

**Board of Directors Meeting**  
**Minutes of the Meeting held in Public**  
**Monday, 7 January 2019**  
**at 9.30am in the Boardroom, Leighton Hospital, Crewe**

<p><b>Present</b></p> <table> <tr> <td>Mr J Church</td><td>Deputy Chair (Chairman)</td></tr> <tr> <td>Mrs H Barnett</td><td>Director of Workforce and OD</td></tr> <tr> <td>Mrs T Bullock</td><td>Chief Executive</td></tr> <tr> <td>Ms L Butcher</td><td>Non-Executive Director</td></tr> <tr> <td>Mr M Davis</td><td>Non-Executive Director</td></tr> <tr> <td>Dr P Dodds</td><td>Medical Director and Deputy Chief Executive</td></tr> <tr> <td>Mr D Hopewell</td><td>Non-Executive Director</td></tr> <tr> <td>Mrs L Massey</td><td>Non-Executive Director</td></tr> <tr> <td>Mr C Oliver</td><td>Chief Operating Officer</td></tr> <tr> <td>Mrs J Tunney</td><td>Director of Nursing and Quality</td></tr> </table> <p><b>Apologies</b></p> <table> <tr> <td>Mr D Dunn</td><td>Chairman</td></tr> <tr> <td>Mr J Barnes</td><td>Non-Executive Director</td></tr> <tr> <td>Mr M Oldham</td><td>Director of Finance &amp; Strategic Planning</td></tr> </table> <p><b>In attendance</b></p> <table> <tr> <td>Dr K Birch</td><td>Lead Governor</td></tr> <tr> <td>Mrs D Frodsham</td><td>Director of Strategic Partnerships</td></tr> <tr> <td>Mrs R Davis</td><td>Deputy Director of Finance</td></tr> <tr> <td>Mrs K Dowson</td><td>Trust Board Secretary</td></tr> <tr> <td>Mrs A Acda</td><td>Sister Critical Care Outreach Lead Nurse (<i>item 1-2 only</i>)</td></tr> <tr> <td>Mr M Wilde</td><td>Divisional General Manager for Surgery &amp; Cancer (<i>item 12.4-12.7 only</i>)</td></tr> <tr> <td>Mrs D Owen</td><td>Deputy Divisional General Manager for Surgery &amp; Cancer (<i>item 12.4-12.7 only</i>)</td></tr> <tr> <td>Mrs A Freeman</td><td>Associate Director of IT (<i>item 14.4-14.6 only</i>)</td></tr> </table> <p><b>Observing</b></p> <table> <tr> <td>Mrs B Beadle</td><td>Public Governor (Crewe &amp; Nantwich)</td></tr> <tr> <td>Mr G McCourty</td><td>Public Governor (Vale Royal)</td></tr> <tr> <td>Mr S Topping</td><td>Nantwich Guardian</td></tr> </table>		Mr J Church	Deputy Chair (Chairman)	Mrs H Barnett	Director of Workforce and OD	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	Mr D Hopewell	Non-Executive Director	Mrs L Massey	Non-Executive Director	Mr C Oliver	Chief Operating Officer	Mrs J Tunney	Director of Nursing and Quality	Mr D Dunn	Chairman	Mr J Barnes	Non-Executive Director	Mr M Oldham	Director of Finance & Strategic Planning	Dr K Birch	Lead Governor	Mrs D Frodsham	Director of Strategic Partnerships	Mrs R Davis	Deputy Director of Finance	Mrs K Dowson	Trust Board Secretary	Mrs A Acda	Sister Critical Care Outreach Lead Nurse ( <i>item 1-2 only</i> )	Mr M Wilde	Divisional General Manager for Surgery & Cancer ( <i>item 12.4-12.7 only</i> )	Mrs D Owen	Deputy Divisional General Manager for Surgery & Cancer ( <i>item 12.4-12.7 only</i> )	Mrs A Freeman	Associate Director of IT ( <i>item 14.4-14.6 only</i> )	Mrs B Beadle	Public Governor (Crewe & Nantwich)	Mr G McCourty	Public Governor (Vale Royal)	Mr S Topping	Nantwich Guardian
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<p><b>BoD19/01/1</b> 19/01/1.1</p>	<p><b>Welcome, Introduction and Apologies</b></p> <p>The Deputy Chair 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.</p>																																																
<p><b>BoD19/01/2</b>  19/01/2.1         19/01/2.2</p>	<p><b>Patient Story</b></p> <p>Mrs Tunney introduced the patient story which described their time in the Critical Care Unit (CCU) and the psychological impact that an admission to a CCU can have on patients and their families. Mrs Anna Acda, Critical Care Outreach Lead explained that any patient who is ventilated has a diary written by nurses which they receive when they are ready following discharge from the unit. Nurses introduce themselves and provide a brief summary of the day and care. Mrs Acda explained the impact a stay in the CCU can have on patients which can sometimes lead to post-traumatic stress disorder (PTSD).</p> <p>Mrs Acda noted that the Trust follows NICE guidance which states that all patients should have a follow up within 36 hours of discharge from CCU; this includes a psychological assessment. All patients are invited to a follow up clinic with Dr Hammel clinical lead for CCU after 2-3 months, this evaluates how patients are</p>																																																

19/01/2.3	<p>coping at home and staff fill in memory gaps and answer any questions. Some patients may need to be seen more than once and senior staff have received some therapy training to help patients. Patients can also be referred to support groups such as ICU Steps.</p> <p>The Deputy Chair commented that the presentation was quite revealing as while the acute phase of treatment is clear, the follow on care and impact is less obvious. Ms Butcher observed that this story is a useful insight into the patient experience and asked what families reaction is. Mrs Acda replied that while patients often don't remember much of their stay, family members have a very different journey and the patients often need to catch up with this. Family members are invited into clinic as well as the impact on them can be significant. The Deputy Chair thanked Mrs Acda and the team for the presentation and noted the passion displayed for the ongoing care of patients. Mrs Acda added that she wants staff to be aware of the impact of CCU care on patients.</p> <p><b>Resolved:</b> The Board noted the story presented and thanked Mrs Acda.</p>
<b>BoD19/01/3</b> 19/01/3.1  19/01/3.2	<p><b>Board Members' Interests</b></p> <p>There were no declarations of changes in interests of Board Members.</p> <p>There were no interests declared in relation to open items on the agenda.</p>
<b>BoD19/01/4</b> <b>BoD19/01/4.1</b> 19/01/4.1.1	<p><b>Minutes of the Previous Meeting</b>  <b>Board of Directors meeting held on 3 December 2018</b></p> <p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• 18/12/2.2 Dr Dodds advised that 'New Early Warning' should be 'National Early Warning'</li> <li>• 18/12/10.1.3 Ms Butcher asked that 'and inspected' is removed from the fourth sentence</li> <li>• 18/12/12.1.3 Mr Oliver amended the last sentence to read '...and there is a clear <i>escalation</i> pathway in place for <i>any deteriorating patients</i>'.</li> <li>• 18/12/14.1.3 add ' in line with e-roster' to the end of the last sentence</li> <li>• Mrs Tunney noted three further minor amendments</li> </ul> <p><b>Resolved:</b> Subject to the amendments noted the minutes were agreed as a true and accurate record of the meeting held on 3 December 2018.</p>
<b>BoD19/01/5</b>	<p><b>Matters Arising and Action Log</b></p> <p>The Deputy Chair updated the Board that the following actions on the Board action log are complete: 18/12/9.2, 18/12/10.1.3, 18/12/13.1.2. Mrs Bullock advised that she is preparing an update for Governors on the planning process which will be delivered at the January Council of Governors meeting and therefore action 18/11/9.2.2 can also be closed. The Deputy Chair noted that all actions are therefore complete.</p> <p><b>Resolved:</b> Actions to be closed.</p>
<b>BoD19/01/6</b>	<p><b>Annual Work Programme</b></p> <p>The Deputy Chair explained that the workplan attached had not changed since the last meeting.</p> <p><b>Resolved:</b> The Board noted version 2 of the Board Work Programme 2018/19.</p>
<b>BoD19/01/7</b>	<p><b>Chairman's Announcements</b></p> <p>In the absence of the Chairman, the Deputy Chair reported on the following items.</p>

BoD19/01/7.1	<p><b>Board Development Day – 10 December 2018</b></p> <p>The Deputy Chair summarised the development day on social leadership which was led by Seasalt Learning. The Board were joined in the afternoon by senior leaders. The Deputy Chair observed that it was important that the Board understand views of all those working at the Trust and how these are captured.</p>
BoD19/01/7.2	<p><b>Joint Development Session with the CCG – 12 December 2018</b></p> <p>The Deputy Chair reported that a useful session had been held with the local Clinical Commissioning Groups (CCG). The focus had been on primary care development and the virtual hospital project and both organisations noted that understanding each other's organisations better will help integration. The commitment to these development sessions was restated by both the Trust and the CCG.</p>
BoD19/01/7.3 19/01/7.3.1	<p><b>RemCo – 17 December 2018</b></p> <p>The Deputy Chair informed the Board that RemCo approved the process to appoint a new Chief Executive and had appointed Gatenby Sanderson as executive search. Mrs Barnett advised that she has since met with Gatenby Sanderson and agreed a time line for the recruitment and NEDs will be appraised shortly of key dates. Mrs Barnett added that following the approval by RemCo of the job description and person specification an advert will be finalised this week to be published on 14 January with interview dates likely to be at the end of March.</p>
19/01/7.3.2	<p>Mrs Bullock advised that RemCo had also approved the interim Chief Executive arrangements. Dr Dodds will be the interim Chief Executive and Mr Murray Lukas, Deputy Medical Director will be interim Medical Director until such time as a substantive appointment is in post.</p>
BoD19/01/7.4	<p><b>Meeting with Mr Mike Maier, Chairman of Cheshire and Wirral Partnership NHS Foundation Trust (CWP)</b></p> <p>The Deputy Chair advised that the Chairman met with Mr Maier as one of their regular meetings and discussed mental health priorities and the progress of Central Cheshire Integrated Care Partnership (CCICP).</p>
BoD19/01/7.5	<p><b>Meetings with Manchester Metropolitan University (MMU)</b></p> <p>The Deputy Chair confirmed that the MMU campus in Crewe has been acquired by a consortium comprising the University of Buckingham (UB), Apollo Education Ventures and Unique Management. Their intention is to develop a medical faculty and Dr Dodds is leading discussions with the consortium for the Trust. Dr Dodds added that the next step is for UB to gain agreement from the General Medical Council (GMC) which is expected by March.</p>
BoD19/01/8 BoD19/01/8.1  19/01/8.1.1	<p><b>Governors Items</b></p> <p><b>Non-Executive Director (NED) Interviews</b></p> <p>The Deputy Chair reported that interviews for the two vacancies for NEDs took place on 20 December 2018. This is to replace Mr Hopewell and Mr Barnes whose final terms of office come to an end on 31 January 2019. Mr Les Philpot and Mr Trevor Brocklebank were appointed effective from 1 February 2019 subject to the ratification by the Council of Governors on 24 January.</p> <p><b>Resolved:</b> The Chairman's items were noted.</p>
BoD19/01/9 BoD19/01/9.1 19/01/9.1.1  19/01/9.1.2	<p><b>Chief Executives Report</b></p> <p><b>System Update</b></p> <p>Mrs Bullock reported that her last working day will be 22 March 2019 although her contract officially runs until 31 March 2019.</p> <p>Mrs Bullock advised that she had met with regulators to discuss the Cheshire East Place (CEP) strategy and it had been well received. Regulators will want to see the</p>

<p>19/01/9.1.3</p> <p>19/01/9.1.4</p>	<p>first draft of the pre-consultation business case when it is ready. Mrs Bullock noted that this is a significant piece of work that has not yet been started, scoping will start this week with partners.</p> <p><b>CEP Independent Chair</b> Mrs Bullock reported that recruitment to the independent chair of the CEP is ongoing with support from a recruitment search company following a previous unsuccessful recruitment campaign. The scope of the role has been widened so that it could suit someone who is looking for a long term role as well as overseeing the initial development stage and there are a number of interested people.</p> <p>Mrs Bullock advised that the Trust and other CEP partners have received a letter from GPs in Eastern Cheshire expressing their concern about the pace of developing an Integrated Care Partnership (ICP). The CEP Partnership Board will respond formally following its next meeting. The launch of the NHS Long Term Plan today is helpful and the final draft strategy for the CEP needs to take account of this.</p> <p><b>Resolved:</b> The updates from the Chief Executive were noted.</p>
<p><b>BoD19/01/10</b> <b>BoD19/01/10.1</b></p> <p>19/01/10.1.1</p> <p>19/01/10.1.2</p> <p>19/01/10.1.3</p> <p>19/01/10.1.4</p> <p>19/01/10.1.5</p> <p>19/01/10.1.6</p>	<p><b>CARING</b> <b>Quality, Safety and Experience Report</b></p> <p>Mrs Tunney presented the report based on data from November 2018. Mrs Tunney advised that she would be presenting the report based on exceptions to expected performance.</p> <p>Mrs Tunney reported two Serious Untoward Incidents (SUI)s, outlining what they were and noting both have been reported externally as required and an executive led review is taking place in January. Any identified actions will be put into place.</p> <p>Mrs Tunney advised that for the third month hospital acquired Pressure Ulcers (PU) have reduced. There was one avoidable PU in November and the focused work will continue as previously described. Mrs Tunney noted that patient falls have decreased by ten and all falls were low or no harm, the falls poster has been implemented and the focused training on Ward 1 will continue.</p> <p>Mrs Tunney highlighted the medication errors incidents as there were six in month and these are now above the target trajectory. Following discussion at the last Board these errors have been triangulated to last month's received complaints and a deep dive into medications incidents in Quarters 1 and 2 has taken place. This has been reviewed by ward and by month. 94% were no harm incidents and 6% low harm. The top causes are administration and prescribing errors and administering delays. Insulin administration is a particular theme. A new bespoke training package has been developed on types of insulin and the impact of different medicines on diabetics.</p> <p>Mrs Tunney noted that the new IT Strategy includes the introduction of an e-prescribing system which will reduce patient harm as it should reduce medication errors. Ms Massey commented on the assurance provided by the level of analysis of these incidents and the targeted focused intervention which highlights the impact of training. Mrs Tunney added that this will continue to be closely monitored.</p> <p>Mrs Tunney reported that community acquired PUs had slightly reduced in month, with no avoidable PUs. Ms Massey asked how the Trust is ensuring that learning from the acute and community is shared between both. Mrs Tunney replied that the Deputy Director of Nursing chairs both panels and lessons learnt are shared between both. Significant work has taken place to ensure good practice in one area is replicated in the other while being aware of the differences between the two areas.</p>

19/01/10.1.7	Mrs Tunney noted that there were four E-coli infections in month, all were unavoidable as patients had pre-disposing conditions. Harm free care for the month was 97% but no areas of concern have been identified. Ward 2 had three PUs which patients had either been admitted with or had been identified within 72 hours of the point prevalence review.
19/01/10.1.8	Mrs Tunney advised that six wards were below the Registered Nurse (RN) 85% staffing fill rate for day or night, but at no time were the wards unsafe. Healthcare Assistant (HCA) ratios were higher to mitigate and other staff including Matrons, Ward Managers and Advanced Clinical Practitioners were used to ensure safe staffing ratios. The Trust's programme to recruit nurses continues.
19/01/10.1.9	Mrs Tunney reported that 22 complaints were received in month with similar trends including communication, diagnosis and adverse outcomes. There had been a reduction in complaints which refer to nursing care. Ms Butcher commented that it was notable that there continued to be an absence of complaints being referred to the Ombudsman. Mrs Bullock noted that two cases had been closed by the Ombudsman in month and Mrs Bullock added that it would be useful to know if these were upheld.
19/01/10.1.10	Mrs Tunney reported the complaints closed in month and invited further questions on these. Mrs Tunney noted that complaints are linked to incidents and presented by divisions. Mrs Tunney advised of a small increase in informal concerns in month and these covered the same themes as complaints.
19/01/10.1.11	Mrs Tunney noted that the Trust's NHS Choice rating remains good and that six postings were made in November; three were positive and three were negative. Mrs Tunney reported that the Friends and Family (F&F) response rates have improved in maternity; Outpatients still require some work but the introduction of the text reminder system in February should help. Mrs Tunney highlighted the 0% rate in Central Cheshire Integrated Care Partnership (CCICP) which is due to a system issue with the move to the new EMIS system which will be rectified from February. Patient views are still being collected by other methods.
19/01/10.1.12	<p>Mrs Tunney reported that the recommendation level in the F&amp;F test remains high, with most areas receiving between 90-100%, the Emergency Department has continued its steady improvement with a further 1% increase which is the sixth month in a row. Mrs Tunney advised that there had been a doubling of the number of compliments received in month. Some compliments that should have been recorded for October had been logged in November and some divisions had not been submitting all of their compliments to the Customer Care Team previously. Ms Massey commented that this was very positive to see as staff are working hard in a challenging environment and they don't always hear the positive.</p> <p><b>Resolved:</b> The assurance provided in the Quality, Safety and Experience report was noted.</p>
<b>BoD19/11/11</b> <b>BoD19/11/11.1</b>	<b>SAFE</b> <b>Draft Quality Governance Committee (QGC) – 11 December 2018</b>
19/01/11.1.1	Ms Massey presented the minutes of the recent meeting in the absence of Mr Barnes. Ms Massey noted two items for escalation to the Board which are both on the agenda, the Quarterly Organisational Risk Report and the Corporate Governance Handbook. Ms Massey noted robust discussion took place in response to the EQGG minutes and the assurance received by the challenge and ongoing scrutiny of quality and safety performance. EQGG had been seeking assurance around divisional leadership and accountability and it was helpful for QGC to see evidence of a culture of continuous improvement and positive reinforcement. Ms Massey added that for example Medicine and Emergency Care (M&EC) are coming back in January to review progress on PUs.

	<b>Resolved:</b> The Board noted the items escalated by QGC.
<b>BoD19/01/11.2</b>	<b>Serious Untoward Incidents (SUI) and RIDDOR Events</b>
19/01/11.2.1	Dr Dodds advised that there were two SUIs to report which Mrs Tunney has described already.
19/01/11.2.2	Dr Dodds advised that there were no RIDDOR reportable events.
	<b>Resolved:</b> The Board noted the report of SUIs and RIDDOR events.
<b>BoD19/01/11.3</b>	<b>Guardian of Safe Working Hours Report Q3 2018-19</b>
19/01/11.3.1	Mrs Barnett advised that this was the first report seen with higher figures of reporting from junior doctors partly due to gaps in the rota for general surgery. Mrs Barnett explained that as more junior doctors go on to the new contract the level of reporting will increase. The Deputy Chair observed that the level of reporting was lower than might have been expected and Dr Dodds agreed.
	<b>Resolved:</b> The Board noted the report from the Guardian of Safe Working Hours.
<b>BoD19/01/12</b> <b>BoD19/01/12.1</b>	<b>RESPONSIVE Performance Report</b>
19/01/12.1.1	Mr Oliver presented the performance report which uses data from November 2018. Mr Oliver noted that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in November. The 4-hour transit time performance achieved was 88.09% which is above the trajectory agreed with NHSI and higher than October 2018. This was a similar performance to November 2017, but the Trust saw over 300 more patients. Mr Oliver advised that December performance is 84% with a 10% higher attendance rate than December 2017. January has been busy with a steep increase in ambulance arrivals and admissions from the Emergency Department (ED).
19/01/12.1.2	Mr Oliver advised that as forecast the delayed discharges figures have returned to a lower level following the conclusion of the local authority tender process for domiciliary care services. Mr Oliver reported that the Trust continues to perform well compared to peers with only one other Trust in Cheshire & Merseyside meeting its Referral to Treatment (RTT) target. The Deputy Chair asked how the Trust has managed to maintain this as there had been concerns that this target was at risk. Mr Oliver advised that it is challenging but that divisions are working hard to maintain performance.
19/01/12.1.3	Mr Oliver reported that the Trust has a deficit of £4.9M before exceptional items which is £5.7M worse than the planned surplus of £900k. This is primarily due to the increase in agency staffing costs particularly through the summer due to the increase activity and the acuity of patients. The benefit of the money expected through the Memorandum of Understanding (MoU) from the Clinical Commissioning Group (CCG) is not in the aggregated position in light of conversations taking place with the CCG. If the MoU was enacted this would improve the position by £2.3M year to date. Mr Oliver noted that the CCICP financial position remains the same with their underspend supporting the aggregate position by £500k.
19/01/12.1.4	Mr Oliver advised of the pressures on pay which is £2.2M worse than plan as a result of agency staff due to escalation beds. Medical staffing is now on plan. Non pay is worse than plan by £1.8M, largely due to the outsourcing of diagnostics and some estates pressures. Mr Oliver reflected that if the Trust was still subject to a Payment by Results contract the Trust would be £1M better than plan.

19/01/12.1.5	<p>Mr Oliver highlighted that the capital programme is forecast to be underspent due to delays to the expected programme. There is currently a healthy cash position but Mr Oliver warned that if the MoU does not deliver the expected end of year payment the Trust will need to seek working capital loans by the end of the year.</p> <p><b>Resolved:</b> The Board noted the Performance Report.</p>
<b>BoD19/01/12.2</b>	<b>Draft Performance and Finance (PAF) Committee notes</b>
19/01/12.2.1	Mr Davis presented the notes of the meeting of 20 December 2018 and noted the items for escalation to the Board. Mr Davis commented that performance is holding up very well considering the pressures on performance and while the 4-hour transit time was not achieved in November it was an outstanding performance given the bed occupancy rates and A&E attendance. The Trust is doing well on every comparator compared to other Trusts and this needs to be fed back to staff. The Deputy Chair noted that it is particularly encouraging given that the Trust was not able to secure investment to expand A&E.
19/01/12.2.2	Mr Davis warned that agency spend continues to be a concern as the Trust ceiling could be breached which would affect its Use of Resources rating. Mr Davis reported that PAF had reviewed a comprehensive report by speciality on the waiting list for follow up appointments which gave a helpful insight into where the pressures are. Recommendations have been made about how to manage the prioritisation of clinical risk which have been agreed with Divisions. Mr Davis added that the backlog has reduced since September.
19/01/12.2.3	Mr Davis advised that the planning guidance, CCG allocations and new tariffs had not been received to the timetable which has delayed the development of the operational plan for 2019/20. The Trust is approaching the new financial year without clarity on its income which makes it difficult for Divisions to prioritise their investments and capital plans. Mrs Bullock noted that the technical guidance was released last week and the finance team are working through this. Mrs Bullock added that the NHS Long Term Plan is due to be launched today which will provide further strategic context.
19/01/12.2.4	Mrs Bullock advised that the PAF minutes refer to Mr Oliver as the appointed Brexit lead. However, given that there is likely to be a lot of activity in the next few weeks during the busiest time for the Trust and that the greatest impact for the Trust is likely to be on procurement and workforce, the Executive lead will be Mrs Barnett. The reporting committee for this work will be confirmed in due course.
19/01/12.2.5	<p>Mr Davis advised that monthly updates on the ESR project have been requested by PAF following the review of BIU Project Group minutes. A paper on ESR is also going to TAP. The Deputy Chair commented that the ESR is a workforce system and TAP needs to ensure oversight but that the overlap has been noted. The Deputy Chair added that the information contained within divisional minutes would be useful to inform TAP as well. Mr Davis suggested that this is discussed at the forthcoming committee reviews.</p> <p><b>Resolved:</b> The Board accepted the report of PAF and the items escalated to the Board for information.</p>
<b>BoD19/01/12.3</b>	<b>Legal Advice</b>
19/01/12.3.1	<p>Mrs Bullock advised that there had been no new legal advice taken in the month but that the employment issue previously reported to Board is ongoing.</p> <p><b>Resolved:</b> The Board noted the update on legal advice being sought by the Trust.</p>

<p><b>BoD19/01/12.4</b></p> <p>19/01/12.4.1</p> <p>19/01/12.4.2</p>	<p><b>Expansion of Bowel Screening Programme Business Case</b></p> <p>Mr Wilde presented the business case following a recommendation from the National Bowel Screening Programme to introduce a new home screening Faecal Immunochemical Test (FIT) which is easier for patients so should increase screening uptake and is also more accurate at identifying polyps. Mr Wilde reminded the Board that the Trust hosts the Cheshire Bowel Screening Programme. Mr Wilde highlighted the impact which would be three new clinics and three new colonoscopy lists per week plus an increase in pathology and diagnostic resources. This would be split across three sites; Leighton, Macclesfield and Chester Hospitals. The costs of this should be covered by specialist commissioners and confirmation of this is expected soon.</p> <p>Mr Wilde advised that the main risk is recruitment which can be mitigated by phasing the roll out and costing has been included to allow for the use of premium rate staffing initially. The Trust also needs to confirm the availability of pathology resource at the Countess of Chester NHS Foundation Trust (CoCH). Mr Wilde advised that this is likely to be a mandated test in the future. Mr Oliver commented that an early roll out would reduce competition for recruitment.</p> <p><b>Resolved:</b> The Board approved the business case to introduce the FIT subject to the confirmation of funding from specialist commissioners.</p>
<p><b>BoD19/01/12.5</b></p> <p>19/01/12.5.1</p> <p>19/01/12.5.2</p> <p>19/01/12.5.3</p>	<p><b>Replacement of Washer Disinfectors &amp; Wash Room Refurbishment</b></p> <p>Mr Wilde presented the business case to replace washers which are coming to the end of their life and the lease which expires in December 2019. This is a key service to support theatres by supplying clean equipment. There is also a need to increase capacity. Replacement washers have improved so the six could be replaced by three or four which would still create additional capacity to pick up external contracts. The proposal is to use this opportunity to add ventilation to the wash room as this area is currently difficult to work in and staff exposure has to be limited. This work is required even if the washers are not replaced.</p> <p>Mr Wilde explained the alternative options including doing nothing and outsourcing the work. Mr Wilde advised that the preferred option from the Division is for option 4 which is replacing the washers with four higher specification washers and completing the refurbishment work. This requires a £551k capital investment which is less than the provision made in the capital plan for 2019/20. £21k revenue investment would be required but this could be reduced to £1k if external contracts are found.</p> <p>Mr Wilde outlined the plan for continuing work while the refurbishment is complete which will take eight months. The Deputy Chair asked if the plan is funded in full. Mrs Bullock confirmed that it would be a loan, and this has been approved by NHS Improvement (NHSI), who agree that this is business critical, but is currently awaiting treasury approval. Mrs Bullock noted that the agreed option must be complete by December, so the Trust will have to go ahead if the approval is not forthcoming and therefore a critical timeline was requested from the Division. The Trust will continue to keep regulators apprised of plans. Mr Hopewell confirmed that he would be happy to approve, subject to finances being available, if approval is likely, but asked what the fall back plan would be. Mrs Frodsham advised that outsourcing would have to be considered.</p> <p><b>Resolved:</b> The Board approved option 4 of the Business plan subject to agreement of finances, noting that the Trust may need to start the work before this with the agreement of NHSI.</p>



<b>BoD19/01/12.6</b>	<b>Urology Workforce Business Case</b>
19/01/12.6.1	Mrs Owen presented the business case, noting the year on year increase in Urology referrals, including a 28% increase in suspected cancers as well as the need to move towards a 7 day service. Mrs Owen advised that to meet the Getting It Right First Time (GIRFT) recommendations a sixth consultant should be recruited which would allow emergency work to be job planned rather than fitting around elective work. Mrs Owen highlighted that there are four options with benefits and risks outlined for each one. Mrs Owen advised that option 3 would not bring many additional benefits or capacity as it would make the current locum consultant post substantive and recruit nursing and administrative staff to manage the current demand. Option 4 includes everything in option 3 but also invests in a sixth consultant and support staff to allow a 'Consultant of the Week' model to be adopted. Mrs Owen noted that formal consensus to change the job plan has been agreed with consultants yet.
19/01/12.6.2	Mrs Owen advised that since the business case was developed, the prospect of a payment by results contract has been made which raises the possibility of a further contribution to the budget if investment is made. Mrs Owen suggested that a further option is now being suggested as the preferred option which would be a hybrid of options 3 and 4. If a speciality doctor and the HCA were appointed as option three instead of for option four and replacing the cancer navigator post, this would bring in sufficient income to cover their costs and would solve some of the imminent pressures. The division would still prefer option 4 but recognise the financial challenge of this. The Deputy Chair asked if the division requires the cancer navigator post. Mr Wilde replied that this post would be of great value for the service but this may need to be a future investment. Mrs Frodsham asked if the impact of removing this investment has been assessed and Mrs Owen replied that option 3 does include a Cancer Nurse Specialise (CNS) post that will mitigate against this to some extent.
19/01/12.6.3	Mrs Bullock reminded the Board of the recent approval for investment in general surgery to meet 7 day services and consistency should be applied and the same support given. Mrs Bullock suggested that option 4 could be agreed in principle pending funding being secured through the annual planning and prioritisation process. Mrs Bullock recommended that the hybrid option 3 is approved which supports option three, minus the cancer navigator, and approves the speciality doctor and HCA from option 4 therefore managing demand and providing a direction of travel towards option 4. Dr Dodds commented that the non-elective aspects of this services are not as onerous as other specialities and the confirmation of the fifth consultant would be a good first step.
19/01/12.6.4	<p>Ms Massey asked what the plan is for the current locum consultant if the contract ends in February. Mrs Owen advised that this contract can be extended for 12 months. The current post holder is a speciality doctor who has been supported by the Trust to become a consultant via the CESR route and is awaiting final GMC sign off. Recruitment to the substantive post will take place in due course.</p> <p><b>Resolved:</b> The Board agreed to support option 3, minus the cancer navigator, with the addition of the speciality doctor and the HCA from Option 4 and approved in principle progress towards option 4 pending prioritisation and securing finances through the annual planning process.</p>
<b>BoD19/01/12.7</b>	<b>Urology Equipment Business Case</b>
19/01/12.7.1	Mr Wilde presented this abridged business case which was escalated to Board as the total investment has now exceeded £100k. Mr Wilde explained that in 2018 the Medicine Equipment Group (MEG) agreed the purchase of replacement monopolar sets, but bipolar were purchased in error. This has since been subject to an Executive led After Action Review. The bipolar sets have been quarantined while negotiations have taken place with the supplier in regard to changing the mix of sets. This has

19/01/12.7.2	<p>provided an opportunity to introduce bipolar transurethral resection of the prostate. The introduction of this new procedure would require another £37k of capital and £7k of revenue funding to purchase the right mix of equipment. The preferred option is 3c which would enable the introduction of bipolar TURP which has some clinical advantages including a shorter length of stay by one day.</p> <p>Mr Hopewell asked how option 3c would be funded. Mr Wilde advised that there is already a £30k agreed revenue expenditure over two years relating to the current deal which would partially fund this. Mr Wilde suggested that the remainder should go back through to the Medical Equipment Group (MEG) as a pressure. Mrs Bullock agreed but suggested that the impact of this needs to be understood on other potential funding decisions made by MEG. Mrs Bullock suggested that option 3c should be funded, pending a discussion with MEG and finding satisfactory funding.</p> <p><b>Resolved:</b> The Board agreed that option 3c is approved pending finances being found and any consequences being identified.</p>
<b>BoD19/01/13</b> <b>BoD19/01/13.1</b>  19/01/13.1.1	<p><b>WELL-LED</b>  <b>Visits of Accreditation, Inspection or Investigation</b></p> <p>Mrs Bullock reported previously the Human Tissue Authority visit and Dr Dodds confirmed that the formal report has been received which raised nothing unexpected and the recommended actions will be completed in due course.</p> <p><b>Resolved:</b> The Board noted the verbal report on visits and inspections.</p>
<b>BoD19/01/13.2</b>  19/01/13.2.1  19/01/13.2.2	<p><b>Organisational Risk Register Q2</b></p> <p>Dr Dodds presented the Quarter two report, noting that QGC had reviewed this in some detail. Dr Dodds recognised that there is quite a delay between the report being written and reaching the Board because of the progress through divisions, Executive Quality Governance Committee (EQGG) and QGC. Dr Dodds explained that the biggest review and challenge is at EQGG but there is an awareness that this does lead to a slower process. Mr Hopewell suggested that what is important is that there is a rapid escalation process to Board if required. Dr Dodds replied that this will be the case and gave an example using Brexit, where there is a meeting next week and there are likely to be some risks identified that will need to be escalated rapidly. The Deputy Chair observed that the Board would expect Executives to escalate significant risks to the Board in a timely manner.</p> <p>Mr Davis agreed that this report is historic by the time it reaches Board but reminded the Board that PAF does review emerging risks and feeds these back to Executives. Mr Davis welcomed the paragraph recognising partner risks which could impact on the Trust as an important step towards systems thinking and asked whether CCGs should be included. Mr Davis also suggested that business and financial risk should be recognised as well as quality and performance and asked whether this section captures the impact of the risk appetite of partners on the Trust's ability to make progress. Ms Butcher advised that she had raised at the Partnership Board having a risk register for the system in the future.</p> <p><b>Resolved:</b> The Board noted the organisational risk register Q2 report.</p>
<b>BoD19/01/13.3</b>  19/01/13.3.1	<p><b>Corporate Governance Handbook (CGH)</b></p> <p>Mrs Bullock advised that the CGH has been reviewed by QGC and the full version has been made available electronically to all Board Members. Mrs Bullock noted that this was a light touch review and the changes made are outlined in the paper. Some</p>

	<p>amendments have been made to the Trust standing orders and these will be incorporated into the constitution at its next review.</p> <p><b>Resolved:</b> The Board approved the CGH.</p>
<p><b>BoD19/01/14</b> <b>BoD19/01/14.1</b></p> <p>19/01/14.1.1</p> <p>19/01/14.1.2</p> <p>19/01/14.1.3</p>	<p><b>EFFECTIVE</b> <b>Workforce Report</b></p> <p>Mrs Barnett presented the Workforce Report using data from November 2018. Mrs Barnett reported that sickness absence continues to be static which does not necessarily reflect some of the other metrics including agency spend and how it feels on the ground. Mrs Barnett advised that Executive Workforce Assurance Group (EWAG) and Transformation and People (TAP) are focusing on this area. Mrs Barnett noted that the recovery of the mandatory training levels is continuing following the changes to the training requirements.</p> <p>Mrs Barnett reported that agency spend as already reported, is a concern and she is working closely with Mr Oliver and Mrs Tunney to recruit to vacancies. Mrs Barnett outlined other developments to support workforce issues such as nurse bank developments and Advanced Health Practitioners (AHPs) in Radiography, whilst noting the e-roster project will help deploy the existing workforce more efficiently.</p> <p>Mr Hopewell asked if it was correct that there had been no agency shifts filled over the agency cap rates. Mrs Barnett replied that she would check this and confirm the figure as it was her understanding that there had been some shifts over this rate.</p> <p><b>Note of Clarification: Mrs Barnett confirmed subsequently that the agency shifts filled over the agency cap rates should have read as 67% which was an increase from 62% in October.</b></p> <p><b>Resolved:</b> The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p><b>BoD19/01/14.2</b></p> <p>19/01/14.2.1</p> <p>19/01/14.2.2</p>	<p><b>Transformation and People Committee (TAP) notes</b></p> <p>The Deputy Chair presented the notes of the meeting of TAP from 6 December, noting three verbal items for escalation to the Board. The Deputy Chair explained that these are:</p> <ul style="list-style-type: none"> <li>• Concern at the high level of agency spend against the capped rates</li> <li>• Assurance received in relation to the education training self-assessment</li> <li>• The new approach to transformation has been agreed and six projects identified. these are the three existing cancer projects and the three ECIST projects: Streaming, SAFER and Pathway 3 for Domiciliary care.</li> </ul> <p>The Deputy Chair noted that TAP had also received a report on the Virtual Hospital which should also be considered a transformation project. The Deputy Chair advised that in January TAP will be reviewing a paper on the challenges and issues of ESR, which is the portal for workforce data and this paper may be escalated to the Board.</p> <p><b>Resolved:</b> The Board noted the minutes of the TAP meeting and the items for escalation.</p>
<p><b>BoD19/01/14.3</b></p> <p>19/01/14.3.1</p>	<p><b>Consultant Appointments</b></p> <p>Dr Dodds advised that no new consultant appointments have been made. Dr Dodds added that consultant posts are advertised on a regular basis, however applications are not always received, or candidates withdraw before interview.</p>

<b>BoD19/01/14.4</b>	<b>Digital Strategy</b>
19/01/14.4.1	Mrs Freeman presented the revised IT Strategy which was escalated from the Information Technology Strategy Group for approval. Mrs Freeman explained that the last strategy ran until 2018 and this has been reviewed, taking into account the new Workforce, Quality and Safety Improvement and Trust Strategies all of which have a dependence on IT. The Cheshire and Merseyside Health and Care Partnership has launched its Strategy 'Digit@ll' and IT is a chapter in the draft strategy for the CEP. The NHSI Pathology Network Initiative will also have IT implications. Mrs Freeman outlined the national changes including the NHS digital strategy, GDPR and cyber-security requirements.
19/01/14.4.2	Mrs Freeman reminded the Board of the successes and outcomes of the last strategy which includes Virtual Fracture Clinic, staff Wi-Fi, the community EMIS system and the move to Office 365. Mrs Freeman outlined the planned schemes and projects and confirmed that each scheme will come back to Board or committee for approval. The Deputy Chair thanked Mrs Freeman for her presentation which has given the context for a lot of the papers on the agenda today. Mrs Frodsham asked if the slides can be circulated.  <b>ACTION: Presentation slides to be circulated (Mrs Freeman)</b>
19/01/14.4.3	Mr Davis commended the move to a Digital Strategy from an IT strategy. Mr Oliver asked if the workforce is ready for all the proposed change as technology can be challenging to some.
19/01/14.4.4	Ms Butcher asked what training and organisational development (OD) plans are in place. Mrs Freeman agreed that this is key and the IT team will be working with OD to assess what training is needed for the workforce and this interaction is reflected in the new Workforce strategy which has a strong digital component. Mrs Freeman advised that each project will have an impact assessment which will include workforce. The Trust has learnt from the implementation of EMIS in CCICP which has been a big cultural change at a time when there were several management of change processes going on. For example, suddenly not being in control of your diary but being told where to go and when there is a change and until the benefits such as leaving on time are felt, staff will need support and communication will be key.
19/01/14.4.5	Mrs Bullock commented that the strategy is excellent. Mrs Frodsham agreed that identifying interdependencies with other projects is key to reduce pressure on staff. Mrs Freeman observed that the Clinical Digital System will have the biggest impact as this will change every person's day. Mrs Tunney noted that the e-rostering project has begun, and this will have massive changes for some and staff need to be prepared.  <b>Resolved:</b> The Board approved the Digital Strategy.
<b>BoD19/01/14.5</b>	<b>LIMS Business Case</b>
19/01/14.5.1	Mrs Freeman presented the strategic outline business case for the Laboratory Information Management System (LIMS) which is a pathology system that will not be supported in two years and the hardware only has 18 months of capacity left. This will not enable the Trust to meet its security obligations. Mrs Freeman explained that this is a paper to agree the approach, not to purchase a solution.
19/01/14.5.2	Mrs Freeman reminded the Board that the agreed direction of travel as required by NHSI is to develop a collaborative pathology network with East Cheshire NHS Trust (ECT) and University Hospitals of the North Midlands (UHNM). Any IT solution would need to work across all sites, but the IT solution needs to be agreed before a decision will be reached on the collaborative. Mrs Freeman explained that this is a joint business case with UHNM but the options, which are a hosted solution, or a solution managed

	<p>by either UHNM or the Trust need to be worked up in more detail. ECT are not interested in hosting or supporting the new system. A decision needs to be made on whether a joint approach is the right one and if the network does not happen, would a joint solution still be the right option.</p>
19/01/14.5.3	<p>The Deputy Chair asked for an update on the pathology network project. Mrs Frodsham advised that a strategic outline business case with a number of options is going to the Executives which will be followed by an outline business case to understand the financial implications of each option. This will be brought to Board. There is limited opportunity to consolidate services across the sites as it is a relatively large geographical area. It may be possible for some services such as histopathology to be run on one site only, but other services will need to be maintained at each site. NHSI originally identified significant potential savings from collaboration and joining systems is one way of doing this. Mrs Frodsham advised that a joint system had advantages across the system irrespective of changes to services and that greater collaboration will have advantages from all partners.</p>
19/01/14.5.4	<p>Mrs Bullock suggested that the Board needs to decide whether to approve this paper as a direction of travel and then an outline business case will be produced for Board, to agree whether procurement can start. Mr Davis asked if all options include ECT and Mrs Bullock confirmed that is the case. Mrs Freeman advised that timelines are tight and so the outline business case will be ready for the next Board meeting. The Trust can use the national framework for procurement which will save some time and the product specification is ready. Delays to the network discussion could be a risk for the replacement of this system. Mrs Frodsham noted that there are many indications that this is the right direction, irrespective of what happens with the network. There has been some concern about the pace of the network project, but this has recently improved.</p> <p><b>Resolved:</b> The strategic outline business case was approved.</p>
<b>BoD19/01/14.6</b>	<p><b>Digital Clinical System Outline Business Case</b></p>
19/01/14.6.1	<p>Mrs Freeman presented the business case for a Digital Clinical System to include an Electronic Patient Record (EPR). Mrs Freeman reminded the Board that they have previously approved the Strategic Outline Case and this paper provides more detail to allow the project to progress to procurement once NHSI have approved it. Any final decision to purchase would be made by the Board.</p>
19/01/14.6.2	<p>Mrs Freeman advised that the key differences to the last paper are the joint approach with ECT and the clarification that the preferred supplier is Cerner. It has been confirmed that there is a legal route to market to buy the Cerner solution as the Health &amp; Care Partnership for Cheshire &amp; Merseyside (H&amp;CP) funding is based on a common solution across Cheshire &amp; Wirral. Cerner is already in place at COCH and Wirral University Teaching Hospital NHS Foundation Trust. This will help with the back office at scale project. NHSI suggestions to include more national strategy context have also been incorporated.</p>
19/01/14.6.3	<p>Mrs Freeman advised that a further funding bid has been submitted which is based on a joint approach. The project is currently revenue neutral but these figures now need to be tested and incorporated into the full business case. Following agreement of this a contract can be signed. Mr Hopewell stated his support for the paper but asked if there was a chance that ECT could change their mind. Mrs Freeman replied that this paper is going to their Board in March, ECT have not identified the same level of savings as the Trust but if the funding is received then the risk will be shared. Mrs Bullock noted that Mrs Freeman is working closely with ECT and the digital leads at the H&amp;CP to support the project.</p>
19/01/14.6.4	<p>Mrs Freeman explained that because the project is under £15M for ECT they will not</p>

19/01/14.6.5	<p>require NHSI approval which will give them more time to ensure their internal governance is in place. MCHFT will require approval from NSHI. The Deputy Chair asked if the project could still go ahead without ECT. Mrs Freeman replied that yes in principle but the costs would be very different and the funding awarded is based on a joint bid so it is important to make the project as attractive to ECT as possible. The ECT strategy describes a common solution, as does their own IT Strategy and letters of support from the CEO and Director of Finance have been received.</p> <p>Mr Davis commented that the business case is much enhanced from the previous paper and articulates the resource and the business process reengineering required. Every process will have to be mapped and may change with a standard operating procedure written before training of staff starts. Mr Davis asked how all the interdependencies will be identified. Mrs Freeman replied that for every workstream, every clinical functionality must be clear and the workstream lead will be responsible for ensuring the process mapping is complete before working with OD to identify the training required for that cohort.</p>
19/01/14.6.6	<p>Mr Davis asked how the programme management activity in each trust and across the system will be articulated. Mrs Frodsham responded that the learning from CCICP is that some staff cannot use a computer and basic IT training is being developed now to improve that position. Mrs Freeman agreed noting that basic training has already been launched to increase computer confidence and this needs to be communicated so that staff are aware that it is available and it is important that all staff and managers understand this. Mrs Freeman added that CCICP have been trialling a digital assessment as part of recruitment. Candidates will be assessed and while this will not affect their recruitment a package of care will be put in place for candidates who score low in this area. Ms Butcher commented that this is a huge amount of change for staff and the volume of change needs to be assessed.</p> <p><b>Resolved:</b> The Board approved the Digital Clinical System Outline Business Case and that procurement can start in order to develop a full Business Case which will be brought back to Board for final approval.</p>
<b>BoD19/01/15</b>	<p><b>Any Other Business</b></p> <p>The Deputy Chair announced that it was the last Board meeting for Mr Hopewell and thanked him for time, commitment and clear contribution to the transformation of the Trust and for being an advocate for the Trust as a Non-Executive Director. The Deputy Chair noted that Mr Hopewell had been the longest serving NED in the Trust and that he has been Chair of both the Audit Committee and the Trustee Sub Committee.</p>
<b>BoD19/01/16</b>	<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 4 February</b> 2019 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.</p>

The meeting closed at 12:18 pm hours.

**Signed**



**Deputy Chairman**

**Date: 7 February 2019**

**Minutes of Board Meeting held in 'Private'  
Monday 7 January 2019  
In the Boardroom, Leighton Hospital, Crewe**

<b>Present</b> Mr J Church Mrs H Barnett Mrs T Bullock Mr M Davis Dr P Dodds Mr D Hopewell Ms L Massey Mr C Oliver Mrs J Tunney	Deputy Chair (Chairman) Director of Workforce and OD Chief Executive Non-Executive Director Medical Director and Deputy Chief Executive Non-Executive Director Non-Executive Director Chief Operating Officer Director of Nursing and Quality
<b>In Attendance</b> Dr K Birch Mrs D Frodsham Mrs R Davis Mrs K Dowson	Lead Governor Director of Strategic Partnerships Deputy Director of Finance Trust Board Secretary
<b>Apologies</b> Mr D Dunn Mr J Barnes Mr Oldham	Chairman Non-Executive Director Director of Finance & Strategic Planning
<b>BoD2/19/01/1</b>	<b>Welcome and Apologies for Absence</b> The Chairman noted the apologies received.
<b>BoD2/19/01/2</b> 2/19/01/2.1	<b>Board Members Interests</b> There were no interests declared in relation to open items on the agenda.
<b>BoD2/19/01/3</b> 2/19/01/3.1	<b>Minutes of the Previous Meeting</b> There were no amendments proposed.  <b>Resolved:</b> The minutes were agreed as a true and accurate record of the meeting held in private on 3 December 2018.
<b>BoD2/19/01/4</b> 2/19/01/4.1  2/19/01/4.2	<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 were no outstanding actions to be reviewed.
<b>BoD2/19/01/5</b>	<b>Effective</b> <b>Medical Staffing Update</b> Dr Dodds reported that there are no new staffing issues to advise to the Board.  <b>Sentence removed under Section 40 of the Freedom of Information Act.</b>
<b>BoD2/18/12/6</b> <b>BoD2/18/12/6.1</b>  2/19/01/6.1.1  2/19/01/6.1.2	<b>Well Led</b> <b>System Update</b> <b>Eastern Cheshire GPs</b>  <b>Paragraph removed under Section 36 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 36 of the Freedom of Information Act.</b>

2/19/01/6.1.3	<b>Paragraph removed under Section 36 of the Freedom of Information Act.</b>
2/19/01/6.1.4	<p>Mrs Bullock recognised the frustration of the process for GPs who work for autonomous, small organisations that can make decisions and move quickly. However, creating an ICP is complicated and slow as all partners have to move together and agree a common goal.</p> <p><b>Resolved:</b> The Board noted the system update.</p>
<b>BoD2/18/12/6.2</b> 2/19/01/6.2.1	<p><b>Budget Reforecast</b></p> <p>Mrs Davies updated the Board on the discussions between NHS Improvement (NHSI) and NHS England (NHSE) about the Memorandum of Understanding (MoU) and the end of year payment due to the Trust from the CCG. As no decision has been made the Trust has decided not to formally reforecast the budget as this will enable the Trust to receive Provider Sustainability Fund (PSF) for Quarter 3. This is the recommendation of the Director of Finance.</p>
2/19/01/6.2.2	<p>Mrs Bullock commented that if the MoU is not supported then the Trust's Quarter 4 position will see a severe deterioration. Mrs Bullock also advised that the system deficit is not transparent in accounts at the moment although regulators (NHSE and NHSI) are very aware of the factual position as this has been discussed frequently with them. Regulators are corresponding with the Trust this week and have asked for oversight of the contract /MoU agreements. The Trust is aware that the MoU is not legally binding but last year's actions around that MoU and how it was treated show the intention of both parties. Mrs Bullock emphasised that despite the discussions the Trust and the CCG remain on good terms and are clear that this will not impact the relationship even if a dispute process has to be followed.</p>
2/19/01/6.2.3	<p>Mrs Davies updated the Board on work towards developing the plan for 2019/20. The delay in guidance has been difficult and Trust income is still not clear. Preparation work has been taking place with divisions working to identify cost pressures. However, the delay has allowed the Trust to meet with the CCG to discuss activity levels before discussing the financial implications. Mr Davis asked what the NHSI view on growth is and Mrs Davies replied that NHSI have provided a projection recognising a reasonable growth in activity. Mrs Davies confirmed that the initial activity plan is to be submitted on 14 January with further submissions in February and a proposed contract sign off date by 21 March. Mrs Davies advised that the Board will receive a draft annual plan at the next Board meeting whilst noting this will still be work in progress</p>
2/19/01/6.2.4	<p>Ms Butcher asked if the Capped Expenditure Programme is still in place at all. Mrs Bullock confirmed that this has now ended, the Trust continue to meet with the CCG regularly as the System Financial Executive and to follow the Capped Expenditure principles. There is some work taking place to keep that meeting strategic, engage all partners and ensure it is not too operational.</p> <p><b>Resolved:</b> The Board agreed the assumption that the monies due through the MoU will be received.</p>
<b>BoD2/18/12/6.3</b>	<b>Item removed under Section 42 of the Freedom of Information Act.</b>
<b>BoD2/19/01/7</b> 2/19/01/7.1	<p><b>Any Other Business</b></p> <p>Ms Butcher asked if there was any further update on plans in Northwich for the new health hub which was mentioned in the PAF minutes. Mr Davis noted that PAF is trying to keep an oversight of activity as it is of great interest to Governors and the public. The Estates Infrastructure Group report to PAF. Mrs Bullock noted that it is much wider than Estates and the Diagnostics and Clinical Support</p>



	Services Division are leading the work to be clear about the requirements and opportunities for services in Northwich. Regular discussions continue with the CCG and Cheshire West & Chester Council.
<b>2/19/01/7.2</b> 2/19/01/7.2.1	<b>Bowel scope Screening</b> <b>Paragraph removed under Section 40 of the Freedom of Information Act.</b>
2/19/01/7.2.2	<b>Paragraph removed under Section 40 of the Freedom of Information Act.</b>
2/19/01/7.2.3	<b>Paragraph removed under Section 40 of the Freedom of Information Act.</b>
2/19/01/7.2.4	<b>Paragraph removed under Section 40 of the Freedom of Information Act.</b>
2/19/01/7.2.5	Ms Butcher asked if a communications strategy had been agreed. Mrs Bullock replied that it had been discussed and the Communications Manager would have a statement prepared in case of an enquiry. Dr Dodds explained that he had already discussed the potential recall with the local CCG Chairs and confirmed that he would also be letting the Care Quality Commission (CQC) and NSHI know. Mr Church commented that patients would expect to be advised and summarised that there was full Board support for this.  <b>Resolved:</b> The Board agreed that the 66 cases should be contacted and offered a repeat procedure.
<b>BoD2/19/01/8</b>	<b>Review of the Board meeting</b>  Mr Hopewell reviewed what had been his final meeting as a Non-Executive Director. He summarised that the agenda had covered all the areas it should have and that the Board had continued to display the characteristics of a mature unitary Board. There had been lots of discussion and collaboration demonstrated. Mr Hopewell commented that the size of the pack today had been challenging and was larger than it should be to ensure Board members had a good understanding of the papers.
<b>BoD2/19/01/9</b>	<b>Time, Date and Place of the next meeting</b>  The Board of Directors Meeting is to be held in Private on Monday 4 February 2019 following the Board meeting held in Public.  The meeting closed at 1:13 pm

**Signed**



**Deputy Chairman**

**Date 07 February 2019**