

**Board of Directors Meeting  
Minutes of the Meeting held in Public  
Monday, 2 December 2019  
at 9.30am in the Boardroom, Leighton Hospital, Crewe**

<p><b>Present</b></p> <table> <tr> <td>Mr D Dunn</td><td>Chairman</td></tr> <tr> <td>Mrs H Barnett</td><td>Director of Workforce and OD</td></tr> <tr> <td>Ms L Butcher</td><td>Non-Executive Director</td></tr> <tr> <td>Mr T Brocklebank</td><td>Non-Executive Director</td></tr> <tr> <td>Mr J Church</td><td>Deputy Chair</td></tr> <tr> <td>Mr M Davis</td><td>Non-Executive Director</td></tr> <tr> <td>Mr R Favager</td><td>Interim Director of Finance &amp; Strategic Planning</td></tr> <tr> <td>Mr M Luckas</td><td>Medical Director</td></tr> <tr> <td>Ms L Massey</td><td>Non-Executive Director</td></tr> <tr> <td>Mr L Philpott</td><td>Non-Executive Director</td></tr> <tr> <td>Mr C Oliver</td><td>Chief Operating Officer</td></tr> </table> <p><b>In attendance</b></p> <table> <tr> <td>Mrs D Frodsham</td><td>Director of Strategic Partnerships</td></tr> <tr> <td>Mrs A Freeman</td><td>Chief Information Officer</td></tr> <tr> <td>Mrs K Daly-Brown</td><td>Deputy Director of Nursing</td></tr> <tr> <td>Dr K Birch</td><td>Lead Governor</td></tr> <tr> <td>Mrs K Dowson</td><td>Trust Board Secretary</td></tr> <tr> <td>Ms L Huntbach</td><td>Head of Transformation <i>(to item 19/12/2 only)</i></td></tr> </table> <p><b>Observing</b></p> <table> <tr> <td>Mr J Pritchard</td><td>Public Governor (Patients &amp; Carers)</td></tr> <tr> <td>Mr R Stafford</td><td>Public Governor (Patients &amp; Carers)</td></tr> <tr> <td>Mrs B Beadle</td><td>Public Governor (Crewe &amp; Nantwich)</td></tr> <tr> <td>Mrs V Pickford</td><td>Public Governor (Patients &amp; Carers)</td></tr> <tr> <td>Mr O Duffy</td><td>Liaison Workforce</td></tr> <tr> <td>Mr T Piercy</td><td>Member of the Public</td></tr> </table> <p><b>Apologies</b></p> <table> <tr> <td>Mr J Sumner</td><td>Chief Executive</td></tr> <tr> <td>Mrs J Tunney</td><td>Director of Nursing and Quality</td></tr> </table>		Mr D Dunn	Chairman	Mrs H Barnett	Director of Workforce and OD	Ms L Butcher	Non-Executive Director	Mr T Brocklebank	Non-Executive Director	Mr J Church	Deputy Chair	Mr M Davis	Non-Executive Director	Mr R Favager	Interim Director of Finance & Strategic Planning	Mr M Luckas	Medical Director	Ms L Massey	Non-Executive Director	Mr L Philpott	Non-Executive Director	Mr C Oliver	Chief Operating Officer	Mrs D Frodsham	Director of Strategic Partnerships	Mrs A Freeman	Chief Information Officer	Mrs K Daly-Brown	Deputy Director of Nursing	Dr K Birch	Lead Governor	Mrs K Dowson	Trust Board Secretary	Ms L Huntbach	Head of Transformation <i>(to item 19/12/2 only)</i>	Mr J Pritchard	Public Governor (Patients & Carers)	Mr R Stafford	Public Governor (Patients & Carers)	Mrs B Beadle	Public Governor (Crewe & Nantwich)	Mrs V Pickford	Public Governor (Patients & Carers)	Mr O Duffy	Liaison Workforce	Mr T Piercy	Member of the Public	Mr J Sumner	Chief Executive	Mrs J Tunney	Director of Nursing and Quality
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<p><b>BoD19/12/1</b> 19/12/1.1</p>	<p><b>Welcome, Introduction and Apologies</b></p> <p>The Chairman welcomed all those present to the meeting. The Chairman reminded observers that he and other Directors would be available at the end of the meeting to answer any questions.</p>																																																		
<p><b>BoD19/12/2</b> 19/12/2.1</p>	<p><b>Integrated Discharge Team</b></p> <p>Mr Oliver introduced the presentation which the Integrated Discharge Team recently took to the Health Service Journal (HSJ) awards and won. Mrs Huntbach, Head of Transformation gave the presentation which included several videos from staff and stakeholders who were involved in the development of this service. Mrs Huntbach described the three reasons why the project should win which were co-production, a single version of the truth and doing things differently. The key theme was that it was a clinician-led solution with a clear understanding of patient's needs right from the start. The key outcomes of the project have been clinical engagement, better partnership collaboration and a reduction in patient length of stay, all of which have resulted in a better patient experience.</p>																																																		
<p>19/12/2.2</p>	<p>The Chairman asked how the new IT platform accessed and given that lots of different stakeholders access it how is this controlled. Mrs Freeman confirmed that the Trust hosts it and it is an internet based solution. The Chairman then asked how the Trust</p>																																																		

<p>19/12/2.3</p> <p>19/12/2.4</p>	<p>ensures that the information on the system that is the one version of the truth is correct. Ms Huntbach confirmed that there was extensive trialling of the system before it went live, initially on paper until everyone had agreed the content of forms. All staff were involved in training days. Mrs Freeman added that there has been a shift in usage, initially patients were being put on when medically fit, now staff are putting them on earlier which enables discharge planning to start earlier.</p> <p>Ms Butcher commented that it was great to see the project come to fruition and the positive impact on patients. A few years ago, NHS England (NHSE) and the Local Government Association produced a report on the eight high impact changes to improve appropriate discharge. This included starting planning at admission and a system that pulls all partners together with the patient and carers needs at the centre. Ms Massey commented that this is an exemplar project demonstrating what can be achieved and the Trust should consider how to write up this methodology so it can be used for future transformation.</p> <p>Mr Favager asked if there is an overarching dashboard all partners can see so there is one version of the truth and whether the Trust can ensure that senior management are looking at the systems as well as operational staff. Mrs Freeman replied that the system can report who has logged in and when, so frequent and infrequent users can be identified. Mrs Huntbach added that at times of escalation, staff meet and the database is at the heart of these conversations.</p> <p><b>Resolved:</b> The Board noted the story presented and sent their thanks and congratulations to the team.</p>
<p><b>BoD19/12/3</b></p> <p>19/12/3.1</p> <p>19/12/3.2</p>	<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>
<p><b>BoD19/12/4</b> <b>BoD19/12/4.1</b></p> <p>19/12/4.1.1</p>	<p><b>Minutes of the Previous Meeting</b> <b>Board of Directors meeting held on 4 November 2019</b></p> <p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• Job titles of Mrs Freeman and Mr Philpott to be corrected</li> <li>• 19/11/10.1.4 'staff' in the first sentence should be 'safe'.</li> <li>• 19/11/12.1.3 Mr Oliver noted that in the second sentence 'patients can be seen' should be replaced with 'patients can be diagnosed'.</li> <li>• 19/11/12.1.5 Mr Oliver asked that 'needs to be smarter' is replaced with 'work differently'.</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 4 November 2019.</p>
<p><b>BoD19/12/5</b> 19/12/5.1</p>	<p><b>Matters Arising and Action Log</b></p> <p>The Chairman advised that there were no outstanding actions on the Board action log.</p>
<p><b>BoD19/12/6</b></p>	<p><b>Annual Work Programme</b></p> <p>The Chairman noted an updated version (4) has been circulated. Mrs Dowson advised that there were a number of minor changes in timings of reports that have been updated. The Corporate Governance Handbook review has been postponed as the proposed changes in governance arrangements will require a thorough review of the Standing Instructions for Non-Financial Risk once the new Corporate Governance team structure in place.</p>

	<b>Resolved:</b> The Board approved version 4 of the Board Work Programme 2019/20.
<b>BoD19/12/7</b> <b>BoD19/12/7.1</b> 19/12/7.1.1	<b>Chairman's Announcements</b> <b>Lord Lieutenant's Visit – 12 November 2019</b> The Chairman reported that the Lord Lieutenant of Cheshire had visited Leighton Hospital recently to open three areas that have been recently refurbished. These were the Children's and Adolescent ward, the Imaging Suite and Ward 12. The Chairman thanked all those who had helped to organise the visit and the Governors for attending. The Chairman advised that the Lord Lieutenant had been very impressed with the facilities.
<b>BoD19/12/7.2</b> 19/12/7.2.1	<b>NHS Providers Non-Executive Directors (NED) Network</b> The Chairman reported that Ms Butcher had attended this meeting which was run by NHS Providers. Ms Butcher advised that this had been a useful opportunity to hear from national bodies and to meet other NEDs. The group received a presentation on the new competency framework for Chair's and the developing framework for NEDs. Compliance with this framework is required for Trusts and Foundation Trusts are invited to follow it. The Chairman advised that Nominations and Remuneration Committee are meeting this afternoon to discuss this new framework for Chair development and appraisal, along with the new remuneration framework aimed at equalising remuneration between NEDs and Chairs at Foundation Trust and Trusts.
19/12/7.2.2	Ms Butcher also commented on the presentation received in regard to Primary Care Networks (PCN) and the investment going in to these. Ms Butcher suggested that this may be a good topic to discuss with the Clinical Commissioning Groups (CCG) at a future development sessions. Mr Church agreed that this would be a useful subject to understand more about. The Chairman advised that he is meeting with the CCG next week to discuss future joint CCG and Trust meetings. The Chairman thanked Ms Butcher for attending.
<b>BoD19/12/8</b> <b>BoD19/12/8.1</b> 19/12/8.1.1	<b>Governors Items</b> <b>NED Recruitment</b> The Chairman reported that the Nomination and Remuneration (N&R) Governor Committee met on 12 November to discuss Non-Executive Director (NED) applications and have agreed eight candidates who were invited to preliminary interviews with Gatenby Sanderson. The meeting to shortlist candidates for final interviews will take place this afternoon, with the final interviews scheduled for 11 December. Governors and NEDs have been invited to take part in the interview morning either on the formal panel or through focus groups. The Chairman noted that there had been strong interest in the post with some good candidates to choose from.
<b>BoD19/12/8.2</b> 19/12/8.2.1	<b>Chat with the Chairman – 19 November 2019</b> The Chairman advised that he had met with several Governors for an informal meeting and discussed a number of items including, the leadership style of the new Chief Executive, an update on the Director of Finance and NED appointments. Also discussed was the CQC inspection, including the Use of Resources visit. The Chairman reminded the Board that the Use of Resources visit has already taken place as well as two unannounced inspections of urgent care and community services. Informally, there are some issues for improvement but generally the feedback has been positive. The final part of the inspection is the Well Led Inspection which takes place over three days from the 10 <sup>th</sup> to 12th December.  <b>Resolved:</b> The Board noted the Chairman's updates.

<p><b>BoD19/12/9</b>  <b>BoD19/12/9.1</b>  19/12/9.1.1</p> <p>19/12/9.1.2</p> <p>19/12/9.1.3</p>	<p><b>Chief Executive's Report</b>  <b>System Update</b></p> <p>In the absence of the Chief Executive (CEO), Mr Oliver presented the Chief Executive's report noting that A&amp;E waiting times and the winter plan continue to be a focus, with the highest ever recorded attendances at 357 through Urgent Care last Monday. Admissions are higher in November and the Trust is doing a deep dive to see what is driving this. As a result, the Trust has had to open additional inpatient beds which are unfunded and therefore there will be a financial impact. Significant increases in demand for Radiology combined with less in-house capacity are also having an impact on the financial position due to an increase in outsourcing</p> <p>Mr Oliver reported that the infection control matrix in the report is the result of a deep dive into the results to ascertain whether there is a statistical difference following discussions at the last Board meeting. The report showed that there has been no statistically significant deterioration within any of infection control standards and all are still within acceptable control limits.</p> <p>Mr Oliver noted that the CQC unannounced inspections have taken place, visiting A&amp;E at Leighton Hospital and Urgent Care at Victoria Infirmary and Central Cheshire Integrated Care Partnership (CCICP) Paediatric services. Initial feedback is that the inspections went well considering the building work taking place and the high levels of admissions. The initial feedback was positive across all three areas. Mr Oliver advised that an estate planning workshop with senior leaders to discuss the five year estate strategy was held which had also been attend by Mr Davis.</p> <p><b>Resolved:</b> The Chief Executive's report was noted.</p>
<p><b>BoD19/12/10</b>  <b>BoD19/12/10.1</b>  19/12/10.1.1</p> <p>19/12/10.1.2</p> <p>19/12/10.1.3</p>	<p><b>CARING</b>  <b>Quality, Safety and Experience Report</b></p> <p>In the absence of Mrs Tunney, Mrs Daly-Brown presented the report based on data from October 2019. Mrs Daly-Brown advised that she will be presenting the report based on exceptions to expected performance. Mrs Daly-Brown noted that the two Serious Untoward Incidents (SUI) reported verbally to the last Board have been reported to StEIS and an Executive-led Root Cause Analysis (RCA) for each one has been scheduled. Mrs Daly-Brown highlighted the CCICP medication incidents in month which have increased; no themes or trends have been noted and one has now been downgraded to no harm. Mrs Daly-Brown advised that one was in regard to insulin and as a result staff medicine competencies are being reviewed.</p> <p>Mrs Daly-Brown echoed Mr Oliver's update in the Chief Executive's report in regard to infection control noting that the targets and the trajectory for C-Difficile have been set nationally this year and have been changed so this the first year of reporting which also includes community acquired infections. There are no concerns in regard to the rate of infection. Mr Oliver advised that Quality Governance Committee (QGC) have asked that actions to see a further reduction against the prevention of avoidable cases is prioritised. Ms Massey praised the new way the data for infection has been presented which gives stronger assurance to the Board as outliers can be identified with more accuracy. Mrs Daly-Brown advised that there was one MSSA reported in month which is being reviewed by Microbiologists. There were two E-Coli in month which were both unavoidable. There are no concerns about Trust performance when compared to national levels.</p> <p>Mrs Daly-Brown reported on safe staffing levels, noting that levels had fallen below the 85% target in nine wards across days and nights. Mrs Daly-Brown reminded the Board that there is a Recruitment and Retention Plan in place to address the staffing challenges. Mrs Daly-Brown advised that other staff are used to cover wards where Registered Nurses are not available so that while the safe staffing levels may be under</p>

	<p>85% no area is ever left unsafe. The Chairman commented that the Trust continues to manage staff well but there are gaps and it is important to have a flexible workforce to respond to this.</p>
19/12/10.1.4	<p>Mrs Daly-Brown noted that in October there were 28 formal complaints which is a higher level than normal; with the main themes being communication, medical concerns and nursing concerns. Three areas of the Trust attracted a higher level of complaints which were Ward 3 and 11 and the Emergency Department (ED). These are also the areas with the biggest increase in activity levels. Mr Church commented that as activity increases the targets remain static and how can the Trust be clear whether this is a statistical change. Mrs Daly-Brown replied that there has been an exercise in reviewing ED complaints using Statistical Process Control (SPC) charts and no themes or concerns were raised. This will be widened to other areas and the charts in the report will be updated to reflect the number of complaints against activity.</p>
19/12/10.1.5	<p>Dr Birch commented that the increase in complaints had also been in the CEO report. Governors have recently received a deep dive into complaints about communication and compassion. There is a professional development programme in place with organisational development support and Dr Birch asked if the staff in the three areas noted have been through the programme, are they being released if it is busy. Mrs Daly-Brown replied that those staff areas identified in the Governor report have been the focus but all areas can attend. Mrs Daly-Brown agreed that releasing staff can be a challenge.</p>
19/12/10.1.6	<p>Mrs Daly-Brown reported that informal concerns are also increasing but that informal concerns are being encouraged so that issues can be dealt with in real time and do not escalate. The PALS team have been moved down to an office in the main entrance to facilitate this. The Chairman asked the Board for any comments or questions on the closed complaints from October. Mr Brocklebank asked whether it was correct that the Division of Medicine and Emergency Care (DMEC) complaint about a CT scan had the right actions in place as no mention of the CT scan is made in the lessons learnt. Mrs Daly-Brown replied that the main learning points from this complaint were not in regard to the CT scan however this complaint would be reviewed again at Complaints Review Group.</p>
19/12/10.1.7	<p>Mrs Daly-Brown advised that the move to text message reminders for the Friends &amp; Family (F&amp;F) tests has been challenging. The system was due to launch in CCICP in October but was delayed until November and therefore there is a dip in the CCICP response rate which has since recovered. Outpatients has also now gone live. Mrs Daly-Brown stated that it was important that the system is working correctly and that there has also been an issue with the voicemail reminders. Mrs Freeman acknowledged that the quality of the messages left through the voicemail reminder system is poor and needs to be improved. IT are working on this but this has necessitated some quite extensive changes. The Chairman asked if the CCICP Board sees more detailed data and Mrs Frodsham replied that this has been challenging this year and the CCICP Board are frustrated with the level of feedback. The Chairman noted the frustration and agreed that this needs to be sorted as the issues with the text messaging have been dragging on for over a year and QGC need to oversee this.</p> <p><b>ACTION: Friends and Family text messaging and voice messaging scheme to be fully rolled out to CCICP as a priority and QGC to review (K Daly-Brown/ J Tunney)</b></p> <p><b>Resolved:</b> The assurance provided in the Quality, Safety and Experience report was noted.</p>



19/12/12.1.4	<p><b>ACTION: Presentation to be circulated to the Board (Mr Oliver)</b></p> <p>Mr Oliver observed that while the review describes the Trust as having additional capacity for patient need, the current situation is that all funded winter escalation beds are open and length of stay is increasing as there has been a reduction in patients being able to leave hospital and the activity arriving through the ED is high. Some of the additional community mental health capacity may be addressed if the Trust's Core24 bid is successful. The residential care market is more complicated as this is a mainly private market and requires CQC registration and physical space.</p>
19/12/12.1.5	<p>Mr Oliver suggested that domiciliary care could be resolved, as done elsewhere, by creating a service which bridges the immediate care need for those leaving hospital under the NHS brand. The Trust do not struggle to recruit band 2 Healthcare Assistants or band 3, General Nursing Assistants in CCICP and offering a better workforce model may attract different staff. The Chairman asked how feasible this is.</p>
19/12/12.1.6	<p>Mrs Frodsham replied that the same issue impacts community beds, patients are waiting for packages of care to be able to be discharged to a safe place. CCICP has already appointed eight whole time equivalent staff to provide generic healthcare but this is not enough and it needs to be stepped up. Mrs Frodsham advised that she is meeting with Cheshire East Council to test this service, CCICP is also working with the End of Life Partnership to allow patients rapid access to their preferred place of death. There is no problem with recruitment, but staff need to be managed at pace and be well supported and trained.</p>
19/12/12.1.7	<p>Ms Butcher observed that this response in CCICP is the acute provider trying to address an issue in social care and asked what the joint integrated commissioning approach is and where they are in discussions. Mrs Frodsham agreed that the social care commissioner needs to be part of these conversations and the intention is to agree a higher-level strategy. Mrs Barnett commented that several Trusts are setting up joint collaborations between health and social care while maintaining separate terms and conditions which are having a positive impact on reducing duplication. This has been helped by having a joint Accountable Officer between the CCG and the council. Mrs Frodsham replied that the services have been audited to ensure there is no duplication of effort between teams. CCICP is only providing short or medium term support but the meeting is to explore how patient care between agencies can be improved.</p>
19/12/12.1.8	<p>Mr Church commented that there is simply not enough resource in social care and the NHS pound needs to move to domiciliary care as the impact of this will help the acute provider. Mrs Frodsham replied that Cheshire East Council continue to spend a lot more money on domiciliary care than other areas, but demand is so much higher. Mr Favager added that some of these questions will be addressed when the Board discusses the Cheshire financial recovery plan.</p>
19/12/12.1.9	<p>Mr Oliver advised that the action plan that has been developed following the Venn Consulting review will be monitored by the Accident &amp; Emergency Delivery Board (AEDB) action plan. This will include a focus on streaming in the ED. The Chairman commented that this review does not tell the Trust anything it did not know but it does quantify it. Mr Oliver agreed that it is an important independent endorsement based on care need.</p>
19/12/12.1.10	<p>Mr Philpott commented that there are four mandatory targets out of five where the Trust is above national standards which are good to note and this is further evidence of a Trust focus on patient care and ongoing innovation. Mr Church asked if the extension to the ED is complete yet and Mr Oliver confirmed that the build remains on target to open in the week commencing 16 Dec and is still on track. The Chairman asked whether the area is fully staffed and Mrs Barnett confirmed that this is not fully in place but the Trust is working on this.</p>

19/12/12.1.11	Mr Favager presented the financial headlines through to the end of October, noting that this had been a challenging month financially. This paper has been reviewed in some detail at PAF and the minutes of this meeting have been circulated to the Board. The financial headlines are that the Trust is £431k overspent in month which leaves the Trust £427k off plan. CCICP is underspent by £272k and the acute Trust was overspent by nearly £700k. The Use of Resource Rating remains a 3 which is in line with plan. Mr Favager warned the Board that the Trust will exceed the Agency cap of £5.7m this year; the forecast is £6.6m by year end. If this goes above £7.1m it will negatively impact on the Use of Resources score.
19/12/12.1.12	Mr Favager advised that the main drivers of overspend continue to be the costs of unfunded escalation beds and the re-opening of ward 19. Of concern is that in the last two months there has been a growing dependency and reliance to use very high cost agency to support rotas for these escalation beds or to backfill other gaps as staff are moved around. In October 107 shifts were filled by Thornbury nurses compared to an average of 23 in the first quarter and 53 in the second quarter, November is likely to be higher. Mr Favager noted that this is one of the key financial risks to delivering the financial plan. Finding staff remains a key challenge.
19/12/12.1.13	Mr Favager described the work of the Trust to find alternative, more cost-effective ways to fill these shifts, for example a campaign for staff to work the '12 shifts for Christmas' initiative. In the medium term there are 16 nurse apprenticeships starting in September and 40 international nurses are being deployed onto wards from the beginning of 2020/21 and efforts are being made to increase these numbers further. Mr Oliver added that the bank fill rate and incentives for staff to take bank shifts needs to be increased and the figures are under review to understand if the incentive scheme has the desired impact.
19/12/12.1.14	Mrs Barnett accepted that the Trust will always need some agency staff and these shifts need to be put out as early as possible even if this means taking some risk about whether they will be needed. Ms Massey asked if staff are monitored to ensure that they are not overstretched and taking on too many shifts. Mrs Daly-Brown replied that the campaign is targeted at staff who don't currently take on any bank shifts. Mrs Barnett advised that the bank office monitor the working time directive, staff can opt out, but levels of work are monitored.
19/12/12.1.15	Mr Favager reported that the fixed price contract with local commissioners is over performing by around £1m (excluding CQUIN), mainly due to ED attendances and Diagnostics demand. However, productive conversations are taking place with the CCG about winter pressures in the system. Mr Favager advised that as previously highlighted to Board, the costs of delivering planned care at premium costs remains a pressure. Radiology is a particular concern, with a general unsustainable upward trend. £1.7m worth of business has been outsourced during the first seven months of the year, this compares to £1m for the same period last year.
19/12/12.1.16	Mr Favager explained that the associated underspend in medical pay due to staffing gaps remains being broadly similar due to an increase in agency staffing to recover following the Soliton incident and maintain the Diagnostic 6-week wait position. Mr Favager further explained that the main increase in costs are due to the levels of cardiac CT scanning being outsourced to maintain the six week target, growth in demand with average of 63 per month compared to 39 requests per month in 2018. Mr Oliver noted that this is as a direct result of additional cardiology outpatient clinics undertaken to improve waiting times in this speciality. While there is capacity in the scanners the capacity for reporting is not meeting demand due to vacancies, maternity leave and sickness.
19/12/12.1.17	Mr Favager outlined the steps being taken by the Trust to recruit Radiographers which include a recruitment day on 23 November, ten candidates attended and seven were



	<p>offered and have accepted a role with the Trust. International recruitment is another source of potential staff and one has already been appointed from this route as he was married to one of the international nurses recruited. However, some of these are students who will not be in place until March 2020. Mr Oliver advised that there are discussions being held in regard to retention and recruitment premiums for this role due to the growth in demand and number of retirements within Trust staff. Mr Favager advised that PAF will be reviewing a paper on Cardiology CT staff as a particular focus on this area. Mrs Barnett added that discussions are ongoing with another Trust who have a clinical fellow programme in this area.</p>
19/12/12.1.18	<p>The Chairman expressed his concern that the Trust has an outstanding imaging suite offer that is not being used optimally because of a lack of staff. Mr Oliver replied that the department have been asked to advise what establishment is required to ensure all scanners are used to their capacity. The Chairman reminded the Board that the business case for the additional CT scanner had stated that there would be additional capacity that could be used to reduce outsourcing and create a revenue stream for external activity. Mr Luckas commented that the issue of the Radiology workforce is a national one and is of concern but the excellent facilities here had helped the Trust to successfully recruit Consultant Radiologists recently. Mr Luckas also highlighted that the quality of reporting for the Trust is very good compared to other Trusts. Mrs Frodsham advised that a task and finish group focused on Radiography recruitment is being set up to start this week.</p>
19/12/12.1.19	<p>Mr Favager advised the Board that PAF had reviewed a more recent CQUIN report than the one included in the Board papers this month as this still needs to go through further governance structures. There is a £500k net underperformance and while the annual financial loss to the Trust is estimated to be closer to £150k because of the block contract, there are concerns about the quality aspect of CQUINs not being met.</p>
19/12/12.1.20	<p>Mr Favager presented the divisional positional position which reflects that DMEC and Diagnostics and Clinical Support Services (DCC) are the most financially challenged divisions, noting that DMEC are also the division who have delivered little if any CIP this year. Mr Favager reported that the capital programme is performing as planned with some changes to the forecast spend due to the phasing of schemes.</p>
19/12/12.1.21	<p>Mr Favager summarised that while October had been a disappointing month financially, this wasn't unexpected given the operational pressures. The financial consequences of these have been highlighted in previous months as emerging financial pressures. PAF continue to scrutinise the forecast outturn in great detail on behalf of the Board. Mitigations have been developed and are being worked up which will have a favourable impact on the current forecast position.</p> <p><b>Resolved:</b> The Board noted the Performance Report.</p>
<b>BoD19/12/12.2</b> 19/12/12.2	<p><b>Draft Performance and Finance (PAF) Committee notes</b></p> <p>Mr Davis presented the notes of the meeting of 24 November 2019 which was a good meeting with a forward focus and supported by an effective use of SPC charts which have provided context and opportunities for earlier intervention. There continues to be an excellence correlation between finance, performance, quality and workforce and the committee chairs are working well together. Mr Davis noted the following verbal escalations to Board:</p> <ul style="list-style-type: none"> <li>• 4-hour transit time target and 62-day Cancer screening target were not achieved. Elective surgery has already been cancelled, earlier than planned for Orthopaedics. Occupancy rates are at over 100% at times and the 4-hour transit time target may deteriorate further</li> </ul>

	<ul style="list-style-type: none"> <li>Received the VENN Group presentation, commissioned by South Cheshire and Vale Royal CCGs</li> <li>Received a presentation regarding the financial forecast and noted the challenging month and the related deterioration in the forecast position which will jeopardise the Trust's ability to deliver its Control Total and consequential loss of up to £2.8m of Provider Sustainability income, this will be further reviewed in December</li> <li>Noted concern in relation to the CQUIN programme from both the financial and quality perspectives and this has been passed to QGC to review</li> <li>Received an update on the Cheshire System Long Term financial plan and current planning assumptions</li> </ul> <p><b>Resolved:</b> The Board accepted the report of PAF and the items escalated to the Board for information.</p>
<b>BoD19/12/12.3</b> 19/12/12.3.1	<p><b>Breast Screening Business Case</b></p> <p>Mrs Frodsham presented the business case which proposes to merge the Breast screening programme for Breast Cancer with the East Cheshire service as the current service is not sustainable on its own. Mrs Frodsham advised that PAF have reviewed this case and recommended it for approval by the Board. Mrs Frodsham outlined the history of this service and its long-term unsustainability due to the size of the local population which is not large enough for robust statistical analysis. This has been further challenged by the recent retirement of both Breast Radiologists. The Trust was asked by commissioners to explore joining the East Cheshire Hospitals NHS Trust (ECT) programme which already runs the programme for Stockport as well. Resource was provided to manage the development of the business case and ensure the service was ready to deliver in South Cheshire and Vale Royal as well.</p>
19/12/12.3.2	<p>Mrs Frodsham advised that the recommendation is for option 2 which is a full integration with the ECT programme. There are some risks which are outlined in the case. There is a possibility that the Greater Manchester programme may integrate Stockport at some point, however there are no established plans yet and there would still remain a population of above 500,000 which is the required number for a service to remain sustainable. The Trust is managing the increase in demand for the surgical teams to be part of a bigger Multi-Disciplinary Team through job planning. Mrs Frodsham advised that the ECT Board have approved this business case paper</p>
19/12/12.3.3	<p>The Chairman noted that there was no financial request from the Trust and Mrs Frodsham confirmed this and noted that Board approval was required as it was a movement of current provision to another supplier.</p> <p><b>Resolved:</b> The Board approved option 2 of the business plan.</p>
<b>BoD19/12/12.4</b> 19/12/12.4.11	<p><b>Learning from Deaths Quarter 2 2019/20</b></p> <p>Mr Luckas presented the quarter 2 Learning from Deaths report, noting that the mortality rates for the Trust have remained broadly static. The Trust mortality tool has been used to review 88% of the 468 deaths in the Trust; two have been escalated to a deep dive because of potential concerns but none have so far been found to be avoidable There were no deaths of patients with learning disabilities and no CQC alerts.</p>
19/12/12.4.2	<p>Mr Luckas reported on some in-depth statistical work into the Clinical Classification System (CCS) groups which showed the Trust as an outlier in one CCS group. The Trust has a higher than expected number of deaths. The review shows that the Trust has a higher number of complex patients as defined by the Charlson Score, these patients are older than average and have a higher level of comorbidities. The Chairman welcomed this helpful analysis. Mr Luckas noted that unfortunately the staff</p>

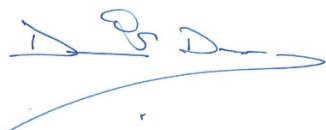
19/12/12.4.3	<p>member who did this analysis has now moved on to a different job, but it has been a very useful input and very much appreciated.</p> <p>Mr Favager asked if the Trust has an understanding of whether the focus on coding at the Trust is in line with peers who may not have the depth of coding co-morbidities so this may skew the data. Mr Luckas noted that the Trusts really improving their mortality rates are those with Electronic Patient Records (EPR) which will transform this area of reporting and give the Board more confidence and assurance when it is implemented.</p> <p><b>Resolved:</b> The Board noted the report.</p>
<b>BoD19/12/12.5</b>	<p><b>Report of use of the Trust Seal</b></p> <p>Mr Oliver reported that there had been one use of the Trust Seal since the last report to Board.</p> <p><b>Resolved:</b> The Board noted the report.</p>
<b>BoD19/12/12.6</b>	<p><b>Legal Advice</b></p> <p>Mr Oliver advised that there has been no new legal advice taken in the month. There is ongoing solicitors' advice in regard to the acquisition of South Cheshire Private Hospital. Mr Favager advised that this is likely to come to about £35k for the acquisition in total. Mr Oliver noted that new advice had been taken in month on an existing employment case.</p>
<b>BoD19/12/13</b> <b>BoD19/12/13.1</b> 19/12/13.1.1	<p><b>WELL-LED</b></p> <p><b>Visits of Accreditation, Inspection or Investigation</b></p> <p>Mr Oliver reported that in addition to the CQC inspection as already reported, a Bowel scope accreditation visit to the screening programme has taken place and initial feedback is positive. The Facilities team have been reaccredited with a 5 star hygiene rating.</p> <p><b>Resolved:</b> The Board noted the visits reported.</p>
<b>BoD19/12/13.2</b> 19/12/13.2.1	<p><b>Board Assurance Framework (BAF) Quarter 2 2019/20</b></p> <p>Mr Luckas presented the quarter 2 report of the BAF which is still being managed in its current form as it has been previously through QGC while the Mersey Internal Audit review takes place. Mr Luckas summarised the changes to the strategic risks, noting where there had been a change to the risk rating. Mr Luckas noted that the heat map remains similar to quarter 1 but there is likely to be some significant change in quarter 3 to reflect actions being taken such as the arrival of 40 nurses due to the international recruitment programme. The Chairman noted that a static position is better than a declining one although there is no sense of moving towards targets</p> <p><b>Resolved:</b> The Board noted the update on the Board Assurance Framework.</p>
<b>BoD19/12/13.3</b> 19/12/13.3.1	<p><b>Organisational Risk Register Quarter 2 2019/20</b></p> <p>Mr Luckas presented the organisational risks as reviewed by QGC. Mr Luckas noted that the amendments requested by QGC are not in this version. Mr Luckas highlighted the new risks agreed at 15 and above which are:</p> <ul style="list-style-type: none"> <li>• Estates infrastructure pipework failure</li> <li>• Surgical capacity for treating renal stones</li> <li>• Software difficulties in capturing live images in endoscopy</li> <li>• IT patching to ensure cyber security</li> <li>• Managing identifiable data in adoption health records</li> </ul>
19/12/13.3.2	<p>Mr Luckas advised of two inconsistencies in the report which are that Risk EF0440 was raised in quarter 3 so should not be in this report and two risks DC1010 and</p>

	<p>DC1032 have been reduced to a score of 8 because of mitigation and should no longer be shown as a high risk. The Chairman noted that a significant risk in regard to concrete trusses in the Trust has also been identified in quarter 3 and will appear in the next report. A significant amount of work is being done to understand this issue and the Board will be kept informed. Mr Davis commented that the risk register still needs to be more dynamic.</p> <p><b>Resolved:</b> The Board noted the report.</p>
<p><b>BoD19/12/13.4</b> 19/12/13.4.1</p>	<p><b>Audit Committee notes from the meeting held on 11 November 2019</b></p> <p>Mr Philpott presented the note of the meeting and noted that there were a number of items that had been highlighted in the notes for verbal escalation to the Board of which he was picking out four to highlight:</p> <ul style="list-style-type: none"> <li>• The substantial assurance provided through the Internal Audit Ward Quality Spot Check report which found examples of good practice and congratulations should be passed to the team</li> <li>• Received the second of the MIAA development session with the specific purpose of planning for the next audit plan to include clear indication of the three lines of defence. This will line up with the work Mr Favager is doing internally to ensure a robust Internal Audit plan for next year</li> <li>• Noted a discussion in relation to the Freedom to Speak Up (FSUG) policy during which the adequacy of the policy for whistleblowing as well as FSUG and its level of visibility in the organisation was discussed</li> <li>• Mr Tim Cutler from KPMG attended in his first meeting as Trust's External Auditors and provided assurance that he will manage the transition effectively</li> </ul>
19/12/13.4.2	<p>The Chairman asked about the discussion in regard to 'phishing' training and Mrs Freeman described the exercise carried out by the IT department. All staff were sent a typical phishing email which asked staff to follow a link and enter their credentials. 331 staff did follow this through and they have since been contacted to be given support and guidance. However, Mrs Freeman did reassure the Board that it had been very difficult to get the email through and that to enable the test to be performed, three levels of security had to be disabled for the test to work correctly. A further information session is planned for the crossroads.</p> <p><b>Resolved:</b> The Board noted the report of the Audit Committee chair.</p>
<p><b>BoD19/12/14</b> <b>BoD19/12/14.1</b> 19/12/14.1.1</p>	<p><b>EFFECTIVE Workforce Report</b></p> <p>Mrs Barnett presented the Workforce Report using data from October 2019. Mrs Barnett noted a rise in sickness of almost 1% in month. Further analysis is to be undertaken but it fits with the levels being felt in the Trust, the activity pressures and the growth in agency staff use. Mrs Barnett updated the Board on the ongoing work with Surgery &amp; Cancer division to tackle higher levels of sickness in Ward 18 and Theatres. Sickness levels have returned to those expected, but the Trust is still reflecting and learning.</p>
19/12/14.1.2	<p>Mrs Barnett advised that there had been a continued steady improvement in appraisals and the Trust has nearly reached its 90% target and is expected to achieve this in December across all divisions. There has been a further slight improvement in mandatory training with a big push in corporate departments in particular. Mrs Barnett reminded the Board needed to lead by example and ensure training is completed in a timely manner.</p>
19/12/14.1.3	<p>Mrs Barnett reported that turnover remains low compared to the rest of Cheshire and Merseyside but the Trust cannot be complacent as there are hotspots within the Trust. The Trust is developing a recruitment and retention strategy focused on registered</p>

19/12/14.1.4	<p>nurses as a priority. Data is being used differently to map nursing vacancies and use the influx of international recruits most effectively. Mrs Barnett noted that if the Trust takes no action vacancies will increase by 10% each year and attrition rates will worsen. There are four key ways that the Trust is approaching this:</p> <ul style="list-style-type: none"> <li>• New ways of working including Advanced Clinical Practitioners and Physician Associates</li> <li>• HR recognition through rewards and health and wellbeing</li> <li>• Maximising potential aspirant programmes of talent management</li> <li>• System rotational posts, work with social care, CCICIP.</li> </ul> <p>Mrs Barnett advised that the Trust is also working on the pension tax issue which is concerning some staff members. Mrs Barnett noted the flu compliance which reflects that just under 60% of frontline staff have been vaccinated so far which is 10% behind last year. Mrs Daly-Brown advised that she and her team will be focusing on certain staff groups and areas to improve the uptake. Mr Brocklebank noted the positive trends described and congratulated Mrs Barnett and her team for the work being done.</p> <p><b>Resolved:</b> The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p><b>BoD19/12/14.2</b> 19/12/14.2.1</p> <p>19/12/14.2.2</p>	<p><b>Transformation and People Committee (TAP) – 7 November 2019</b></p> <p>Ms Butcher presented the notes of the meeting of TAP, noting that there were five items for verbal escalation:</p> <ul style="list-style-type: none"> <li>• Received a comprehensive presentation in regard to Cancer Services and the plans for the new performance measures being introduced in April 2020 for the suspected colorectal cancer pathway to expedite the progress to diagnosis. The 90-day methodology has been used which is clinically led and patient informed.</li> <li>• Received a report from Digital Outpatient Steering Group, previously known as Virtual Hospitals. This group are ensuring process change is supported through systems as new virtual service come online. The approach is to take unnecessary steps out of the process while not compromising care</li> <li>• Approved the Equality and Diversity Annual Report</li> <li>• Received an insight into the scale of transformation and improvement happening within the organisation and the committee discussed whether the scale of change is too wide and risks not being done in sufficient depth</li> <li>• Noted the establishment of a Quality Improvement (QI) Faculty to connect transformation and quality improvement</li> </ul> <p>Dr Birch reflected that reviewing the scale of change is good as while change can be good, sustainability and embedding of change is important to reflect on the long-term impact of change and governance issues. Ms Butcher agreed adding that the impact on staff needs to be understood as well as they are the ones that have to navigate change.</p> <p><b>Resolved:</b> The Board noted the minutes of the TAP meeting and the items for escalation.</p>
<p><b>BoD19/12/14.3</b> 19/12/14.3.1</p>	<p><b>Consultant Appointments</b></p> <p>Mr Luckas advised that one Consultant appointment have been made which is of a Paediatric Audiologist who comes with a national profile.</p>
<p><b>BoD19/12/15</b> 19/12/15.1.1</p>	<p><b>Any Other Business</b></p> <p><b>Benchmarking</b></p> <p>Ms Butcher reported that she had attended the Mersey Internal Audit benchmarking event recently which had explored how the Trust performs in terms of benchmarking</p>

	with other Trusts. It had highlighted the Trust as an outlier for some costs such as payroll and HR. Mr Favager commented that it had been a good event but that some caution needs to be applied to some of those figures as it can be difficult to compare services, for example where a Trust hosts a service on behalf of another Trust then headline figures can be misleading.
19/12/15.1.2	<b>Volunteers</b> Ms Butcher noted that as the link NED for volunteering she had completed a shift last week in the Pharmacy which had been insightful. Ms Butcher advised that she and the Chairman are meeting with the Volunteers manager to understand how best they can be supported by the Board.
19/12/15.1.3	<b>Porters</b> Ms Massey reported that she and Mr Brocklebank had joined the senior nursing team as they launched the Nursing, Midwifery and Allied Health Professionals Strategy. While on a ward a porter had stepped in to support a patient who was a witness to an emergency intervention for another patient. Without being prompted the porter took it upon himself to move the patient and deescalate the situation by talking to him. Ms Massey commented on what a natural act of compassion this was and noted the huge contribution the porters make in the hospital.
19/12/15.1.4	<b>Board Review</b> Mr Brocklebank asked to bring forward the review of the public section of the meeting from Part II so that Governors and observers could hear the summary. Mr Brocklebank noted that the key word throughout the meeting from the IDG team presentation has been 'patient'.
19/12/15.1.5	<b>Dennis Fricker</b> The Chairman advised that Mr Dennis Fricker, former Governor at the Trust passed away on Friday. Mr Fricker had been frail for some time but despite this still made so many efforts to be involved in the Trust and almost single-handedly persuaded the CCG to appoint a Parkinson's nurse in South Cheshire to support those with the disease. The Trust was very lucky to have Mr Fricker and the Chairman noted that he will write to Mr Fricker's family on behalf of the Trust.
<b>BoD19/12/16</b>	<b>Time, Date and Place of the next meeting</b> Board of Directors Meeting to be held in Public on <b>Monday 6 January 2020</b> at 9.30 am in the Boardroom, Leighton Hospital, Crewe.
The meeting closed at 12:13 pm hours.	

**Signed**



**Chairman**

**Date:** 14 January 2020

**Minutes of Board Meeting held in 'Private'**  
**Monday 2 December 2019**  
**In the Boardroom, Leighton Hospital, Crewe**

<p><b>Present</b>  Mr D Dunn  Mrs H Barnett  Mr T Brocklebank  Ms L Butcher  Mr J Church  Mr M Davis  Mr R Favager  Mr M Luckas  Ms L Massey  Mr C Oliver  Mr L Philpott</p> <p><b>In Attendance</b>  Mrs A Freeman  Mrs K Daly-Brown  Mrs D Frodsham  Mrs K Dowson</p> <p><b>Apologies</b>  Mr J Sumner  Mrs J Tunney</p>	<p>Chairman  Director of Workforce and OD  Non-Executive Director  Non-Executive Director  Deputy Chair  Non-Executive Director  Interim Director of Finance &amp; Strategic Planning  Medical Director  Non-Executive Director  Chief Operating Officer  Non-Executive Director</p> <p>Chief Information Officer  Deputy Director of Nursing  Director of Strategic Partnerships  Trust Board Secretary</p> <p>Chief Executive Officer  Director of Nursing and Quality</p>
<b>BoD2/19/12/1</b>	<p><b>Welcome and Apologies</b>  The Chairman welcomed Board members to Part II of the meeting and noted the apologies given.</p>
<b>BoD2/19/12/2</b> 2/19/12/2.1	<p><b>Board Members Interests</b>  Potential conflicts of interest were noted for both Mr Favager and Mr Luckas for item 6.2. No further conflicts of interest were received in regard to items on the agenda.</p>
<b>BoD2/19/12/3</b> 2/19/12/3.1	<p><b>Minutes of the Previous Meeting</b>  It was noted that Mrs Freeman's job title was incorrect, it should be Chief Information Officer.</p> <p><b>Resolved:</b> The minutes were agreed as a true and accurate record of the meeting held in private on 4 November 2019.</p>
<b>BoD2/19/12/4</b> 2/19/12/4.1	<p><b>Matters Arising and Actions from Previous Meeting</b>  There were no matters arising in addition to those included on the agenda. It was noted that Board members had not received an email from the Chief Executive about the outcome of the meeting with BMI and the acquisition of South Cheshire Private Hospital.</p>
<b>BoD2/19/12/5.1</b> 2/19/12/5.1	<p><b>Effective Medical Staffing Update</b>  Mr Luckas advised that there was no update to report.</p> <p><b>Resolved:</b> The Board noted the update provided.</p>
<b>BoD2/19/12/6</b> <b>BoD2/19/12/6.1</b> 2/19/12/6.1.1	<p><b>Well Led</b>  <b>Chief Executive Update</b>  Mr Oliver updated the Board on a number of items on behalf of the Chief Executive.</p>

2/19/12/6.1.2	<p><b>Acquisition South Cheshire Private Hospital (SCPH)</b></p> <p>Mr Oliver noted that discussions are ongoing in regard to the acquisition date for SCPH. A date of mid-February has been proposed which will allow BMI to continue operating until the end of January 2020. <b>Sentence removed under Section 36 of the Freedom of Information Act.</b></p>
2/19/12/6.1.3	<p>Mr Oliver advised that a number of engagement sessions have taken place with consultants, the Trust has been limited to what it can explain about the model as BMI have not started TUPE discussions with their own staff. <b>Sentences removed under Section 43 of the Freedom of Information Act.</b></p>
2/19/12/6.1.4	<p>Mr Oliver noted that there are two papers due to the Board in January, these are a proposed operational model which will outline what could be done at SCPH, how patients would be processed through specialities and the impact on current constitutional standards. <b>Sentence removed under Section 43 of the Freedom of Information Act.</b></p>
2/19/12/6.1.5	<p>Mrs Barnett updated the Board on the process of TUPE. Mrs Barnett advised that she is meeting BMI this week to define the measures as part of the consultation process and identify work content that is likely to change or be different. <b>Sentences removed under Section 36 of the Freedom of Information Act.</b> The two weeks between operating ending and acquisition will be used for training and induction of staff to the Trust.</p>
2/19/12/6.1.6	<p>Ms Butcher asked if the acquisition will be public following January Board approval. Mr Favager clarified that the Board has delegated authority to the Executive to agree the operating model so the papers are for information and until the legal agreement is signed the deal is commercially sensitive, however once BMI start the TUPE process the intention will be in the wider public arena. The Chairman commented that the Trust must have robust communications in place at this point to start building confidence in the Trust as the operator of SCPH. The Chairman thanked all for the work completed.</p>
2/19/12/6.1.7	<p><b>CQC</b></p> <p>Mr Oliver provided the Board with further detail of the CQC inspection that has taken place to date. Mr Oliver advised that CQC had arrived to inspect the Emergency Department (ED) at Leighton Hospital and the Urgent Treatment Centre at Victoria Infirmary two weeks ago. Unlike the previous inspection no 'must do's' were raised at the visit. The inspection team recognised improvements in both settings and that the department was under significant pressure with building work and demand but that staff were calm and patients were safe.</p>
2/19/12/6.1.8	<p>Mr Oliver reported that last week another CQC team had inspected Children's Services in Central Cheshire Integrated Care Partnership (CCICP). The feedback has been very positive, interviews with parents were good and the service has been asked to provide evidence of outstanding practice. The conclusion is that the unannounced inspection has gone as well as could have done. Mr Oliver advised that the Use of Resources inspection in November also went well and Executives and Senior Managers had all been able to clearly articulate improvements and supply evidence.</p> <p><b>ACTION: Use of Resources letter to be circulated to Board (Mr Oliver)</b></p>
2/19/12/6.1.9	<p>Mr Oliver reminded the Board that the inspection will end next week with the Well Led three day visit. A paper will be circulated to Board members tomorrow as well as the booklets which have been prepared for staff. Dr Birch asked that she was</p>



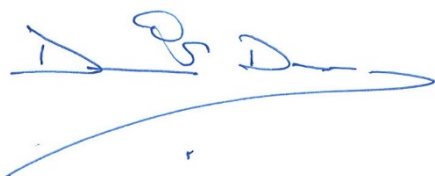
2/19/12/6.1.10	<p>included in this circulation. The presentation for inspectors is being finalised and will be presented at Board Away Day on Monday 9 December.</p> <p><b>ACTION: Well Led preparation documents to be sent to all Board Members and the Lead Governor (Mr Oliver)</b></p> <p>The Chairman commented that the preparation sessions with Advanced Quality Alliance (AQuA) have been helpful in focusing on presenting the positive things the Trust is doing to mitigate pressures. Mrs Barnett noted that there had been a question about how the Board impacts quality which AQuA had fed back that no one had answered particularly well. Mrs Daly-Brown replied that the guidance to be circulated has lots of examples about this. Dr Birch asked how much the inspectors will consider the Trust's role in the local healthcare system given this is one of the strategic risks identified in the Board Assurance Framework (BAF). Mrs Barnett replied that any positive examples are helpful. Mr Davis commented that this is where the BAF is not so helpful, as the domains P1 and P2 are not so relevant given where the system has moved to. Mrs Frodsham replied that this can be discussed at the Board Away Day and she would be happy to update Dr Birch separately.</p>
2/19/12/6.1.11	<p><b>Additional Winter funding from NHSI</b></p> <p>Mr Oliver advised that at short notice he had been asked to submit schemes for additional winter funding and the Trust had submitted six that were already worked up and ready and prepared for such an opportunity. The six schemes were:</p> <ul style="list-style-type: none"> <li>• Funding incentives for staff (x2)</li> <li>• More inpatient acute capacity</li> <li>• Expansion of Ambulatory Care</li> <li>• Increase in care home beds</li> <li>• Establishment of a frailty unit</li> </ul>
2/19/12/6.1.12	<p>The Trust was awarded funding for two of these schemes to develop further acute inpatient beds to total 36 and the expansion of ambulatory care. The first scheme was awarded £800k revenue and £30k capital. The Trust has already opened a ward in addition to funded winter plan beds so this will allow all 36 to be open and provide additional capacity. The Ambulatory Care Unit (ACU) received £130k revenue and £50k capital to fund a scheme that plans are already developed for. There are meetings with clinical leads this week to see how quickly this scheme can be progressed, from a medical perspective.</p>
2/19/12/6.1.13	<p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p>
2/19/12/6.1.14	<p>Mr Oliver reported that the Trust had also submitted a request for mental health winter money which would go to Cheshire and Wirral Partnership NHS Foundation Trust (CWP) but would have an impact on the Trust.</p>
<p><b>BoD2/19/12/6.2</b> 2/19/12/6.2.1</p> <p>2/19/12/6.2.2</p>	<p><b>Resolved:</b> The Board noted the updates from the Chief Operating Officer.</p> <p><b>NHS Pension Taxation</b></p> <p>The Chairman advised the Board that this paper was here for discussion, not approval as the approval would be made by Remuneration Committee (RemCo) at a meeting later today. The Chairman noted that while Mr Favager and Mr Luckas had declared an interest in this item their comments would still be welcome, but Board Members should be aware of this potential conflict.</p> <p>Mrs Barnett presented this paper which is proposing a change to terms and conditions to staff on a voluntary basis to support staff enrolled in the NHS Pension who may be affected by the annual or lifetime allowance in respect of their pension savings. Mrs Barnett reminded the Board that this has been a high profile issue as</p>

	higher earners, consultants in particular were not taking on additional work as it would penalise them financially.
2/19/12/6.2.3	Mrs Barnett advised that as part of the response to winter pressures there is a strong recommendation from NHS England to adopt a policy that will address some of these issues in the short term. This policy is proposed to come in to force today if RemCo approve it. The Trust has used the policy issued by <b>Name removed under Section 36 of the Freedom of Information Act</b> as a basis as this has been through consultation and legal opinion and tested. This policy would allow staff who choose to opt out or take a holiday from the NHS pension scheme to still receive employer pension contributions from the Trust.
2/19/12/6.2.4	The Chairman clarified that this policy will not require additional money or investment. Mr Favager agreed this noting that if staff have already left the scheme and decide to claim the pension contributions, this should still be within the staffing budget as they had a right to re-join the scheme at anytime. However, the scheme is not retrospective. Mrs Frodsham clarified that this is for all staff as the national initiative announced last week is only for clinical staff. Mrs Barnett confirmed that the Trust policy is for all staff. The national initiative proposes that any tax bill generated is paid from the NHS Pension scheme and individuals will have that money repaid by the Government when they retire. Mrs Barnett noted that because of the Equality Impact Assessment the proposed policy is for all staff as staff below Very Senior Manager (VSM) pay could be impacted as well. Mrs Barnett noted that the other Trust's scheme has only had two staff join to date.
2/19/12/6.2.5	Mrs Barnett advised that anyone intending to take up this policy needs to get independent financial advice; a list of advisors is available from NHS Employers. Mr Luckas agreed noting that staff need to consider the other benefits provided by the NHS Pension for example death in service. Mrs Barnett acknowledged the timing of the two approaches is unfortunate, however, the policy is still required as it covers all staff. Mrs Barnett clarified that this policy is only in place until 31 March 2020 to bridge the gap over winter, there is an ongoing consultation about a long-term solution.
2/19/12/6.2.6	Mr Philpott summarised that of the two schemes clinicians will have a choice and may decide the government one is more generous, but it is unfortunate to have a distinction as other colleagues make an equal contribution but the scheme available to them is less generous. The messaging of this needs to be very clear to staff that all are valued equally. Mrs Barnett advised that some Trusts are refusing to offer a policy because of the inequities. Mr Luckas acknowledged this but suggested that not bringing out a policy will not help non-clinical staff as this at least gives them an option.
2/19/12/6.2.7	Mr Brocklebank commented that the policy needs to be clearer that this policy is only until March 2020, the Chairman agreed that this needs to be explicit in any communications. Mr Brocklebank asked if the policy is likely to be recurring and Mrs Barnett replied that this was not yet known. Mr Brocklebank expressed his concern that this policy could backfire if the communications are not right and this will not be seen as a positive for staff. Mrs Barnett noted that this policy has the support of the British Medical Association (BMA), and will be discussed at both the Joint Local Negotiating Committee (JLNC) and Joint Consultation and Negotiation Committee (JCNC) this week with staffside representatives. Mrs Frodsham agreed that this policy was a risk to reputation as this will only be eligible for the highest earners in the Trust, very senior managers and senior consultants. Mr Luckas replied that it is likely to impact most Consultants at some point according to BMA projections.
2/19/12/6.2.8	Mr Davis suggested the basic questions to consider when it comes to a change in terms and conditions are, is it lawful and is it discriminatory. Mrs Barnett replied that



	<ul style="list-style-type: none"> <li>• Aspiring to excellence through our workforce – through improving trends, talking to teams and holding to account. This is about culture which can lead change</li> <li>• Creating a 21<sup>st</sup> Century infrastructure for transformative health and social care – CCICP, the Venn Consulting report</li> </ul>
<b>BoD2/19/12/9</b>	<p><b>Time, Date and Place of the next meeting</b></p> <p>The Board of Directors Meeting is to be held in Private on Monday 6 January 2020 in the Boardroom, Leighton Hospital following the Board meeting held in Public.</p> <p>The meeting closed at 13:23 pm</p>

**Signed**



**Chairman**

**Date:** 14 January 2020