven day service in general surgery has been discussed and although the business case is compelling there is no money available for this, so it needs to be incorporated into planning for next year.</p> <p>Mr Oldham explained that the system needs to plan its priorities for investment across primary care and mental health as well as in the Trust. Mr Barnes recognised that a plan is in place and that it cannot be actioned yet. Dr Dodds added that a business case is also being developed for seven-day services in Urology which will be put on hold because of finance. Mr Oldham advised that clinical acceptance of seven-day services has not yet been completed in general surgery.</p> <p><b>Review of the Board meeting</b> Mr Davis reviewed the Board meeting observing that the number of Governors in attendance had been notable. Mr Davis observed that the patient story had been an inspiring story of integrated care at work in the community and reflected on what a good decision it had been to take on the contract for community services and work with partners to develop it.</p> <p>Mr Davis noted the annual report on nursing and midwifery staffing had been a very good report and is evidence of data being used to make intelligent decisions on quality and risk. Mr Davis commented that the majority of the meeting had been operationally focused on managing and mitigating the great pressures on activity at the Trust. This is a great credit to the Executives and Senior Managers as well as staff. The pressures on frontline staff need to be recognised and acknowledged and solutions engaged with.</p>
<p><b>BoD2/18/10/9</b></p>	<p><b>Time, Date and Place of the next meeting</b> The Board of Directors Meeting is to be held in Private on Monday 5 November 2018 following the Board meeting held in Public.</p>

The meeting closed at 12:10 pm.

**Signed**



**Chairman**

**Date 5 November 2018**