

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 5 November 2018
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present	
Mr D Dunn	Chairman
Mrs H Barnett	Director of Workforce and OD
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Ms L Butcher	Non-Executive Director
Mr J Church	Deputy Chair
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
In attendance	
Dr K Birch	Lead Governor
Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Mrs S Axon	Divisional Lead Nurse, Medicine and Emergency Care <i>(item 18/11/2 only)</i>
-	Name Removed under Section 40 of the Freedom of Information Act Assistant Personal Assistant <i>(item 18/11/2 only)</i>
Mrs K Brown	Patient Access and Health Records Service Manager <i>(item 18/11/14.4 only)</i>
Observing	
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mrs J Ollier	Public Governor (Congleton)
Mr R Stafford	Public Governor (Patients & Carers)
Mrs S Findler	Service Manager, General Surgery, MCHFT
BoD18/11/1	Welcome, Introduction and Apologies
18/11/1.1	The Chairman welcomed all those present to the meeting, reminding observers that he and the Chief Executive would be available at the end of the meeting to answer any questions. The Chairman welcomed Mrs Barnett to her first meeting since starting in post on 1 November.
18/11/1.2	There were no apologies to note as all Board Members were present.
BoD18/11/2	Patient Story
18/11/2.1	Mrs Tunney introduced the patient story on feedback received in the Emergency Department (ED), the successful work taking place to improve the Friends & Family (F&F) response rates in that department and how ED have responded to this feedback over the last few months.
18/11/2.2	Mrs Axon presented an overview of the progress in ED to achieve an improvement in response rates from 4% to 21% over 6 months. Mrs Axon noted that every comment is logged and arranged into themes by Name Removed under Section 40 of the Freedom of Information Act , Assistant Personal Assistant to the Medicine and Emergency Care Senior Nursing Team. He passes individual mentions back to staff and makes all comments available to staff together with any suggested actions. Name Removed under Section 40 of the Freedom of Information commented that future

<p>18/11/2.3</p> <p>18/11/2.4</p> <p>18/11/2.5</p> <p>18/11/2.6</p>	<p>plans include a 'Shout Out' board in the duty room and a comment of the week on a public noticeboard.</p> <p>Name Removed under Section 40 of the Freedom of Information Act noted that key themes are wait times and communication of them and the lack of consistency in taking blood. As a result, a manual waiting time board is being trialled before an electronic waiting times board is introduced following refurbishment of the A&E waiting room. Mrs Axon noted that training has taken place with staff in regard to taking blood and there has been a reduction in the number of contaminated blood samples as a result. Name Removed under Section 40 of the Freedom of Information Act explained further actions that had been taken in response to comments which include the introduction of a privacy screen in the A&E waiting area and a hydration centre which was refreshed regularly by estates and facilities during the recent hot weather.</p> <p>Mrs Axon advised that Name Removed under Section 40 of the Freedom of Information Act Mr Parker has championed the Friends & Family test in ED, reading or listening to every message left each month. The Chairman asked how feedback is given to staff. Name Removed under Section 40 of the Freedom of Information Act replied that if the feedback is negative, he speaks to the sister in charge of that shift, this allows the Sister to assess if any staff members are struggling or if there are any wider issues. He noted that all comments are left in a file in the staff room and staff do act on the feedback; for example, patients had commented that staff don't make eye contact and walk past with heads down, but this is happening less now that staff have been made aware of it.</p> <p>Mrs Bullock asked how staff respond when negative feedback is given. Name Removed under Section 40 of the Freedom of Information Act replied that staff generally respond well and are keen to improve and will come back and check later comments to see if things have improved. Ms Butcher commented that this is a powerful insight and it is important that patients know that the Trust is listening and responding to what they are saying. Mr Church asked if actions will be shared with patients. Name Removed under Section 40 of the Freedom of Information Act confirmed that following the refurbishment of the waiting room there will be a board with a 'Comment of the week' and also a 'You Said, We Did' poster. Mr Oliver added that the new waiting room design will feel very different and is very professional.</p> <p>Mrs Barnett asked if the approach is being shared with other areas of the hospital who could learn from ED's approach. Name Removed under Section 40 of the Freedom of Information Act confirmed that he is working with Mrs Jayne Davis, Patient and Public Involvement Manager to share ED's approach with other areas of the hospital and he has been visiting other departments to share the good practice in ED. Mr Oldham noted that the significant improvement rate in the F&F response rate in recent months has now slowed and asked what measures are being put in place to increase this further. Name Removed under Section 40 of the Freedom of Information Act replied that posters have been taken down while the refurbishment work takes place and these will be reinstated. The F&F kiosk has now been removed from ED as patients were completing this and then not completing the follow up F&F. The Chairman thanked Mrs Axon, and the team for their work.</p> <p>Resolved: The Board noted the story presented.</p>
<p>BoD18/11/3 18/11/3.1</p>	<p>Board Members' Interests</p> <p>The Chairman announced that he has accepted a new role as a Trustee on the Board of the British Red Cross from 1 January 2019. As a result, he will be resigning his post as President of the Cheshire branch of the British Red Cross on 15 November 2018.</p> <p>ACTION: Board of Directors Register of Interests to be update. (Mrs Dowson).</p>

18/11/3.2	There were no further changes made to the declaration of interests of Board Members.
18/11/3.3	There were no further interests declared in relation to open items on the agenda.
BoD18/11/4 BoD18/11/4.1 18/11/4.1.1	Minutes of the Previous Meeting Board of Directors meeting held on 1 October 2018 The minutes of the meeting were agreed subject to the correction of three typos and in 18/10/10.2.9, reference to Ward 4 should be Ward 6. Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 1 October 2018.
BoD18/11/5 18/11/5.1	Matters Arising and Action Log The Chairman noted that there was one item due for completion on the action log. Dr Dodds advised that a review of incidents linked to medical devices has been undertaken and an updated risk assessment has now been completed. Resolved: Action to be closed as complete.
BoD18/11/6	Annual Work Programme The Chairman advised that the workplan attached had not changed since the last meeting. Resolved: The Board noted the continued approval of version 2 of the Board Work Programme 2018/19.
BoD18/11/7 BoD18/11/7.1	Chairman's Announcements Meeting with Antoinette Sandbach MP The Chairman reported that he and Mrs Bullock had met as part of their regular meetings with local MPs. Ms Sandbach had been updated on the Trust's general performance and had been advised of the disappointing news that the additional funding for A&E had not been received.
BoD18/11/7.2	Remuneration Committee – 8 October 2018 The Chairman advised that the committee had met and considered a paper on the pension tax changes and their implications for Executives. Discussions are still taking place nationally to provide guidance for Trusts which the Trust will respond to in due course.
BoD18/11/7.3	Board Away Day – 15 October 2018 The Chairman noted that the Board had met for an away day recently with a focus on workforce strategy as well as a review of the Trust Strategy. The Board had also met as Corporate Trustees and reviewed progress on the latest major appeal.
BoD18/11/7.4	Well Led Framework AQuA External Review The Chairman reported that interviews have been taking place with senior colleagues as part of an external review against the Well Led Framework which will be reported to Board in due course. Dr Dodds noted that this work is being jointly led by AQuA and Mersey Internal Audit.
BoD18/11/7.5	Meeting with East Cheshire NHS Trust Chair The Chairman advised that he and Mrs Bullock had met with the Chair and Chief Executive of East Cheshire NHS Trust (ECT) in the first of a regular set of meetings which will focus on effective partnership and collaboration between the two Trusts.
BoD18/11/7.6	Meeting with CCICP Chair The Chairman noted that he had recently met Mr Mike Ridley, Independent Chair of Central Cheshire Integrated Care Partnership (CCICP). A general update and review

	<p>was given and the Chairman described the Board's perception of the reports and minutes received from CCICP and the information the Board would like to see in the future. The Chairman recognised the positive progress of CCICP at the two year anniversary of its formation. It was agreed that the Board will be invited to a joint meeting of both Boards.</p>
<p>BoD18/11/8 BoD18/11/8.1 18/11/8.1.1</p> <p>BoD18/11/8.2 18/11/8.2.1</p>	<p>Governors Items Annual Members Meeting – 2 October 2018 The Chairman reported that a successful Annual Members Meeting had taken place recently at Congleton Town Hall. The meeting had been attended by Members and Governors and a well-attended Health and Wellbeing Fayre had taken place ahead of the meeting in conjunction with Congleton Partnership. The Chairman thanked the Governors and Board members for their support for the event and advised that the next meeting is likely to be in Crewe.</p> <p>Council of Governors – 25 October 2018 The Chairman noted that the Council of Governors had met recently with two of the new Governors attending for the first time. Interesting presentations had been well received on patient complaints and the National Inpatient Survey. The Chairman noted the feedback from Mrs Psaila on the benefits of attending the NW Governors meeting in order to share good practice. Mrs Psaila had reported that the level of support and opportunities provided by the Trust for Governors was more than other Trusts. Mr Perry had provided an insightful review of the meeting which had picked up on the common threads of communication and technology.</p>
<p>BoD18/11/9 BoD18/11/9.1 18/11/9.1.1</p> <p>18/11/9.1.2</p> <p>18/11/9.1.3</p>	<p>Chief Executives Report System Update Mrs Bullock reported that the first Executive to Executive meeting with ECT was held recently. The Medical Director from ECT Mr John Hunter presented on the clinical models and scenarios identified as part of the recent review supported by KPMG. A good discussion followed and it was agreed that service line reviews of all clinical services will take place. Mrs Frodsham is working on the governance arrangements for this including the Terms of Reference and a timeline for this work. A review of corporate services and back office functions is also planned. Mrs Bullock noted the importance of keeping up the momentum and pace for this work.</p> <p>Cheshire East Partnership Board Mrs Bullock reminded the Board that the Partnership Board meets every month and this is followed by a workshop session facilitated by AQuA on the proposed Integrated Care Partnerships (ICP). The meeting this month will not include a workshop as the first full draft of the CEP strategy is being presented. This incorporates the KPMG supported work around ECT and the proposed approach for an ICP. Mrs Bullock described the CEP strategy which includes 13 chapters on areas such as finance, estates, IT, back office, acute sustainability and out of hospital work. Mrs Bullock noted that this was a substantial and good piece of work by the system given that there was no additional resource for this work. For example, Mr Oldham had developed the chapter on finance in collaboration with system partners and it outlines a five year plan to return the system to a balanced financial position. Mrs Bullock noted that the plan needs to be submitted to regulators at the end of November with a meeting of senior leaders and regulators to take place following this, noting the strategy will be presented to Board in due course.</p> <p>Mrs Bullock reported that she has met with regulators to discuss the Cheshire East Place strategy and the executive summary of the strategy has been shared. This document was well received and the level of granularity was noted. In response to a question from Mr Davis, Mrs Bullock advised that NHS England (NHSE) and NHS Improvement (NHSI) remain separate organisations but they are working increasingly closely together and imminent announcements are expected on joint regional posts. Mrs</p>

<p>18/11/9.1.4</p> <p>18/11/9.1.5</p> <p>BoD18/11/9.2 18/11/9.2.1</p> <p>18/11/9.2.2</p>	<p>Bullock advised that applications for the position of independent chair of the ICP have been received and shortlisting is underway with interviews scheduled for the 12 November. The programme director advertisement has also now closed and interviews will be taking place in due course following appointment of the Independent Chair.</p> <p>East Cheshire Trust Mrs Bullock reported that ECT have agreed to make a joint appointment to the Director of Estates and Facilities post when Mr Mike Babb retires at the end of November. Mr Rob Few will start in the new role on 1 December and will spend some time getting to know the site and the team.</p> <p>Accountable Officer for Cheshire CCG Mrs Bullock confirmed that an offer has been made to a candidate for the AO role across the four Cheshire wide CCGs. This appointment needs the approval of Mr Simon Stephens, Chief Executive of NHS England before it can be announced publicly.</p> <p>NHS England Joint Planning Update Letter Mrs Bullock asked the Board to note the letter received from NHSE which she, Mr Oldham and Ms Holland are in the process of looking at in detail. One-year plans need to be submitted by the end of March, however further guidance and information is not yet published including the five year commissioning allocation which is expected in December. The 10 year NHS plan also needs to be factored in when it is published. Mrs Bullock advised that there are some signals that a different approach to payment for Emergency Care will be introduced for 2019/20. In the longer-term there is a plan to move away from control totals and sustainability funds and manage provider finances back to a break-even position.</p> <p>Mr Oldham advised that the Trust is starting its own planning and work and this will be a substantive agenda item for the next Capped Expenditure Programme meeting. Dr Birch asked that a summary of the implications of this planning is included in the Chief Executives report to the next CoG.</p> <p>ACTION: Update on the planning process to be provided to Council of Governors in January (Mrs Bullock).</p> <p>Resolved: The updates from the Chief Executive were noted.</p>
<p>BoD18/11/10 BoD18/11/10.1 18/11/10.1.1</p> <p>18/11/10.1.2</p>	<p>CARING Quality, Safety and Experience Report</p> <p>Mrs Tunney presented the report based on data from September 2018. Mrs Tunney advised that she will be presenting the report based on exceptions to expected performance. Mrs Tunney noted that the Serious Untoward Incident (SUI) reported at the last Board is being investigated and a full Root Cause Analysis (RCA) had been scheduled for this month and any lessons learnt will be disseminated.</p> <p>Mrs Tunney was pleased to report a significant improvement in pressure ulcers (PU) in the acute area in the month. There has been a drop of more than 50% with less PUs reported and lower numbers of avoidability, down to one in the month. Mrs Tunney advised that this was due to the focus and attention on PUs in the last three to four months which has included setting up local PU panels in divisions and visits to wards by Non-Executive Directors (NEDs). Mrs Tunney warned that this was only one month's results and not a trend yet, so this will continue to be monitored closely. Ms Massey noted that the Medicine and Emergency Care Division (M&EC) have not yet started their panel and asked if there was inconsistency in the approach across the Trust. Mrs Tunney replied that divisions have been given the freedom and autonomy to create their own panels and actions that will work for their division and M&EC's panel is meeting for the first time in November.</p>

18/11/10.1.3	Mrs Tunney reported that there had been a deviation from trajectory for patient falls and a slight increase in September. All the falls were of low or no harm and will be reviewed although no specific reason for the increase has been identified. There has also been an increase of medication errors all of which were low or no harm and a mix of administration and prescribing.
18/11/10.1.4	Mrs Tunney advised that CCICP PUs have also reduced dramatically in September from 72 to 48 which is a 30% drop, with none identified as avoidable. The CCICP PU panel will review all cases. The Chairman observed that PUs are potentially more difficult to identify in a community setting. Mrs Frodsham agreed and noted that many of the PUs were due to patient non-compliance and it is important that this is reflected in documentation and actions put into place to encourage compliance. Mrs Tunney advised that there were nine medication errors all with low or no harm across a number of different areas and reviews have resulted in self-reflection and e-learning for staff. Insulin prescribing has also been identified as an area for focus and revision of training work is being undertaken.
18/11/10.1.5	Mrs Tunney noted that the infection control performance is good with only one MSSA infection reported which was unavoidable as the patient arrived at the Trust with the infection. Mrs Tunney asked the board to note the safety thermometer report which had identified a high occurrence in Winsford with three PUs all identified within 72 hours. This has been reviewed and no concerns noted. Mrs Tunney advised that in September there were seven wards with a fill rate of under 85% for Registered Nurses. During the day the gaps in these wards were filled with Healthcare Assistants (HCAs), student nurses and matrons. At night staff were moved around to ensure that all areas remained safe and there continues to be daily reviews of staffing levels. Mrs Tunney noted that the Trust continues to work tirelessly to reduce sickness rates and improve recruitment to nursing posts.
18/11/10.1.6	Mrs Tunney reported that 16 complaints were received in September. The main trend is communication. Mrs Tunney noted that the Patient story heard by Board reflects the work taking place to improve communication and new communication workshops have been developed and are underway. Mrs Tunney noted that there had been a reduction in complaints relating to nursing or medical care in month.
18/11/10.1.7	Mrs Tunney advised that the details of the complaints closed in September are in the paper. Mr Davis asked if the error of interpretation on the scan had been made by a Trust Radiologist or if this had been outsourced and is there any pattern of higher error rates between the two. Dr Dodds advised that any errors made by external Radiologists are discussed on a case by case basis with the company involved; internally there is a monthly discrepancy meeting to review potential misinterpretation. Mr Barnes observed that the error in this complaint was due to gaps in the medical history provided by the consultant. Mr Davis asked if there was any evidence that there was a higher risk of error for outsourced review of scans. Mrs Bullock assured the Board that systems are in place to ensure Radiology would raise any concerns regarding any increase in errors in outsourcing as this has been done in the past.
18/11/10.1.8	Mr Davis commented that Performance and Finance Committee (PAF) have recently reviewed the system for follow up appointments and asked if there is an issue with automatic appointments being made and prioritised and how excessive delays on these appointments can be avoided. Mr Oliver advised that this complaint needs to be reviewed to ascertain if there had been any risk to that patient due to the change in appointment time, but that Ophthalmology has one of the lowest backlogs of follow up appointments. Mr Oliver confirmed that there is a flagged system for clinical priority to ensure patients who need follow up are seen.

18/11/10.1.9	<p>Mrs Tunney reported the F&F test results which remain good across the Trust with the Emergency Department (ED) continuing to improve its score by 1% to 84%. Response rates still require improvement, maternity has improved and the new Head of Maternity is introducing some new ideas and methods. Mrs Tunney noted that the switch over to text reminder in Outpatients has had a technical delay and is not yet in place.</p> <p>Resolved: The assurance provided in the Quality, Safety and Experience report was noted.</p>
<p>BoD18/10/11 BoD18/10/11.1 18/11/11.1.1</p> <p>18/11/11.1.2</p>	<p>SAFE Draft Quality Governance Committee (QGC) – 8 October 2018</p> <p>Ms Massey presented the minutes of the recent meeting as Mr Barnes was not able to attend the meeting. Ms Massey noted two items for verbal escalation to the Board. These were the NHSI Developmental Review of Leadership & Governance and the divisional and CCICP Quarterly Quality Reviews. Ms Massey advised that Dr Dodds had given a verbal summary of the Quality Reviews which review performance and quality and have now been rolled out in each division. CCICP reviews will be in place from January 2019. Ms Massey observed that it was disappointing to see some issues reoccurring from the Quarter 1 Quality Review reports but that it was positive to see the divisions develop greater understanding of quality improvement and the open discussion was very useful. Ms Massey commented that the value of leadership and stability in the divisional senior teams appears to correlate to divisional performance.</p> <p>Ms Massey advised that the external reviews against areas of the NHSI well led framework are in progress and a number of Board members and senior colleagues have had interviews; the Board will receive an update in due course.</p> <p>Resolved: The Board noted the items escalated by QGC.</p>
<p>BoD18/11/11.2 18/11/11.2.1</p> <p>18/11/11.2.2</p>	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p> <p>Dr Dodds advised that there were three SUIs to report, two inpatient falls resulting in a fractured neck of femur and one potentially avoidable death has been reported following a level 2 comprehensive RCA.</p> <p>There were no RIDDOR reportable events to report.</p> <p>Resolved: The Board noted the SUIs reported.</p>
<p>BoD18/11/11.3 18/11/11.3.1</p>	<p>Guardian of Safe Working Hours Report Q1& Q2 2018-19</p> <p>Ms Holland reminded the Board that the Quarter 1 report had been given verbally at the last meeting and that now the Board had the combined report for the first six months of 2018-19. There were two exceptions in Quarter 1 which were both resolved and no fines were applied. In Quarter 2 there were five reported none of which identified any immediate care of patient safety issues. All five were related to working patterns and expectations of hours. Some of these did take time to be resolved and while no safety risks were identified a fine was received by the Trust. The total of fines is now £138.45. Ms Holland explained that the Trust were expecting an increase following the new junior doctors starting in August.</p> <p>Resolved: The Board noted the report from the Guardian of Safe Working Hours.</p>
<p>BoD18/11/12 BoD18/11/12.1 18/11/12.1.1</p>	<p>RESPONSIVE Performance Report</p> <p>Mr Oliver presented the performance report which uses data from September 2018. Mr Oliver noted that one of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators was not achieved in September. The Trust has not met its forecast financial position with a £2.1M deficit position against the £0.5M predicted. The 4-hour</p>

	<p>transit time target was not achieved and had slightly dropped from the level achieved in August to 84.61%. Mr Oliver advised that Mr Matthew Hadfield, Head of Information and Performance presented a deep dive into 4-hour performance. Of note was an increase from the 16-60 age group, however this group are not being admitted in any greater numbers. The growth in admittance is from the frail elderly, this is reflected in the increase by half a day in the Trust average length of stay which equates to 22 additional beds.</p>
18/11/12.1.2	<p>Mr Oliver advised that the Trust has invited the Emergency Care Improvement Support Team (ECIST) programme in to the Trust to undertake a deep dive into patient flow. Three key recommendations have been made which are to:</p> <ul style="list-style-type: none"> • Improve streaming from the • Safer bundle to be rolled out across all wards • Domiciliary care back into community availability and timeliness
18/11/12.1.3	<p>Mr Oliver noted that the results of the recent VENN review were discussed at A&E Delivery Board (AEDB) and will be tracked through Access and Flow. Mrs Bullock noted that the presentation to AEDB had included many positive messages. The flow in the hospital was noted as among the best seen in Cheshire and Mersey as was the effectiveness of system working and therefore the ability to make the necessary system changes was very good whilst acknowledging opportunities were more limited as a result of better performance overall on a number of the indicators. Mrs Bullock advised that is important that the Trust ensures that the additional social care winter funding is directed to the right areas and following the recommendations made. There is £3M available across Cheshire and the submission has to be completed by 9 November and signed off by herself as the AEDB Chair. Mr Barnes welcomed the independent endorsement of the work in the ED and asked how many local organisations the VENN review has been to. Mrs Bullock confirmed that the VENN review has been to all the Trusts in Cheshire & Merseyside.</p>
18/11/12.1.4	<p>Ms Butcher asked if the VENN review feedback had looked at how many attendances could be prevented and therefore how demand can be managed. Mrs Frodsham replied that GP admissions to the Trust have reduced following the introduction of the rapid response team in the community. The growth is in walk in patients not ambulances. Mrs Frodsham advised that the direction of travel is growing the preventative health agenda, enhancing the offer for domiciliary care will help and there are further opportunities in community services. Mr Oliver observed that more intelligence is needed about why 16-60s are increasingly presenting at A&E and not going to primary care. There is now a peak of demand between 7-8 pm which never used to happen. Mr Hopewell commented that the presentation to PAF had been good and provided a good level of detail. Mr Hopewell added that the report had also clarified that sorting out bed availability will not solve the challenges in A&E.</p>
18/11/12.1.5	<p>Mr Oliver noted that there are now two bed occupancy tables as explained at the last meeting and the additional beds being used can be correlated directly to the increase in agency spending which is included in the finance report. Mr Oliver reported that the Trust continues to deliver the three headline cancer standards and that Referral to Treatment (RTT) and diagnostic waiting time targets are still being met.</p>
18/11/12.1.6	<p>Finance</p> <p>Mr Oliver reported that the Trust has a £2.1M deficit figure for September which is £1.6M worse than plan to date. The key drivers for this are pay and agency pay which has increased by £200k in month and reflects a growing requirement for nursing and medical staff. The speed of deterioration of this budget line will be significant. Mr Oliver noted that non-pay is worse than plan. Major pressures on non-pay include £800k on radiology and pathology outsourcing and estates is £671k worse than plan the detail of which is Provided in the paper. Mr Oliver noted that CCICP continues to operate with a small</p>

<p>18/11/12.1.7</p> <p>18/11/12.1.9</p> <p>18/11/12.1.10</p> <p>18/11/12.1.11</p> <p>18/11/12.1.12</p>	<p>surplus of £38k to date.</p> <p>Mr Oldham reminded Board that a detailed conversation on the forecast position took place in month four when the Trust was £2M ahead of the £4.9M Memorandum of Understanding (MoU). The costs of escalation beds and the related increase in agency costs to fund both nurses and locum medics as well as the impact on not delivering the Cost Improvement Programmes (CIP) as a result of the elective beds being used for medical patients instead of closing over summer, mean that the end of year position is under further pressure. Referrals are up by 7% which is putting pressure on the RTT targets and the waiting list and plans to address this will cost £400k more than agreed in the MoU. Mr Oliver observed that cross border flow work from Wales is now on hold whilst the Trust addresses the new target around waiting list size which has increased as a result of the instruction from regulators in July 2017 to reduce the RTT from 97% to 92%.</p> <p>Mr Oldham reported that the end of year position is likely to move from £2M to closer to £4M if there is no more money available beyond the already agreed winter plan. The winter wards are already full and if demand continues to grow, escalation beds will be used which are expensive to staff. Discussions are required with the CCG and regulators on the best outcome for the system. If the deficit sits in the CCG then the Trust will receive Provider Sustainability Fund (PSF) money but this puts pressure on the CCG.</p> <p>Mr Oldham advised that the control total was reached for Quarter 2, due to £850k of accrued revenue based on the MoU but without clarity on the MoU it is unlikely that Quarters 3 & 4 will be met. The Chairman asked if discussions with the CCG and regulators are imminent. Mrs Bullock replied that a meeting is taking place the following day between the Trust, CCG and NHSE / NHSI.</p> <p>Mr Oldham noted that the forecast submitted for September is still meeting the forecast plan, but this will have to change following discussion tomorrow and a paper with proposed actions will be brought to the next Board meeting as the forecast can only be changed at the end of the quarter, therefore January 2019. Mr Oldham advised the Executives have been through all of the NHSI recommended 'grip and control actions'. Clinical vacancies are now being approved by divisions rather than waiting for the Establishment Control Group to meet to help speed up recruitment and the Establishment Control Group now meets monthly for non-clinical posts. The Chairman concluded that the Board need to understand the underlying pressures and recognise these and also the assurance that all measures to mitigate pressures are being taken.</p> <p>Mrs Barnett asked whether the reported CQUIN negative variance of £194k is a concern. Mr Oldham replied that because the Trust is now on a block contract there is no linked financial penalty to not achieving the CQUINs, although the Trust is working hard to achieve these to deliver the patient benefit. Mr Oldham added that in the new planning guidance there will be a reduction of the link between finance and delivery of CQUINs. Currently failure to deliver CQUINs returns money to the CCGs and going forward this will not happen, it will be held nationally. Mr Oliver noted that the cash position for the Trust remains strong.</p> <p>Resolved: The Board noted the Performance Report.</p>
<p>BoD18/11/12.2</p> <p>18/11/12.2.1</p>	<p>Draft Performance and Finance (PAF) Committee notes</p> <p>Mr Davis presented the notes of the meeting of 25 October 2018 and noted the items for escalation to the Board:</p> <ul style="list-style-type: none"> • Non-achievement of the 4-hour transit time standard • The challenge of the RTT

<p>18/11/12.2.2</p> <p>18/11/12.2.3</p>	<ul style="list-style-type: none"> • PAF to review financial forecast in November ahead of approval at the Board in December • Assurance on drivers of growth in non-elective admissions frailty patients and fit working age adults with higher complexity driving an increase in the length of stay the need of extra beds • Follow up appointment waiting lists discussion • Performance Management Framework approved <p>Mr Davis noted the underlying cause for failing to meet the 4-hourly transit time standard is the level of activity. The RTT is now a challenge because the Trust was told to worsen the performance on this to achieve a non-recurrent financial saving last year. This resulted in a growth in the waiting list which is now an area of focus and the cost of recovering this is significant. Mr Davis praised the work of the Trust in managing to stay ahead of the 92% target. Mr Davis observed the report on the drivers for growth in non-elective admissions was very useful and demonstrates the value of data if it can be analysed.</p> <p>Mr Davis reported the discussion on follow up appointment waiting lists and the action being taken to ensure these lists do not become out of kilter, these are not reported to regulators, but if not addressed they will have an impact on patient experience and on Outpatient performance. Mr Davis concluded that while the Trust is not meeting all the regulatory requirements which is dispiriting, the system is working well and the Trust has a grip of issues and this provided assurance to PAF.</p> <p>Resolved: The Board accepted the report of PAF, the assurance provided and the items escalated to the Board for information.</p>
<p>BoD18/11/12.3</p> <p>18/11/12.3.1</p>	<p>Legal Advice</p> <p>Mrs Bullock advised that legal advice had been taken on two workforce issues neither of which are substantive. Sentence removed under Section 42 of the Freedom of Information Act.</p>
<p>BoD18/11/12.4</p> <p>18/11/12.4.1</p> <p>18/11/12.4.2</p>	<p>Our Workforce Matters Strategy</p> <p>Mrs Barnett presented the workforce strategy for approval, noting that it had been brought to Board Away Day last month where a good strategic discussion had taken place. The strategy has been subject to a robust consultation process with Trade Union representatives and services as well as through the workforce governance committees. Mrs Barnett observed that it has been useful to hear from Christine Samosa, Strategic Workforce Lead for the Health and Care Partnership for Cheshire and Merseyside (HCP) which had set the regional context for the discussion. The new strategy recognises the regional, place and local context and is a plan across health and social care which includes new ways of working and new roles such as Physician Associates and Pharmacy Technicians.</p> <p>Mrs Barnett explained that the second area of focus for the strategy is succession planning and talent management with a particular focus on those aged 16-25 in the workforce. The inclusion agenda is also considered with diversity and the flexibility of the workforce key themes. Mrs Barnett noted the third section of the report is about leadership development and system leadership and how to embed tools like Quality Improvement (QI). The strategy aims to create and retain a compassionate leadership with health and wellbeing a priority agenda. The associated action plan will focus on how to monitor and implement the strategy and how the Transformation and People Committee (TAP) will hold the Trust to account. Mrs Barnett reminded Board that the strategy has to stay dynamic as workforce is the biggest risk for any organisation.</p>

18/11/12.4.3	<p>Mrs Barnett explained that the next step is to communicate the directorate plans on a page and complete work on the corporate services plan.</p> <p>Resolved: The Board approved the strategy.</p>
<p>BoD18/10/12.5</p> <p>18/11/12.5.1</p> <p>18/11/12.5.2</p>	<p>Freedom to Speak up Guardian Report 2018-19 Q2</p> <p>Mrs Tunney, Freedom to Speak Up Guardian, presented the Quarter 2 report outlining the activity that has taken place in October for National Speak Out month. There were a series of events and the head of the National Guardians Office visited and encouraged the Trust to continue building on the work already taking place. He met with staff including Employee Support Advisors (ESA) and Mr Church as the NED with responsibility for Freedom to Speak Up. Mrs Tunney advised that she has lots of new ideas to promote the role.</p> <p>Mrs Tunney reminded the board that the Care Quality Commission (CQC) review had suggested that an increase in reporting would be a good sign and there has been an increase from one to five reports between Quarters 1 and 2. This means any themes can start to be recognised; all five are from one division with two referring to night duty issues. Feedback will be provided to staff and Mrs Tunney noted that the report has been loaded on to the national database. The Chairman commented that it was early days but that the Trust is moving in the right direction. Mr Church commented that the presentation from the National Guardians Office had been excellent and one of the points of learning he had taken forward was the need for NEDs to be seen out and about by staff more as this helps break down barriers.</p> <p>Resolved: The Board noted the report of the Freedom to Speak up Guardian</p>
<p>BoD18/11/13</p> <p>BoD18/11/13.1</p> <p>18/11/13.1.1</p>	<p>WELL-LED</p> <p>Visits of Accreditation, Inspection or Investigation</p> <p>Mrs Bullock reported that the Human Tissue Authority are in the Trust for two days as part of a regular inspection regime.</p> <p>Resolved: The Board noted the inspection.</p>
<p>BoD18/11/13.2</p> <p>18/11/13.2.1</p>	<p>Trust Strategy Update</p> <p>Mr Oliver reported that the Trust Strategy has been rolled forward to 2020/21 with new divisional plans on a page which were reviewed at the recent Clinical Strategy Session which was attended by divisions, Board members, Governors and commissioners. The strategy will be reviewed through the Acute Executive Management Group (AEMG) team and the CCICP Partnership Board. A rolling plan of events is to be set up to keep the momentum in regard to the Trust strategy including the Governor Strategy Day which takes place on Friday 9 November. The Chairman noted that the Trust Strategy had been discussed at the Board Away Day and that it was good to see that the divisional plans on a page had been updated to reflect discussions held at the Clinical Strategy Session</p> <p>Resolved: The Board noted the update on the Trust Strategy.</p>
<p>BoD18/11/13.3</p>	<p>Use of the Trust Seal</p> <p>Mrs Bullock advised that the report of the Trust Seal is verbal as there have been no uses of the Trust Seal since the last Board report in May 2018.</p> <p>Resolved: The Board noted the Trust Seal Report.</p>

<p>BoD18/11/14 BoD18/11/14.1</p> <p>18/11/14.1.1</p> <p>18/11/14.1.2</p> <p>18/11/14.1.3</p>	<p>EFFECTIVE Workforce Report</p> <p>Ms Holland presented the Workforce Report using data from September 2018. Ms Holland noted that sickness results have changed very little but remain higher than target. The Trust continues to perform well against the Cheshire & Wirral average and the Trust's target of 3.4% is ambitious. Ms Butcher agreed that the target should be reviewed. Mr Church noted that divisions need to take ownership and therefore the target needs to be realistic. A target of 3.9% is used for planning purposes and this should be consistent across the Trust.</p> <p>Ms Holland reported that appraisal rates have dropped but that there appear to have been a more significant number in October so there should be an improvement in this next month. The expected dip in mandatory training has happened and this should start to catch up again as staff undertaken the new requirements. Ms Holland advised that the staff turnover rate is moving in the right direction although it remains above target, there was a spike in August due to the changeover of junior doctors and this should be recovered.</p> <p>Ms Holland noted that agency spend has been discussed already and the Board is aware of the reasons for this.</p> <p>Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p>BoD18/11/14.2</p> <p>18/11/14.2.1</p> <p>18/11/14.2.2</p>	<p>Transformation and People Committee (TAP) notes</p> <p>Mr Church presented the notes of the meeting of TAP from 4 October, noting that there were no items for escalation to the Board. Mr Church thanked Ms Holland and her team for the work on the Workforce Matters Strategy and noted the positive feedback on this at the Board Away Day. Mr Church also thanked Ms Holland for all her work on moving the workforce agenda forward. Mr Church welcomed Mrs Barnett to Trust.</p> <p>Mr Church note the discussion on transformation projects at the last meeting which focused on business as usual and what remains transformation. Mrs Liz Huntbach, Project Manager for Patient Access attended and reported on the progress of CCICP projects. Work is now underway to put appropriate measures in place and ensure correct monitoring is in place for CCICP Board and Committees.</p> <p>Resolved: The Board noted the minutes of the TAP meeting.</p>
<p>BoD18/11/14.3</p> <p>18/11/14.3.1</p>	<p>Consultant Appointments</p> <p>Dr Dodds advised that three new appointments have been made, one Radiologist, and two new Emergency Department consultants.</p> <p><i>Mrs Kay Brown arrived.</i></p>
<p>BoD18/11/14.4</p> <p>18/11/14.4.1</p>	<p>Medical Records Workforce Paper</p> <p>Mr Oldham presented the Medical Records Workforce paper which outlines the workforce requirements for the department until Electronic Patient Records (EPR) or Electronic Document Management Systems (EDMS) are operational. Mr Oldham reminded the Board that they had reviewed a paper on the same team in February 2017 and agreed a non-recurrent investment. This work area remains significantly under pressure, due to the growth in activity and clinics. Mr Oldham advised that there is a risk</p>

18/11/14.4.2	<p>that the Board need to be aware of, that when the EPR is introduced these staff will not be needed in the same roles.</p> <p>Mr Oldham advised that there are three options for investment one of which is to not invest and accept the deterioration in service and support. There are two further options, option two is preferred by the team, recognising the financial pressures in the system. This is for a £255k investment which includes a growth in the team in response to the increase in work. Mrs Brown explained that the growth in e-referrals has created more work in the team who now have to triage these, there has been a growth in demand for support at the weekends when there is no supervisor. New programmes, particularly those that run off site have also created more work.</p>
18/11/14.4.3	<p>Mr Oldham explained that this would be a non-recurrent investment as the intention is that the EPR will replace much of this work, however fixed term staff have proved difficult to retain. If the posts are permanent, then turnover should improve from the 45% currently in this team. While some of these posts will not be required once EPR is in place there will be new roles which these staff could be moved into and therefore the risk of staff being made redundant is low. These staff will need to be trained to be ready for working with electronic systems.</p>
18/11/14.4.4	<p>The Chairman asked the Board for their comments on option two. Mrs Brown commented that while option two would still provide challenges in capacity of the team it will be an improvement and there may be some efficiencies to be found. Mr Oldham replied that the future use of this workforce is important to consider. Ms Butcher observed that the build-up of digital capacity in the Trust is essential as there is only growth in the need for digital skills. Mrs Barnett agreed that this team could be a pipeline into the organisation for people wanting to develop digital skills. Mr Barnes asked if there was a clear understanding for staff of where these skills could take them. Mrs Barnett agreed that the potential journey for staff needs to be articulated as well as the benefits of being flexible about where they work. Mrs Brown agreed that it would be very helpful if there are clear promotion, secondment and developmental opportunities for staff as it is always disappointing when good staff leave.</p>
18/11/14.4.5	<p>Mr Barnes asked how much of the investment is to undertake the regular work of the department and how much will be the push to get ready for EPR. Mr Oldham replied that the 19% increase includes the work that needs to be completed to transition to EPR and that staff posts will transition to different roles as the Trust moves towards the EPR. Mr Oldham added that as the non-recurrent funding agreed in 2017 has ended staff have not been replaced which is starting to cause operational issues. Mr Barnes asked how the turnover of staff can be reduced. Mrs Brown acknowledged the high turnover but noted that when she started 43% of the workforce was over 50 and there have been a significant number of retirements. A number of apprentices were brought in which has naturally led to a loss in the level of expertise. More recently staff have left because of the pressure and this needs to be rectified.</p>
18/11/14.4.6	<p>The Chairman noted that the Board is well cited in the planned direction of travel towards an EPR and this is reflected in the paper which is a well made case for investment that reflects the challenges in the team now and in the future. The Chairman thanked Mrs Brown and the team for the paper which has been well received by the Board and recommended that option two is approved.</p> <p>Resolved: The Board approved option two of the Medical Records Workforce paper.</p>
BoD18/11/15	Any Other Business
18/11/15.1	The Chairman thanked Ms Holland for her time with the Trust as an interim director

**Minutes of Board Meeting held in 'Private'
Monday 5 November 2018
In the Boardroom, Leighton Hospital, Crewe**

Present

Mr D Dunn	Chairman
Mr J Barnes	Non-Executive Director
Mrs H Barnett	Director of Workforce and OD
Mrs T Bullock	Chief Executive
Ms L Butcher	Non-Executive Director
Mr J Church	Deputy Chair (Chairman)
Mr M Davis	Non-Executive Director
Dr P Dodds	Medical Director and Deputy Chief Executive
Mrs 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

In Attendance

Dr K Birch	Lead Governor
Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary

BoD2/18/11/1	Welcome and Apologies for Absence The Chairman noted the apologies received.
BoD2/18/11/2 2/18/11/2.1	Board Members Interests There were no interests declared in relation to open items on the agenda.
BoD2/18/11/3 2/18/11/3.1	Minutes of the Previous Meeting Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 1 October 2018.
BoD2/18/11/4 2/18/11/4.1 2/18/11/4.2	Matters Arising and Actions from Previous Meeting There were no matters arising in addition to those included on the agenda. It was noted that there were no outstanding actions to be reviewed.
BoD2/18/11/5 2/18/11/5.1	Effective Medical Staffing Update Dr Dodds reported that there are no staffing issues to advise to the Board.
BoD2/18/11/6 BoD2/18/11/6.1 2/18/11/6.1.1	Well Led System Update Paragraph removed under Section 36 of the Freedom of Information Act. Resolved: The System update was noted.

<p>BoD2/18/11/7</p> <p>2/18/11/7.1</p> <p>2/18/11/7.2</p> <p>2/18/11/7.3</p> <p>2/18/11/7.4</p> <p>2/18/11/7.5</p>	<p>Any Other Business</p> <p>BMI South Cheshire Hospital</p> <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p> <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p> <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p> <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p> <p>Paragraph removed under Section 43 of the Freedom of Information Act.</p>
<p>BoD2/18/11/8</p> <p>2/18/11/8.1</p>	<p>Review of the Board meeting</p> <p>Ms Massey reviewed the Board meeting focusing on the positive aspects in the patient story and the opportunity to continue the strong system-based approach as part of the planning process. Ms Massey noted the positive reporting on pressure ulcers following a period of increased scrutiny, activity and improvements put in place. Ms Massey observed that the performance report focused the Board on challenges and provided assurance on the scrutiny of data, the understanding of background conditions, mitigation being put into place and the system working taking place. Ms Massey welcomed the approval of the workforce strategy which was reviewed at the Board Away Day and the business case for the Medical Records workforce which was well presented and timely given the announcement in part one by Dr Dodds in respect of the regulatory approval of the Strategic Outline Case for digital patient records.</p>
<p>BoD2/18/11/9</p>	<p>Time, Date and Place of the next meeting</p> <p>The Board of Directors Meeting is to be held in Private on Monday 3 December 2019 following the Board meeting held in Public.</p>

The meeting closed at 12:12pm.

Signed

Chairman

Date