

# Minutes of the Board of Directors held in Public

Monday 2 March 2020

<b>Time</b>	9:30 - 14:35
<b>Location</b>	Boardroom. Leighton Hospital, Crewe, CW1 4QJ
<b>Chair</b>	Dennis Dunn, Chairman
<b>Attendees</b>	Heather Barnett, Director of Workforce and OD Trevor Brocklebank, Non-Executive Director Lorraine Butcher, Non-Executive Director John Church, Non-Executive Director Murray Luckas, Medical Director Lesley Massey, Non-Executive Director Chris Oliver, Chief Operating Officer Les Philpott, Non-Executive Director James Sumner, Chief Executive Julie Tunney, Director of Nursing and Quality Andy Vernon, Non-Executive Director
<b>Apologies</b>	Russ Favager, Director of Finance & Strategic Planning
<b>In Attendance</b>	Denise Frodsham, Director of Strategic Partnerships Amy Freeman, Chief Information Officer Alexa Traynor, Associate Director of Communications Katharine Dowson, Head of Corporate Governance Ros Davies, Deputy Director of Finance Helen Williamson, Matron (to item 2 only)
<b>Observers</b>	Valerie Pickford and Barbara Beadle, Governors Justin Grundy, Greenstaff Wendy Astle-Rowe, Head of Health and Safety, MCHFT Pip Moraund, Care Community Manager, CCICP

## **1 Welcome and Introductions**

9:30

Chairman

The Chairman noted the apologies given and welcomed everyone to the meeting.

## **2 Patient Story**

9:32

2.1

Director of Nursing and Quality

Mrs Tunney introduced a video of the PENNA awards from 2018 and explained that these are the national patient experience awards which are now in their 10th year. The Trust has two nominations this year, for innovation around volunteering and identification of the unwell child in a community setting (Central Cheshire Integrated Care Partnership, (CCICP)). Mrs Tunney advised that two projects won last year for the Trust. These were for the Virtual Fracture Clinic and the Surgical Ambulatory Care Unit (SACU).

2.2

Mr Oliver noted that SACU has been moved a number of times due to pressures for escalation areas which has caused some disruption.

However, from later this year SACU will be in a purpose built refurbished unit which will give the unit the opportunity to grow and develop further. Mrs Williamson commented that the team are looking forward to this and there are plans in place to develop the service

2.3 The Chairman asked how nominations are agreed. Mrs Tunney replied that the patient experience team ask for nominations from across the Trust before deciding which ones to take forward. Ms Butcher asked if patients are involved in the awards and Mrs Williamson said that it is important that the impact on patients is highlighted and how their input has influenced the development of new services.

2.4 The Chairman thanked Mrs Williamson and congratulated her and the team on their success in 2019. The Chairman noted that the 2020 ceremony is later this month and similar success is hoped for.

Resolved: The Board noted the patient story.

### **3 Board Member's Interests**

9:50 Chairman.

3.1 Ms Butcher advised that she has become a trustee of Homestart Cheshire which is a local charity. It is not anticipated this will cause any conflicts. Mr Brocklebank advised that he has become the Deputy Chair of the Cheshire & Warrington Local Economic Partnership (LEP).

ACTION: New interests to be declared on the Board Register of Interests (Mrs Dowson)

3.2 There were no declarations of interest in any items on the agenda.

Resolved: The interests declared were noted.

### **4 Draft Minutes of the Last Meeting**

9:52 Chairman.

4.1 The minutes of the meeting held on 3 February 2020 were agreed as a true record of the meeting subject to the following amendments:

- 2.3 Mrs Freeman suggested that the last sentence is reworded to say "Mrs Freeman advised that this is available in the Cheshire Care Record and Share2Care Cheshire and Merseyside Care Record which should be able to bridge this gap."
- 10.3 Ms Butcher asked that the second sentence in 10.3 is reworded to read "Ms Butcher noted the improvements in reporting on performance and sought clarification that this approach will be the basis for future reporting."
- 11.2.1 Mr Luckas noted that the fourth Serious Untoward Incident (SUI) was as a result of an emergency admission, not following a day case
- 12.1.1 Mr Oliver noted that 'which were the 62-day cancer targets' should be removed from the end of the second sentence
- 12.1.3 Mr Oliver asked that 'currently' is added to the second sentence to read 'performance is worse currently at 62%'.

Resolved: Subject to the changes above the minutes were agreed as a true and accurate record of the meeting of 3 February 2020.

**5**

9:55

**Matters Arising and Action Log- to approve**

Chairman

Resolved: The Chairman noted that there were no outstanding actions due for review at this meeting.

**6**

9:57

**Annual Work Programme - to approve**

Chairman. To approve the Board of Directors Work Programme for 2020/21.

6.1

Mrs Dowson advised that the workplan for 2020/21 is here for approval. Mrs Dowson explained that there were no changes of significance and the current workplan has been rolled on with the addition of any new reports introduced in 2019/20. Mr Luckas noted that the Learning from Deaths report was not shown as reporting in March 2021 and asked that this was added in.

Resolved: The Board approved the Board Work Programme for 2020/21.

**7**

10:00

**Chairman's Announcements - to note a verbal report**

Chairman

**7.1**

**Chairman's Action Report of Use of the Trust Seal - to note**

The Chairman noted that in his absence the Deputy Chair and the Trust Secretary had extra ordinarily approved the use of the Trust Seal outside of a Board meeting due to the need to complete the acquisition of the South Cheshire Private Hospital (SCPH) by the 14 February 2020.

**7.2**

**Year of the Nurse & Midwife Launch**

Mr Church advised that he had attended this event which had been very interesting with a number of presentations and stands. Mr Church noted the plan for a year of celebration of nurses and midwives.

**8**

10:05

**Governor's Items - to note a verbal report**

Chairman

**8.1**

**Chat with the Chairman - 25 February 2020**

The Chairman advised that he had met with a number of Governors and discussed the acquisition of the SCPH building and the proposal to create a Centre of Excellence for Orthopaedics. Additional parking was also discussed as the Board has recently approved the purchase of an additional piece of land.

**8.2**

**Governor Cheshire East Council Partnership Governor**

The Chairman announced that the Trust now has a nominee from Cheshire East Council for the Council of Governors. Cllr Hazel Faddes will be joining from April 2020 and the Council will look forward to welcoming her at their next meeting.

Resolved: The Board noted the Chairman's updates.

9

## **Chief Executive's Report - for discussion**

10:10

Mr Sumner noted that it had been an exceptionally busy month with daily updates about planning for the Corona Virus (Covid-19).

9.1

### **Covid-19**

Mr Sumner advised that emergency planning work is being led by Mr Oliver and Mrs Tunney with daily meetings and reporting. A temporary isolation area has been created with appointments being made by 111 and signage up around the Trust. A new building which will be separate from the main hospital building will be arriving at Leighton Hospital in the next two weeks and signage will be put up. The Trust is also now preparing plans to make more respiratory beds available. The flu pandemic plan is being reviewed and the Trust is responding to everything that is being asked of it. The Trust has also provided a list of staff who could be called upon to help at Arrowe Park Hospital if required.

9.2

### **A&E Surveys**

Mr Sumner advised that the general MORI survey results have been sent through, although the Trust is waiting the specific Trust results. The survey would suggest that the growth in attendance is not from repeat attenders and many are being referred to A&E from other healthcare partners. The GM utilisation review initial findings have been received and Executives will be reviewing it later today.

9.3

### **Finance**

Mr Sumner advised that the Trust was overspent in month and is therefore off plan. At the end of month 10 the Trust has two key challenges which are pay costs, predominantly due to the opening of more escalation beds than planned. The failure of laundry equipment means that the Trust is currently outsourcing all this work which is an unexpected costs pressure. Mr Sumner noted that the Trust has a proposal for the Board to review which will be in the private section of the meeting. This is due to the commercial implications in regard to the partnership for laundry services with other Trusts. The Trust has provided assurance to staff working in this area in regard to their ongoing employment at the Trust.

9.4

### **CQC Report**

Mr Sumner noted that the draft Care Quality Commission (CQC) report has been received but remains confidential until published.

9.5

### **South Cheshire Private Hospital (SCPH)**

Mr Sumner reported that the old BMI SCPH hospital building was acquired on 14 February and has now been secured. The Trust is conducting a stock take and refurbishment works will then commence. All 68 staff who wished to be transferred were offered alternative roles and Mr Sumner passed his thanks on to Mrs Barnett, Mrs Melissa Oldham, Head of HR and her team for their work on ensuring the smooth induction and transition of staff and supporting them to settle into new roles in the Trust.

9.6

### **Integrated Care Partnership (ICP)**

Mr Sumner advised that the ICP for Cheshire East is progressing with partners and the Trust has been confirmed as the host for this partnership. There is good outline governance in place being led by Mrs

Frodsham working closely with the Senior Responsible Officer for the ICP who is the Chief Executive of Cheshire and Wirral Partnership NHS Foundation Trust (CWP). A useful workshop was held with partners recently and there is a strong consensus about the ICP's structure and purpose.

9.7

### **Trust Strategy**

Mr Sumner advised that the Board will be meeting next week for an extra Board Away Day focused on the strategy. This will then be launched in April and will align with the annual plan for the Trust.

[Post Meeting Note: This has been deferred until later in the year following the Covid-19 pandemic.]

Resolved: The Board noted the Chief Executive's Report.

**9.1**

10:25

### **MIAA Presentation of the Review of Assurance Structures**

Chief Executive.

9.1.1

Mrs Sarah Blackwell and Mrs Ann Highton from Mersey Internal Audit Agency (MIAA) attended to present the results of the review. Mrs Blackwell reminded the Board that the purpose of the review was to undertake a stocktake of the current assurance system, review the current structure of meetings and assess their efficacy in identifying and managing risk. The review also identified gaps and assessed the approach to understanding key risks and challenges and the opportunities for improvement.

9.1.2

Mrs Blackwell observed that the Board was correct to review the effectiveness of governance arrangements periodically to ensure that appropriate assurances are being received. Mrs Blackwell outlined the approach for the review which included interviews with directors and senior managers, Mrs Blackwell noted the positive engagement from staff and their openness to looking at new ways of doing things.

9.1.3

Mrs Blackwell concluded that there is lots of good practice:

- the Board Committee structure is well designed and working consistently across sub committees
- there is a consistent understanding of the existing governance arrangements
- minutes are good and action plans are clear about responsibilities
- there is good attendance at committees
- there is a good balance of challenge and support from Non-Executive Directors (NED)
- divisions are monitored by Performance and Finance Committee (PAF) using the minutes of divisional boards
- the Acute Executive Management Group (AEMG) sits alongside the committee structure and links to the Executive meeting
- appropriate corporate governance arrangements are in place
- Governors hold to account

9.1.4

Mrs Highton outlined the areas for improvement and enhanced assurance:

- update the published governance diagram

- update the governance framework for risk assessment and assurance
- review the terms of reference for committees and groups and standardise the messages
- consider the implementation of an integrated performance report for quality, finance and workforce, which is reviewed by all sub-committees with a focus on the opportunity to triangulate this across organisation
- establish reports from the Chair of Board Committees, this can capture key messages and are more focused than full minutes
- review and define AEMG and how it links to the Executive meeting including formalising terms of reference for both groups and including them in the overall structure
- ensure divisional leads have the opportunity to contribute to decision making through AEMG
- ensure divisional risk registers are in place and are robust and that the language is consistent across the Trust.
- ensure a robust system of escalating information up and down and laterally is in place, this happens informally currently
- review the Board workplan against the Committee plans to ensure information flows up and down, for example the Board Assurance Framework (BAF) should go to Audit Committee first, then the other Committees before going to board
- clarify the role of Audit Committee in regard to ensuring that the process of risk management is effective
- ensure the BAF focuses on strategic risk and the risk register on operational risks and decide the criteria for what is included on the BAF
- define how risk is passed up and down the organisation and how and when the Board will be made aware of operational risks

9.1.5 Mrs Blackwell noted that overall it had been a positive experience to conduct the review as the Board are engaged and eager to further develop processes. The Board is a unified Board with good systems and process and committed to working together to achieve improvement. Mr Sumner thanked Mrs Blackwell and Mrs Highton and noted that the full paper has been shared with the Board. Mr Sumner reflected that the messages in the report are consistent with what the Board had identified and reflect the need for the Executive to become more strategic and less operational. Mr Sumner noted that work is already underway on some of the opportunities for improvement identified.

9.1.6 Mr Sumner advised that the new Company Secretary will start on 1 April and will lead an action plan to respond to these findings. Dr Birch commented that it is good to see that robust systems of governance are in place and is ready to evolve as the Trust works more closely with other organisations. Mrs Highton replied that the Trust has a forward focus which will support its future sustainability and work in the ICP. Mr Philpott commented that this report is in line with the observations particularly in regard to the BAF he has made since starting as a NED and also reflects conversations in committees.

9.1.7 Mr Oliver commented that it was pleasing to see the constant feedback on the importance of the AEMG meeting and noted that the group has

formalised terms of reference now and a new focus on engagement and discussion rather than information sharing. The current focus is to escalate and de-escalate actions between executives and divisions. Mrs Highton acknowledged that it can be a discipline to keep focus and all group members need to hold each other to account.

- 9.1.8 Mrs Barnett reminded the Board that the shadow board project is due to start soon with the members of AEMG being invited to be in the first cohort to see how board works. The Chairman noted that the annual reports of the committees have concluded and lots of these suggestions resonate with these discussions. Further discussion should take place at the Board strategy day. The Chairman thanked MIAA for the review and for presenting it today.

Resolved: The Board noted the presentation and accepted the report into governance.

## **10 Quality, Safety and Experience Report - for discussion**

10:40 Director of Nursing & Quality/ Medical Director

- 10.1 Mr Luckas presented the patient safety aspects of the report noting that he would focus on the variation from expected results. Mr Luckas noted the good level of reporting of patient safety incidents where there was low or no harm, this is a positive trend which reflects a healthy safety culture. Mr Luckas suggested that CCICP have work to do to reach a similar level of reporting. Mr Luckas reported that Serious Untoward Incidents (SUI) remain within control totals, of the six reported in January there were four unexpected deaths. Mr Luckas reported that mortality indicators remain within the as expected range.

- 10.2 Mrs Tunney presented the quality section of the report noting that there had been one lapse in care identified of the 14 pressure ulcers reported in January, not two as stated in the report. Mrs Tunney advised that these figures are moving into Statistical Process Control (SPC) charts which illustrate the stark reduction in harm over the last year. The Trust remains within its reduction target. Mrs Tunney noted that there has been a slight increase in falls resulting in low or no harm but the Trust remains under the national figures for falls and is doing a deep dive into this and there are a number of improvement actions outlined in the report.

- 10.3 Mrs Tunney reported that there were two new cases of Clostridium Difficile in January and both were unavoidable. Mrs Tunney noted that of the 27 reported so far this year only one has been identified as avoidable and the Trust remains under the regional rate. The Chairman clarified that this report includes community acquired infections. Mrs Tunney noted that there were three E-Coli cases reported on Ward 10 in January, however on review these were all unavoidable as the patients arrived at the Trust with the infection.

- 10.4 Mrs Tunney presented the safe staffing report noting that there were six areas in the day and three at night that fell below the expected level of 85% of shifts being filled by Registered Nurses (RN). Mrs Tunney noted that in the daytime one of these was a Paediatric ward where the RN cover related to the number of beds open, the other five areas remained

safe at all times with different staff roles such as Advanced Clinical Practitioners covering the shift. Mrs Tunney advised that of the three areas that fell below the target at night one was the Neonatal unit where staffing levels depend on the number of cots filled. The other two areas were Wards 5 and 6 where three qualified RN were on at all times and if the fourth RN shift was not filled due to vacancies or sickness or because staff were moved to support escalation beds, then additional Healthcare Assistants (HCA) were deployed.

10.5 Mrs Tunney was pleased to note that Trust would be welcoming cohorts 3 and 4 of the international recruits. All of cohort 1 except one have passed their Objective Structured Clinical Examination (OSCE) which means they can fill substantive vacancies. Ms Butcher asked how many international nurses are now in place. Mrs Tunney confirmed that there are 37 whole time equivalents in cohort 1 and 2. Mrs Barnett added that cohort 3 have arrived and will finish their induction next week with a further 20 due to arrive in April so 80 will be in place which is in line with the number planned and the Trust should start to feel the benefit.

10.6 Mrs Tunney presented the patient experience section of the report noting that the number of complaints in January was at a similar level to previous months and the reasons for complaints remain the same as previously ie communication, medical care and nursing care. The three areas which received the most complaints were the Emergency Department (ED), the Treatment Centre and Gastroenterology medical staff. Mrs Tunney noted that of the 30 complaints closed in January, 12 were upheld and a summary of these has been provided to Board members. Mr Church asked for further detail on one of the complaints in regard to a patient with Crohn's disease and Mrs Tunney advised that she will send further details to Mr Church.

**ACTION: Further details on the closed complaint on page 42 to be provided to Mr Church (Mrs Tunney)**

10.7 Mr Philpott thanked Mrs Tunney for the report and noted the assurance it provides. The Chairman noted that the number of complaints under investigation closing in January was high and asked if the team have the capacity to manage this. Mrs Tunney noted that January had been high as about 6 complaints had been reopened which does put pressure on the team. Mr Sumner advised that an additional team member has been agreed as part of the annual plan workforce investments. This will prevent the manager from being drawn in to manage complaints directly. The Chairman noted that Quality Governance Committee (QGC) reviews the speed of dealing with complaints to ensure the Trust meets its targets.

10.8 Mrs Tunney reported that there had been an increase in informal concerns in January and these have all been personally reviewed by her. There are no themes and are all being addressed. Compliments reduced in month which is in line with the regular annual pattern following an increase in December each year. Mrs Tunney noted that there had only been positive postings on the NHS Choices for the fourth consecutive month.

10.9 Mrs Tunney reported on Friends & Family testing in January noting that



the recommendation rate remains good at 94-96% for all areas of the Trust except for ED which has maintained its improvement from 2019 at 88%. Mrs Tunney acknowledged that the response rates still need to improve.

Resolved: The assurance provided in the Quality, Safety and Experience report was noted.

## **11**

### **CARING**

#### **11.1**

#### **Draft Quality Governance Committee (QGC) draft notes**

10:55

Committee Chair.

##### **11.1.1**

Ms Massey presented the action notes of the last meeting held on 10 February 2020 noting the escalations of quarterly reports papers from the Committee in regard to the BAF, Learning from Death and Organisational Risk.

##### **11.1.2**

In addition, there were three verbal escalations:

- the annual audit by the Trauma Audit and Research Network (TARN). Their report was presented by the Clinical Lead for major trauma and provided a high level of assurance on performance including 97.8% compliance on data provision which is one of the highest rates. 100% of consultants attended for a trauma within thirty minutes, other key achievements included a good focus on study days and the development of clinical skills and strong overall assurance was received.
- The Associate Director for Quality Governance and Head of Patient Safety presented on inpatient falls and the work that is ongoing to scrutinise falls which have resulted in harm. Findings include the importance of reassessment when patients are moved between wards and the use of side rooms and a relaunch of the policy. Mrs Tunney added that this is a new style of reporting in a new format and Ms Massey observed that the report has provided more focus and clarity.
- Ms Massey noted that a deep dive into the Structured Judgement Reviews (SJR) will take place at the request of QGC following review of the Learning from Deaths Report. This will focus on cases where the review has concluded that the Trust only provided 'adequate' care.

Resolved: The assurance provided in the Quality, Safety and Experience report was noted.

#### **11.2**

#### **Serious Untoward Incidents and RIDDOR Events - for noting**

11:00

Medical Director

##### **11.2.1**

Mr Luckas advised that there were four SUI to report for February, three of which were potentially avoidable deaths:

- A patient who was admitted into intensive care with severe asthma had a delayed diagnosis of a spontaneous bowel perforation
- A patient with meningococcal septicaemia had significant delays in treatment with ongoing antibiotic administration which may have had an impact in their death
- A stillbirth following a misinterpreted ante-natal foetal heart tracing

##### **11.2.2**

Mr Luckas reported a fourth SUI for a patient on a palliative pathway who

underwent a partial amputation of their foot following a delay in referral to the diabetes team Mr Luckas advised that each of these incidents will be subject to a full Root Cause Analysis (RCA) and any lessons learnt will be identified and shared with staff. The Chairman asked if, given the recent numbers of SUI and the variation between each one, there is sufficient capacity and expertise to undertake each RCA. Mr Luckas acknowledged that it is becoming increasingly challenging but there is currently sufficient resource.

11.2.3 Mr Luckas noted that there had been no RIDDOR reportable incidents.

Resolved: The Board noted the report of SUI.

## 12

### **RESPONSIVE**

### 12.1

#### **Performance Report - for discussion**

11:05

Chief Operating Officer/ Deputy Director of Finance

#### 12.1.1

##### **Performance**

Mr Oliver presented the performance report which uses data from January 2020. Mr Oliver advised that against the NHSI Single Oversight Framework (SOF) performance indicators the 6- week diagnostic target has been met this month after a deterioration in December. There is full compliance against the cancer standards. Two headline standards were not delivered which were the 18-week Referral to Treatment (RTT) standard and the 4-hour transit time target.

#### 12.1.2

Mr Oliver noted that the 4-hour transit time target was 69% against the 95% target. There were similar levels of attendance to December, but the position was slightly higher. Mr Oliver noted that the current position for February prior to validation is 80% which is a significant improvement. The Chairman asked why there has been such an improvement. Mr Oliver noted that a new digital tracker has been introduced for the last 6-8 weeks which enables live tracking of patients in the ED, this gives greater visibility and more detail about patient's needs. This enables the coordinator to have an overview of ED, for example how many patients are waiting for beds and how long they have been waiting for. February has also been the best month for the number of patients who have had to wait on the corridor. Mr Sumner added that in the last week the tracker has also started to provide hourly snapshots direct to phones.

#### 12.1.3

Mr Church welcomed the improvement in performance and asked what impact of the additional facility and extra staff has been. Mr Oliver noted that there is a report going to PAF this month describing this. The number of patients on corridors has reduced. The majority of the new HCAs are in post and half of the RN posts have been recruited to; these numbers have been boosted by the redeployment of some of the RNs from SCPH and a number of international nurses. Mr Oliver advised that the improvement in performance puts the Trust back into a similar level as other local Trusts and is the highest figure since June 2019.

#### 12.1.4

Mr Sumner commented that if demand returns to December and January levels then the performance will worsen again as the additional investments have an impact when activity levels are normal, this is not a

reflection that ED issues are fixed. Ms Butcher observed that system issues and demand still need to be addressed. Mr Oliver noted that as the Chief Executive has mentioned in his summary two reports have been received which will provide some insight into patient demand.

12.1.5 Mr Vernon asked how staff are responding to the use of tablets to access the new digital tracker. Mr Oliver noted that it is only the senior management team in ED using it so far and it has been positively received. Members of the Executive on call rota have also found it very helpful to have performance to hand. The Chairman asked if staff training will be needed and Mrs Freeman advised that it is minimal.

12.1.6 Mr Oliver reported that the RTT was only just missed and remains a good performance compared to many other Trusts. All divisions apart from Surgery & Cancer are meeting the targets and the main driver is Orthopaedics which is currently at 88.15%. This figure is likely to worsen before it improves as elective Orthopaedic work was stopped during the peak of winter demand. Mr Sumner noted that in the future the new facility in the old SCPH building will ensure activity can carry on each winter and regulators are aware that this is the long-term strategy. Mr Oliver noted that this year's performance will be compounded by an increase in referrals following the exit of BMI from local healthcare provision. Mr Church asked what the other drivers for the increase in activity is as GP referrals appear to be steady. Mr Oliver replied that there was a variety of sources including from the Musculoskeletal service in CCICP and from other consultants.

12.1.7 Mr Sumner asked how this report will change as the Trust moves to an integrated performance report and when the national targets are likely to be changed. Mr Oliver noted that papers on how the SOF is likely to change and changes to cancer targets were reviewed by PAF last year. This month a paper on the RTT and 4-hour targets will be discussed, there is likely to be a lot more focus on 26-week waiters who will be entitled to be referred to healthcare elsewhere. Changes to the 4-hour transit time target are still in discussion with some pilot sites trialling moving to seeing certain patients within an hour. Mr Sumner commented that it was important that the Trust does not lose focus on quality of service indicators and the Chairman agreed noting that the public understands the 4-hour target and what they should expect.

12.1.8

#### **Finance**

Mrs Davies presented the finance aspect of the report noting that this has already been reviewed by PAF. Mrs Davies highlighted the £118k overspend at the end of month 10, for the two key reasons already discussed, the outsourcing of laundry services and unfunded escalation beds. Mrs Davies noted that in response to the laundry issues the Trust's control total had been moved by £600k but costs are likely to be closer to £800k by March, although the Trust can manage this difference.

12.1.9

Mrs Davies advised that the unfunded escalation beds open in January have created a particular pressure on nursing pay costs. Those beds are now closed and there have been noticeably lower levels of high cost agency used in February. However, there remains some specialist areas where this support is needed and this cost is anticipated in the plan for 2020/21. Mrs Davies noted that CCICP continues to underspend and it is

the acute side that is overspent by £700k. Mrs Davies added that the Use of Resourcing marker has moved from a 2 to a 3 in January which is as expected in plan. Mrs Davies concluded that finances and levels of risk can be managed for year end and the Trust remains on track to achieve its Control Total and therefore receive the associated £1.5m of Provider Sustainability Funding.

Resolved: The Board noted the Performance Report.

## **12.2**

11:20

### **Draft Performance and Finance (PAF) Committee Notes - for escalation and noting**

Committee Chair.

#### **12.2.1**

Mr Brocklebank presented the notes of the last PAF meeting on 20 February 2020 noting items for verbal escalation

- The Trust has contingencies in place to ensure it meets the end of year Control Total and there are likely to be a number of recurring issues into next year
- There has been an increase in bank and agency spend which is significant year on year and while there are some long term solutions in place for vacancies this remains an issue until retention and sickness is addressed.
- The changes in standards were noted as was the importance of not losing sight of quality
- There is some emerging risk of 52-week breaches
- National reference costs are below average but are rising
- The meeting ran for the first time on iBabs, with no issues and is to be welcomed to save paper and also provide a good documented reference back to previous papers

#### **12.2.2**

The Chairman thanked Mr Brocklebank for the report which was his first as chair of PAF.

Resolved: The Board noted the report of PAF and the items escalated to the Board for information.

## **12.2**

11:25

### **Staff Survey Presentation**

Director of Workforce and OD

#### **12.2.1**

Mrs Rachael Hooker, Organisational Development Manager and Mrs Amy Oakes, interim Head of Organisational Development presented the 2019 staff survey. Mrs Hooker noted that an additional eleventh indicator for team working has been introduced. In seven themes the Trust is above average and in the remaining four it is average. Mrs Hooker noted that the response rate had fallen but the number of responses was higher as the survey had gone out to all staff. The staff engagement score remained the same at last year at 7.2 which is 0.4 behind the best in the country. The most positive responses were from CCICP and the lowest was from the Division of Medicine and Emergency Care (DMEC).

#### **12.2.2**

Mrs Hooker reminded the Board that the action areas agreed following the 2018 survey were Quality of Appraisals and Immediate Managers and there has been an improvement in both areas compared to last year. Mrs

Hooker noted that there had been a worsening in the theme of Safe Environment – violence. Mrs Hooker outlined the key areas of focus for 2020/21 which have been identified using the survey results, stress surveys and focus groups. These are reducing work related stress, staff engagement including morale and retention, reducing discrimination and reducing violence in the workplace.

- 12.2.3 Mrs Hooker noted that the increase in staff suffering stress from 34% to 38% reflects a national picture across staff groups and relates to the numbers of staff, relationships and interaction and workload pressures, capacity and resources. The new recognition and reward system for staff is designed to address some of this and to increase the numbers of staff (83%) who are not planning to look for a new job in the next 12 months. Ms Massey asked if there is any opportunity to find out why staff may want to leave. Mrs Oakes replied that there is limited further information on this particular question in the survey but if you look at what staff are stressed about then this gives some insight into behaviours. The focus on staff health and wellbeing should help. Ms Massey advised that another Trust she is aware of is doing a piece of work on kindness to service users and to colleagues and Mr Sumner replied that it would be good to hear about this.
- 12.2.4 Mrs Hooker advised that the plan is to present the results to the Council of Governors in April and provide staff feedback bundles including Quality Health Reports, targeted support and interventions to help local teams identify their own areas of focus as well as work at trust wide level to include further detailed analysis and agree further actions. The Chairman welcomed the generally positive results especially given the data security breach by the provider of the staff survey which impacted on staff who took part last year. Mrs Barnett agreed as the Trust had been concerned the response rate would be significantly down.
- 12.2.5 The Chairman asked what divisions do with their feedback and Mrs Hooker replied that this year this is more focused, there is more ownership for divisions to decide their own priorities while keeping in mind those identified at Trust level. Mr Sumner asked if some work can take place to understand what was done well last year to improve the theme of 'immediate manager' and why violence remains an issue for staff. Mrs Frodsham agreed that it was important not to just focus on 3-4 key areas as otherwise the rest can get lost.
- 12.2.6 Mr Vernon asked if there was any plan to engage further with staff through workshops to unpick some of the findings. Mrs Oakes replied that this has already taken place and the plan is now to work with divisions to support them to develop their own plans. Mr Vernon asked how this could link to the Quality Improvement (QI) work and Mrs Oakes advised that there are a number of QI groups planned for the next two weeks to create a plan of action. Mrs Barnett added that there are also some wellbeing focus groups taking place.
- 12.2.7 Ms Butcher commented on the positive results which benchmark well against peers and what the Trust has done well. Mrs Barnett commented

that CCICP have had the most positive response for the second year running and interestingly they have had an organisational development plan in place focusing on leadership and engagement. Mrs Frodsham commented that there had been a concern that the CCICP results would drop this year but it is great to see that they have been embedded and added that maybe because the staff are grouped across five care communities it is easier to speak to staff at all levels.

12.2.8 Mrs Freeman asked how corporate teams will be responded to as they are an amalgamation of lots of different departments. Mrs Oakes replied that she will be engaging with the different corporate leads, but it can be difficult to feedback results per team when the numbers are small. The survey results are not everything and other data and evidence for engagement needs to be used.

12.2.9 The Chairman thanked Mrs Hooker and Mrs Oakes for an excellent presentation and noted that it was a positive set of results that had been maintained from the year before which is a good achievement.

Resolved: The Board noted the presentation.

### **13 WELL LED**

#### **13.1 Board Assurance Framework - for discussion**

11:45 Medical Director. To approve the Q3 BAF 2019/20.

13.1.1 Mr Luckas presented the BAF report for quarter three of 2019/20, noting that there had been a change to the risk score of domain 2 from 12 to 16 which reflected the changes in the system landscape. Other scores had not changed since quarter 2.

13.1.2 Mr Church noted that there was no mention of the international recruitment scheme as a mitigation under workforce. Mrs Barnett agreed and noted that this had been picked up by QGC and would be included in the next report.

Resolved: The Board accepted the 2019/20 Quarter 3 BAF report.

#### **13.2 Organisational Risk Register Q3 2019/20 - to note**

11:55 Medical Director

Mr Luckas reported that the Organisational Risk Register report for quarter 3 of 2019/20 now includes a key risk relating to obsolete IT equipment rather than cyber security. It should be noted that cyber security remains part of this risk. Mr Luckas advised that there were no risks rated at 15 or above.

Resolved: The Board accepted the Q3 Organisational Risk Register report 2019/20.

#### **13.3 Learning from Deaths Report - for discussion**

12:00

Medical Director.

13.3.1

Mr Luckas presented the Learning from Deaths report for quarter 3 of 2019-20, noting that the Trust has maintained its position on mortality indicators compared to peers and remains in the 'as expected' range. Mr Luckas reported that of the 737 deaths to date, 75% have undergone a case note review and 13.2% of these have been subject to a Structured Judgement Review (SJR) deep dive. All of the six potentially avoidable deaths were picked up through incident reporting rather than the case note review and SJRs which is a similar finding to last year. This is to be expected as incident reporting happens more quickly than the SJR.

13.3.2

Mr Luckas advised that there have been three deaths of patients with learning disabilities, none of which were avoidable. Mr Luckas reported that, as requested by QGC, a deep dive into deaths that the SJR considered had been subject to either poor or very poor care which is 6% of SJRs. The process will be conducted by the consultant who will lead a peer review in conjunction with the clinical lead and an external peer. There have been a number of lessons learnt from the SJR such as not starting on end of life pathways in a timely fashion as well as a number of positive aspects.

Resolved: The Board noted the 2019/20 Q4 Learning from Deaths report.

13.4

#### **Request to use the Trust Seal - for approval**

12:05

Director of Finance & Strategic Planning.

The Chairman asked the Board to approve use of the seal for the renewal of the lease for the League of Friends shop. Mr Sumner noted that this is now an annual renewal.

Resolved: The Board approved the request to use the Trust Seal.

13.5

#### **Report on Use of the Trust Seal - for noting**

12:08

Chief Executive. To note the report on the use of the Trust Seal.

Mr Sumner advised that this report, as required in the Constitution, is for the use of the Trust Seal from December 2019 to February 2020.

Over the last quarter. Mr Sumner noted that the seal had been used on two occasions as authorised by the Board.

Resolved: The Board noted the report.

13.6

#### **Annual Review of Board Committees - for discussion**

12:10

Chief Executive

The Chairman presented the paper which summarises the process for the annual review of board committees which has made more recommendations for change than previous years and this will be taken forward with the MIAA recommendations by the Company Secretary when in post. The Chairman asked the Board if they were happy to agree the recommendations at the end of the paper and noted the proposal to discuss the workplans for the committees as a whole Board at the

strategy day in March. Ms Butcher noted that the report showed Mr Church as Vice Chair of QGC and asked that this is corrected to Mr Brocklebank who held that post until this month.

Resolved: The Board noted the report.

## **14**

### **EFFECTIVE**

#### **14.1**

#### **Workforce Report**

12:20

Director of Workforce and OD

##### **14.1.1**

Mrs Barnett reported that sickness absence has increased in January but noted that this is a national trend with most Trusts reporting an increase in sickness of 1%. It should be noted that three areas have improved which all follow deep dives in these areas and additional HR support. A detailed analysis will be reviewed at Executive Workforce Assurance Group (EWAG).

##### **14.1.2**

Mrs Barnett noted the difficulty in maintaining a 90% target for appraisal and that the staff survey results which demonstrate an improvement in how useful staff find the appraisal process is more meaningful. Mrs Barnett noted that in a recent patient safety walkround to AMU staff were very positive about their experience of appraisal. Mrs Barnett advised that mandatory training continues to be a challenge, the Trust is running a 'trainathon' on 17 March to encourage staff to be up to date. Estates & Facilities are now 97% compliant which is a great achievement.

##### **14.1.3**

Mrs Barnett noted that turnover remains steady but there are hotspots which should be helped by the deployment of international nurses to these areas. CCICP still shows a high level of turnover which does not fit in with the survey results and this will be subject to a deep dive. Mrs Frodsham noted that it is being explored whether this is a data issue as it may be that staff are classed as leaving when they transfer into the main Trust.

##### **14.1.4**

Mrs Barnett noted the level of agency spend as already discussed and the proposal to extend the bank incentive scheme. Preparation remains in place to increase flu vaccination rates next year as the target moves from 80% to 90% of front line staff next year.

Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.

#### **14.2**

#### **Reward and Recognition - for discussion**

12:25

Director of Workforce and OD

##### **14.2.1**

Mrs Barnett summarised the paper which is about recognising staff and developing a culture of reward and recognition that sits within the overall branding of the organisation. This proposal is part of the overall Trust strategy of making the Trust the employer of choice. It should also reflect the vision and values of the Trust. All staff should understand their place in the organisation and how they are rewarded for this. Mr Church commented that the report reads well and is a very positive approach.

##### **14.2.2**

The Chairman reported that he has already spoken to a Board member at



Bentley to see if the Trust family event could be hosted there. Mr Brocklebank noted the proposed fee for family members and asked if there is any way round it. Mrs Barnett replied that the Mid Cheshire Hospitals Charity have offered to cover up to £25k of costs but at this stage there is not a budget. The intention is to break even and if there is an opportunity to provide free tickets to family members then this would be considered.

Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.

#### **14.3**

12:35

#### **Transformation and People Committee Notes - for escalation and noting**

Ms Butcher noted five items for verbal escalation from the meeting of TAP on 6 February 2020:

- Indepth review of the cancer transformation programme with a clear focus on early diagnosis pathways and how to reduce anxiety for patients
- Review of the transformation programme for next year to be confirmed once the Trust strategy is agreed
- A good evaluation on 'perfect week', the lessons learnt and plans for another week
- Received an update on the recruitment and retention strategy
- Noted the hard work in regard to the TUPE transfer of BMI staff which has been successful.

Resolved: The Board noted the report on the work of the committee.

#### **14.4**

12:40

#### **Consultant Appointments - to note**

Medical Director

Mr Luckas advised that three Consultants have been appointed. One in Dermatology, one in Rheumatology and one in Anaesthetics.

#### **15**

12:45

#### **Any Other Business**

##### **Chief Operating Officer**

The Chairman was sorry to report that Mr Oliver will be leaving the Trust to take up a new role as Chief Operating Officer and Deputy Chief Executive at another Trust. The Chairman congratulated Mr Oliver but noted that the Board is sorry to be losing him from the organisation and thanked him for all his hard work and commitment.

## **Minutes of the Board Meeting held in Private**

<b>Date</b>	Monday 2 March 2020
<b>Time</b>	9:30 - 14:35
<b>Location</b>	Boardroom
<b>Chair</b>	Dennis Dunn, Chairman
<b>Attendees</b>	Heather Barnett, Director of Workforce and OD Trevor Brocklebank, Non-Executive Director Lorraine Butcher, Non-Executive Director John Church, Non-Executive Director Murray Luckas, Medical Director Lesley Massey, Non-Executive Director Chris Oliver, Chief Operating Officer Les Philpott, Non-Executive Director James Sumner, Chief Executive Julie Tunney, Director of Nursing and Quality Andy Vernon, Non-Executive Director
<b>Apologies</b>	Russ Favager, Director of Finance & Strategic Planning
<b>In Attendance</b>	Denise Frodsham, Director of Strategic Partnerships Amy Freeman, Chief Information Officer Alexa Traynor, Associate Director of Communications Katharine Dowson, Head of Corporate Governance Ros Davies, Deputy Director of Finance
<b>Observers</b>	Pip Marrant, Care Community Manager, CCICP
<b>16</b>	<b>Welcome and Apologies</b> Chairman  The Chairman welcomed Board members to Part II of the meeting and noted the apologies given.
<b>16.2</b> 13:00	<b>Board Member's Interests</b> Chairman. To consider any declared interests in items on the agenda.  There were no declarations of interests in the agenda.
<b>17</b> 13:03	<b>Draft Minutes of the Last Meeting - to approve</b> Chairman.  Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 6 January 2020.
<b>18</b> 13:06	<b>Matters Arising and Action Log - to approve</b> Chairman

The Chairman noted that the open item for review at today's meeting is on the agenda.

**19**

**EFFECTIVE**

**19.1**

**Medical Staffing Update - to note**

13:10

Medical Director.

**Item removed under Section 40 of the Freedom of Information Act.**

Resolved: The Board noted the update provided.

**19.2**

**Job Plan Appeal - to agree the outcome of the review held on 3 February 2020**

13:15

Non-Executive Director Panel Chair

Mr Philpott advised that the panel had included its recommendations in the paper circulated. The policy requires the decision of the panel to be ratified by the Board.

Resolved: The Board approved the recommendations of the report.

**20**

**WELL LED**

**20.1**

**Chief Executive Update in Private - for discussion**

13:20

Mr Sumner noted that the pressure on the front door was significantly better than in January but the ED and pressure on beds has not disappeared. The need to use the James Cross Unit as the Covid-19 pod has created challenges for the Ambulatory Care Unit but this is only for two more weeks until the pod arrives. The aim is to deescalate some of the other areas to get back on track.

Resolved: The Board noted the update provided.

**20.2**

**MIAA Governance Review Paper - for discussion**

13:30

Mr Sumner asked if any of the Board wanted to discuss further the full paper further before it is issued as the final report and an action plan is developed. **Sentence removed under Section 44 of the Freedom of Information Act.** Mr Sumner suggested that MIAA review the Corporate Governance action plan when it is ready.

Resolved: The Board noted the report.

**20.3**

**Draft CQC Feedback - to receive a presentation**

13:40

Chief Executive

20.3.1

**Paragraph removed under Section 44 of the Freedom of Information Act.**

20.3.2

**Paragraph removed under Section 44 of the Freedom of Information Act.**

20.3.3

**Paragraph removed under Section 44 of the Freedom of Information Act.**

20.3.4 **Paragraph removed under Section 44 of the Freedom of Information Act.**

20.3.5 **Paragraph removed under Section 44 of the Freedom of Information Act.**

20.3.6 **Paragraph removed under Section 44 of the Freedom of Information Act.**

20.3.7 **Paragraph removed under Section 44 of the Freedom of Information Act.**

20.3.8 **Paragraph removed under Section 44 of the Freedom of Information Act.**

Resolved: The Board noted the presentation and proposed plan.

## **20.4 Annual Plan - for discussion**

13:55

Chief Executive

20.4.1 Mr Sumner updated the Board on the distance from control total which has widened from the draft plan in November. This is as a consequence of the divisional improvement plan investments which initially totalled £13m and have subsequently been reduced to £4m. £1m has been set aside to make improvements to the Emergency Department (ED) to respond to the two reports currently being finalised. Mr Sumner advised that there are £1.1m of workforce investments including Physician Associates, communications investment and support for the recruitment and retention strategy. This is the first year for some time that the Trust will have turned down clinical staff requests over corporate services to ensure delivery of the Trust strategic priorities.

20.4.2 Mr Sumner noted that NHSEI have asked that every Trust identifies how many beds can be opened or released to get each Trust to 92% occupancy. The Trust has identified that this is a cost of £3m which is sitting outside of the Trust's identified costs pressures. Mr Sumner also noted that the impact of the Laundry is not included as the intention is to manage this in year and hold it as a pressure. Changes to the car parking arrangements promised as part of the election campaign are expected to be met by additional income from NHSEI.

20.4.3 Mr Sumner advised that the current position for 2020/21 is £5m away from the Control Total and the Board is asked to approve the figure that has to be submitted by 6 March. A contract offer has not yet been received from the Clinical Commissioning Group (CCG).

Resolved: The Board agreed the recommendation that the forecast budget for 2020/21 is at £5m short of the proposed Control Total for 2020/21 which therefore cannot be accepted.

## **20.5 Future of the Laundry - for discussion**

14:10

Chief Executive

- 20.5.1 Mr Sumner explained the current position in the laundry which requires significant capital investment and backlog maintenance to restore services. The laundry area also has concrete roof planks that require a solution which will be expensive, therefore the recommendation is to permanently stop direct delivery of laundry for the Trust and partners and develop an outsourced solution. Mr Sumner noted that he has met with the affected staff met and has provided assurances that alternative positions will be found, with three-quarters already redeployed.
- 20.5.2 **Paragraph removed under Section 43 of the Freedom of Information Act.**
- Resolved: The Board agreed the preferred option 3 to end direct provision of laundry services and explore the outsourcing of this function.
- 20.5.3 Resolved: The Board agreed to safeguard all employees affected and offer them alternative roles in the Trust.
- 20.5.4 **Paragraph removed under Section 42 of the Freedom of Information Act.**
- 20.6**  
14:20 **South Cheshire Private Hospital - a verbal update for discussion**  
Chief Operating Officer
- Mr Oliver advised that plans have been agreed for the SCPH building and are being drawn up before tenders are sought. Finance have agreed with divisions the cost and resources of delivering the increased activity. This paper will be taken to PAF in March and to Board in April or May.
- Resolved: The Board noted the update provided.
- 21**  
14:25 **Any Other Business**  
Chairman
- Ms Butcher suggested that a session for the Board on social care as part of their development has been agreed subject to availability of colleagues at Cheshire East Council. Mrs Dowson advised that Mrs Couchman has been booked in to attend the private section of the 1 June Board meeting.
- 22**  
14:30 **Review of the Meeting - to note a verbal review from Mr John Church**  
Non-Executive Director
- 22.1 Mr Church noted that the first meeting using iBabs had gone smoothly and everyone is using it successfully. Mr Church stated that it had been a meeting that started positively with the video on the PENNA awards and the launch of the Year of Nursing and Midwifery. The Board had been assured about the safety elements of performance through the regular reports and the staff survey findings were positive with a sustained response after big improvements last year.
- 22.2 Mr Church observed that the MIAA review had lots of positive elements about what is in place at the Trust. **Sentence removed under Section 44 of the Freedom of Information Act.** Mr Church noted the difficult

decision to end the provision of laundry services but that the commitment the Trust has made to staff effected is the right one.

22.3

Mr Church welcomed the confirmation that the Trust will host the ICP for Cheshire East and recognised that there is much work to be done on the governance and structures to be developed in the longer term. Mr Church added that the planned Board strategy day on 13 March will be helpful to pull this all together. Mr Sumner replied that because of the CQC report the strategy work was behind schedule and it may not be a finished position that is presented.

Meeting Closed at 1.46pm

**23**

14:35

**Time, Date and Place of Next Meeting**

To confirm that the next meeting of the Board of Directors will take place on Monday, 6 April 2020.