

## Minutes of the Board of Directors

<b>Date</b>	Monday, 4 May 2020
<b>Time</b>	9:30am
<b>Location</b>	Virtual - via Microsoft Teams
<b>Chair</b>	John Church, Deputy Chair
<b>Members</b>	Heather Barnett, Director of Workforce and OD Trevor Brocklebank, Non-Executive Director Lorraine Butcher, Non-Executive Director Russ Favager, Deputy Chief Executive & Director of Finance 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>In Attendance</b>	Katharine Dowson, Head of Corporate Governance Amy Freeman, Chief Information Officer Denise Frodsham, Director of Strategic Partnerships Caroline Keating, Company Secretary
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<b>Apologies</b>	Dennis Dunn, Chairman
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### Preliminary Business

#### **1 Welcome and Apologies**

9:30 Deputy Chair.

The Deputy Chair noted that he would be deputising for the Chairman.

#### **2 Declaration of Interests**

9:32 Deputy Chair.

2.1 No declarations were made.

#### **3 Draft Minutes of the Last Meeting (6 April 2020)**

9:34 **Resolved:** The minutes of the meeting were approved as a true and accurate record.

#### **3.1 Action Log**

The Deputy Chair noted that actions 101 and 102 had been completed and could be closed. Mrs Tunney advised that due to Covid-19, action 45 was still in progress; however, the new reporting format would be introduced for the next Board of Directors and therefore this item can be closed.

**Resolved:** All items on the Action Log to be closed.

## **4.1 Chairman's Opening Remarks**

9:37

Deputy Chair.

4.1.1 The Deputy Chair advised that the Chairman was likely to be unavailable until mid-June and therefore he would be deputising for the Chairman until then.

4.1.2 The Deputy Chair reported that he had met virtually with Mr David Biggs, Lord Lieutenant of Cheshire who was keen to support the Trust during Covid-19. Mrs Barnett has co-ordinated the offers of support and contacts for the Trust and passed these on to central procurement. Mrs Barnett advised that she would be writing to the Lord Lieutenant this week to thank him.

4.1.3 The Deputy Chair noted that the High Sheriff of Cheshire, Mr Nick Hopkinson had also been in touch to offer his thanks and gratitude to the Trust and its staff and this had been passed on through staff communications.

4.1.4 The Deputy Chair noted that he had attended the NHS Improvement (NHSI) virtual briefing for provider Chairs.

## **4.2 Governor Items**

Deputy Chair.

4.2.1 The Deputy Chair advised that there were no Governor items to report as all Governor meetings had been stood down. Governors were being communicated with regularly. Dr Birch commented that the Governors had a good picture of what the Trust was doing.

4.2.2 Dr Birch expressed her thanks to the Trust staff and Board for their work in response to Covid-19 and for keeping business as usual going as far as reasonable and practicable. Dr Birch added that the outcome of the Care Quality Commission (CQC) inspection reflected this leadership and communication style and thanked the Trust on behalf of the Governors.

4.2.3 Dr Birch added that, as the Trust starts to look ahead and plan a return to business as usual, Governors were keen to consider how Governor meetings might start again, given that social distancing measures might be in place for some time. Mr Sumner thanked Dr Birch for her comments and noted that he had received supportive messages from several Governors.

## **5 Chief Executive's Report**

9:42

Chief Executive.

### **5.1 Covid-19 Update**

5.1.1 Mr Sumner advised that since the report was written, calls had taken place with Mr Bill McCarthy, North West Regional Director for NHS England/ NHS Improvement (NHSEI) and also with the North West Chief Executives together with Mr Simon Stephens, Chief Executive of the NHS. Both calls had been in regard to planning the restart of activity.

5.1.2 Mr Sumner reflected that his report was focused on the emergency response to Covid-19; now the focus was changing to how the Trust moved forward. Mr Sumner noted that the financial regime of block contracts put into place for the first quarter of the year had now been extended to 31 March 2021.

5.1.3 Mr Sumner explained that, as the initial impact of Covid-19 on critical care was easing, there was enough capacity for the Trust to make a gradual return to elective work. Central to this was building on the rapid transformation that had taken place in regard to virtual consultations and not automatically returning to previous processes. Mr Sumner added that there was a helpful wheel diagram showing the phases of return and the gateway points within this that he would share with the Board.

**ACTION: Wheel diagram to be circulated to the Board (Mr Sumner)**

5.1.4 Mr Sumner advised that there would continue to be a strong central command and control approach routed through the regions. The role of Cheshire & Merseyside Health & Care Partnership (HCP) was less well defined.

5.1.5 Mr Sumner reminded the Board that work towards a new Trust Strategy had started but this had been delayed until June in response to Covid-19. However, given that the next year would be focused on recovery, the suggestion was for the Board to agree a set of strategic objectives for 2020/21 which would enable a revised Board Assurance Framework (BAF) to be put in place to monitor strategic risk. Mr Sumner advised that, given time constraints, a draft set of objectives had already been developed and would be discussed at the Executive meeting this week for initial discussion and challenge. These objectives would include a recognition of the impact, challenge and opportunities of Covid-19. Mr Sumner suggested that these should be discussed at the planned Board session.

**Resolved:** The Board agreed with the proposed plan to develop strategic objectives and risks for 2020/21.

5.1.6 Mr Philpott asked if the North West was anticipating a further surge in Covid-19 cases as reported in the media yesterday. Mr Sumner acknowledged that the curve in the North West was not flattening at the same rate as the national curve and there remained concerns about the transmission of the disease in the North West. However, the North West had the benefit of an additional three weeks to prepare and there remained good capacity in critical care and in the Manchester Nightingale Hospital and therefore the system remained resilient.

5.1.7 Ms Butcher asked if any further work had taken place in regard to creating a large step down facility in Crewe. Mr Sumner advised that, as the peak had passed, this idea was unlikely to be developed any further at this time. Mr Sumner noted that the ability to discharge patients into step down

community beds had been vital and the Trust had provided support to those as well as to care homes and hospices.

5.1.8

Ms Massey asked if the Trust would retain local decision-making in relation to the pace and nature of elective work restarting or if this would be directed at a regional level. Mr Sumner advised that he had been approached to lead the development of a regional plan for the recovery of elective work over the next two weeks. The aim of the approach is to create consistency across Cheshire and Merseyside while ensuring that there remains capacity for another wave of Covid-19 infections. The Deputy Chair asked if Mr Sumner would have any support or resource for this work and Mr Sumner advised that he would be working on this with a team of three so his focus would be on setting the direction for the project.

5.1.9

Mr Vernon asked how video conferencing for patients had been received and would the lack of an Electronic Patient Record (EPR) constrain a move to virtual outpatients. Mrs Freeman replied that there was positive news on the EPR business case which had now been passed to the NHSI Cash and Capital Team for a final decision at their committee meeting on 27 May 2020.

5.1.10

Mrs Freeman advised that the Trust had signed up for a national 'attend anywhere' IT system which would integrate with an EPR. This provides 32 virtual waiting rooms, 181 staff had been trained to date and 302 video consultations took place in April, which equated to 37.5 hours of consultations. Mrs Frodsham commented that a number of these had taken place in Central Cheshire Integrated Care Partnership (CCICP) in a community setting and these had gone well. Mrs Frodsham added that there had been some feedback that, in some instances, staff had felt that it had been used when a face-to-face visit would have been more appropriate and this was being picked up with individual GP practices.

5.1.11

Mr Sumner reported that the Executives had reviewed the business continuity paper again and maintaining virtual outpatients was key. Outpatients waiting lists should be reassessed to determine who needs a face-to-face visit and who could have a video or telephone call. This approach had been confirmed by a letter subsequently received from Mr Simon Stephens who had written to Trusts to confirm that virtual consultation should be the default for triage and also that follow-up appointments should be patient-initiated rather than automatic.

5.2

## **CQC Next Steps**

5.2.1

Mr Sumner advised that the CQC action plan had now been sent to CQC. Mrs Tunney added that the action plan responds to the three 'must-do' actions as well as the 'should-do' recommendations.

**ACTION - CQC action plan report to be circulated to the Board (Mrs Tunney)**

- 5.2.2 Dr Birch observed that in Northwich there remained some unease about the plans for Victoria Infirmary Northwich, (VIN). Mr Sumner noted that there had been some interest from members of the public and advised that the Trust had written to the Cheshire West and Chester Council (CWAC) Health and Wellbeing lead with a one page summary of the Trust's strategy in Northwich. The letter stated that this could be shared with Councillors and the public.
- 5.2.3 Mr Sumner reiterated the Trust's position which was that it was committed to having services in Northwich, but it was also seeking a resolution to the ageing estate at VIN. There was no plan to pull out of services in Northwich or close any services. Mr Sumner advised that solutions are being sought to reprovise VIN in the Weaver Square development. The Trust was waiting for an indicative costing to understand the feasibility of the project and whether to be factored into the Trust's strategy and forward plans.
- 5.2.4 Mr Sumner offered reassurance that if services were moved into a new building, the public would be engaged in this process if there were any changes to services, which was not currently part of the plan, a formal consultation would be required. Mrs Frodsham advised that she had spoken to a member of the public who had been writing to the Northwich Guardian and he had welcomed the Trust's approach. Dr Birch thanked Mr Sumner for his clarity as the lack of public communications on this issue had been creating anxiety and fuelling speculation locally.
- 5.2.5 Ms Butcher added that the response to the CQC report in the Northwich Guardian had all been focused on Victoria Infirmary and the judgements made on the VIN services.

## **Quality - Patient Safety, Clinical Effectiveness and Patient Experience**

- 6.1 **Quality Governance Committee (QGC) 14 April 2020 draft minutes**  
9:52 Committee Chair.
- 6.1.1 Mrs Massey noted the following verbal escalations from Quality Governance Committee (QGC):
- Assurance that QGC was generally managing its business on a prioritised basis, with regular consideration of forward plans
  - Receipt of a report on managing governance during Covid-19
  - Noted that the Committee had made a recommendation to the Board for the approval of the QGC Terms of Reference and to the Audit Committee for the Committee's Annual Report
  - Noted that although there had been less detailed focus on the Board Assurance Framework, being clear about the Trust's strategic risks for 2020/21 was key and Covid-19 must be part of this.

- 6.1.2 Ms Massey commented that the meeting had been succinct and streamlined with an emphasis on what was the priority business for the Committee in order to provide assurance. The Committee noted that the Trust Strategy and BAF would be refreshed to include new risks which take into account the impact of Covid-19.

## **7 Patient Quality, Safety and Experience Report**

9:57 Director of Nursing and Quality/ Medical Director

- 7.1 Mr Luckas highlighted that there had been a significant reduction in all incidents reported; this partially reflected the reduced workload but also a change in focus for staff. Mr Luckas explained that there had been a narrowing of the gap between the number of incidents and those leading to harm which was not the direction the Trust wished to continue in. The Quality Governance Team were actively encouraging staff to report incidents in the acute setting and in CCICP.
- 7.2 Mrs Tunney advised that this was the last report for 2019/20 and that the Pressure Ulcer (PU) results were a good year-end story with a marked reduction shown following work completed by divisions and the PU Panel. The number of PUs and the level of harm had both reduced.
- 7.3 Mrs Tunney further advised that the number of inpatient falls per 1,000 bed days had spiked above the national target for the first time in March but this was as the result of a drop in the number of occupied bed days in March rather than an increase in falls. This target had been reviewed using a Statistical Process Control (SPC) Chart and no significant themes had been identified.
- 7.4 Mrs Tunney reported that there had been four E.Coli cases in month which took the Trust to an end-of-year position slightly higher than 2018/19. This was a similar result nationally. Mrs Tunney advised that the four cases were all from different areas and were unavoidable with no themes identified.
- 7.5 Mrs Tunney commented that while the requirement to report safe staffing figures had been suspended nationally, the Trust was still monitoring levels across the Trust. However, it was important to note that the figures were complicated to explain due to the changes in ward provision and staffing establishments. Some wards had been consolidated and others such as critical care had been expanded. The moves had been summarised in the narrative. Mrs Tunney highlighted three areas with low occupancy which were impacting on the number of staff on each ward - Critical Care Pod 2 and Wards 2 and 5. She assured the Board that safe staffing across patient areas remained a high priority.
- 7.6 Ms Massey asked what assurance could be given to ensure that patient safety issues would be rapidly picked up via systems still in place. Mrs Tunney replied that all patient safety systems and processes remained in

place, there were PU Panels, Root Cause Analyses (RCA) and reviews of safe staffing levels occurring and a high level of contact with wards.

7.7 Mrs Tunney advised that in line with national guidance, responding to complaints had been suspended for April; however, the Trust intended to start these processes again in May. The Deputy Chair asked if the Trust was still unable to make contact with the staff member mentioned in a complaint made against the Emergency Department (ED). Mrs Tunney replied that she would provide an update to the Deputy Chair.

7.8 **ACTION - Update on the actions taken to contact the staff member who was no longer working at the Trust to share lessons learnt following a complaint in ED to be provided to the Deputy Chair (Mrs Tunney).**

7.9 Mr Brocklebank commented that it was reassuring to observe that business as usual activity was being maintained.

## 8 Serious Untoward Incidents and RIDDOR

10:02 Medical Director

8.1 Mr Luckas advised that there were two Serious Untoward Incidents (SUI) to report:

- A delay in diagnosis that might otherwise have resulted in a kidney being saved
- Post-delivery major surgery might not have been required if the quality of care had been better for a mother with complex medical needs. Both the mother and baby were doing well.

8.2 Mr Luckas advised that there was one RIDDOR reportable event following an injury to a finger during installation works which resulted in a member of staff being off work for two weeks.

## 9 Guardian of Safe Working Hours Report

10:02 Director of Workforce and OD

9.1 Mrs Barnett noted that there were four exceptions to report in the 2019/20 quarter 4 report, all of which were in regard to the late finishing of a shift. Mrs Barnett reminded the Board that this period ended with the redeployment of a number of junior doctors into different areas as a result of Covid-19.

## Performance

### 10 Performance and Finance Committee (PAF) 23 April 2020 draft minutes

10:05

Committee Chair.

10.1 Mr Brocklebank advised that the Performance and Finance Committee (PAF) had escalated the following verbal items:

- Noted that the Trust had achieved and exceeded its Control Total and had already been reimbursed for 2019/20 costs associated with Covid-19
- Noted the impact of Covid-19 on the Cancer and other patient groups
- Received information regarding a 52-week wait. A paper providing more detail would be presented to the next PAF meeting
- Received assurance regarding the procurement of PPE and the mitigation of joining up with other organisations and not relying on the national procurement
- Received assurance in relation to the Covid-19 response.

## 11

### Performance Report

10:10

Chief Operating Officer/ Deputy Chief Executive & Director of Finance and Strategic Planning

#### 11.1

Mr Oliver noted that the Trust had met the three headline cancer standards in March and for quarter 4. This was a strong performance compared to the national position but one that was unlikely to be maintained given the reduction in cancer provision during Covid-19.

#### 11.2

Mr Oliver advised that the 6-week diagnostic wait should be 16.9% not 6.32% which was a similar level to peer Trusts. The 4-hour transit time performance standard had improved from 79% to 86% in March and in April the figure was circa 98%. This was due to the significant drop in ED attendances during Covid-19, with the average attendance in April dropping to 134 per day compared to 270 in 2019/20. Mr Oliver noted that the reduction in attendance for minor injuries had also resulted in a spike in the conversion rate to admission from non-elective activity. Mr Oliver reported a 52-week breach for Orthopaedics.

#### 11.3

Mr Philpott asked how the Trust was encouraging patients with serious symptoms to continue to attend ED. Mr Oliver advised that the Trust was sending out communications advising people to attend if they had an accident or an emergency and these messages were being echoed in national communications. Messages were also being sent out to encourage patients to 'Choose Well' and use Pharmacies and GPs where appropriate.

#### 11.4

Mr Oliver advised that the ED had been split into Covid and non-Covid sides to ensure complete separation of patients. At the height of the Covid-19 pressures, the larger side was used for Covid patients; this had now been switched back to non-Covid in response to patient demand.

#### 11.5

Mr Favager reported the end of year financial position for 2019/20 which was a £407k surplus. This was different to the figures reported to PAF last week because on 23 April 2020 the Trust was advised of an additional Incentive Financial Recovery Funding payment of £2.367m as it had met its control total. This moved the bottom line from a deficit of £2.317m to a surplus of £50k on normal activity. Mr Favager noted that other Cheshire



provider trusts had also received incentive funding for achieving their control total, so all would end the year in a surplus position.

- 11.6 Mr Favager explained that the Trust underspent by £64k in March to give an initial cumulative year-end position of £2.317m deficit (pre any exceptional items and incentive payment). This was £17k under the agreed control total and therefore the Trust would receive Provider Sustainability Funding (PSF) for quarter 4. This position included the reimbursement of £1.2m for additional Covid-19 costs.
- 11.7 Mr Favager concluded that the final reported position in the annual accounts would be a £407k surplus, not the £50k surplus referenced; this was because the control total did not include exceptional items of expenditure and income. The most significant of these was the £362k bonus PSF payment for 2018/19 that was received in 2019/20 but could not be used to assess 2019/20 performance against the control total. The remaining other net £5k exceptional items were impairment and depreciation on donated assets which were technical accounting adjustments. Mr Favager expressed his thanks to all the staff for supporting the Trust to achieve this position.
- 11.8 Mr Favager advised that, looking ahead, the NHS Director of Finance, Mr Julian Kelly had asked the regions to start to plan for how the future financial regime of the NHS might operate. He was part of a group of senior Finance Directors within the North West region collectively thinking through planning post July 2020 and how we move forward. Ms Butcher congratulated Mr Favager and the wider Trust for excellent financial stewardship. Ms Butcher asked if Mr Favager had a sense of what the financial landscape might be for the system and how financial responsibilities would be shared. Mr Favager replied that this was part of the discussions with the region and it should be recognised that while all providers in Cheshire were in surplus, the Clinical Commissioning Group (CCG) had a deficit of £38m.
- 11.9 The Deputy Chair asked if there were many business cases that had been approved that were awaiting funding. Mr Favager replied that this would be a focus for discussion at the Executives' meeting this week. There was clear national guidance about what would and would not be funded at the moment, but for those business cases which supported the Trust's future strategy and link to EPR there remained a requirement for work to continue and some of this would get addressed through the business continuity group.
- 11.10 Mr Vernon asked what the view was on the shift towards more revenue rather than capital expenditure, particularly in IT where the need was for licensing etc. rather than hardware. Mr Favager advised that there was no set view and it depended on the item being requested but there was pressure on both revenue and capital resources. Mr Favager noted that all capital expenditure was being filtered through the Cheshire and Merseyside Health and Care Partnership and trusts had been advised that

there was more demand than the Capital resource available and organisations had been asked to revisit their plans. Mrs Freeman added that this balance had been managed at the Trust over recent years by converting future depreciation on capital expenditure into revenue, which was possible if the previous approach to depreciation had been reasonable.

**Resolved:** The Board noted the final end-of-year surplus position.

## **Governance & Well Led**

### **12.1 Transformation and People Committee (TAP) (9 April) draft minutes**

10:20

Committee Chair.

Ms Butcher noted that there were five items for escalation from the April 2020 meeting of TAP:

- Receipt and noting of the Memorandum of Understanding to allow the movement of staff across settings if needed during the Covid-19 situation
- Noted that the Transformation Programme had been paused and would be reviewed to reflect the lessons learnt from the Covid-19 crisis
- Noted the scale of digital transformation particularly that had taken place at speed during the Covid19 situation
- Noted the significant changes in some of the digital implementations which included the Digital Outpatients project
- Noted that the Equality, Diversity & Inclusion Terms of Reference and Workplan for 2020/22 had been received

### **13 Workforce Report**

10:25

Director of Workforce and OD

13.1 Mrs Barnett presented the workforce data for the year ending 31 March 2020. Mrs Barnett advised that Covid-19 only impacted the Trust at the end of March at which point short-term sickness absence almost doubled. All other absence reasons reduced at this time, for example musculo-skeletal, anxiety and stress.

13.2 Mrs Barnett noted that March was traditionally a time when many staff complete mandatory training and appraisals and rates had dropped. In light of the Covid-19 pandemic, it had not been considered the right time to push for completion of appraisals. Mrs Barnett observed, however, that the transition to the new e-learning platform had been timely as staff were able to access all their training in one place and for those staff working at home this should enable them to complete their mandatory training more easily.

- 13.3 Mr Vernon commented that CQC had raised the issue of safeguarding training compliance in their report as an area for improvement and asked what the plan was to ensure that training was completed throughout the year and increase compliance. Mrs Barnett replied that, as a result of Covid-19, the Trust had streamlined what was required for mandatory training and identified what could be completed via e-learning. For example, safeguarding remained a priority and leads were more receptive to conducting training online now. Mrs Tunney added that in ED staff had been encouraged to complete their training so the in-month completion figures for April were good.

#### **14 Freedom to Speak up Guardian Report**

10:30 Director of Nursing & Quality

- 14.1 Mrs Tunney presented the Freedom to Speak up Guardian (FSUG) report, noting the activity in the last quarter of 2019/20. Mrs Tunney observed that the floor walkers who were introduced as part of the Covid-19 response to visit all Trust areas had included FSUG promotion as part of their interactions with staff.

- 14.2 Mrs Tunney advised that recruitment was underway to appoint a new FSUG and she and Mr Sumner would be leading a Q&A session about the role in the coming weeks. Mrs Tunney recorded that the Trust was compliant with the reporting requirements of the National Guardian Office.

#### **15 Provider Licence Annual Self-Certification**

10:35 Company Secretary

- 15.1 Mrs Keating asked the Board to approve the annual required self-certifications which evidenced that the Trust was continuing to act within the conditions of the Provider Licence. Mrs Keating advised that the paper included the NHSI template that no longer required submission but might be subject to audit by NHSI in the future.

**Resolved:** The Board approved the signing of the annual self-certifications.

#### **16 Board Committees' Terms of Reference**

Company Secretary.

- 16.1 Mrs Keating asked the Board to approve the Terms of Reference (ToR) of all the Board Sub-Committees which had been brought together following discussion in committees. Mrs Keating highlighted that a further adjustment had been identified in the Audit Committee ToR and therefore a final version had been circulated over the weekend. Mrs Keating asked that the ToR were approved but noted that a final check would be completed on all the ToR as Ms Butcher had also identified a further change to the TAP ToR.

**ACTION:** All Committee ToR to be given a final check to ensure all agreed changes had been made before being finalised (Mrs Keating)

**Resolved:** The Board approved the ToR of Board Committees.

## Concluding Business

### 17 Any Other Business

Deputy Chair

- 17.1 Ms Butcher reflected that while completing some volunteering shifts at the Trust she had observed a very purposeful organisation, with calm staff, clarity of roles and operating models working well. Ms Butcher asked that her congratulations were passed on to staff.

### 18 Items for the Risk Registers/Changes to the Board Assurance Framework (BAF)

10:40

Deputy Chair.

- 18.1 The Deputy Chair noted that this was a new item and asked Mrs Keating to provide some guidance. Mrs Keating replied that it was to identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting. Mrs Keating added that the BAF remained under review and key risks were to be identified, as previously discussed (*cf item 5.15*). However, she advised that many of the risks discussed today would be captured in the new Covid-19 risk. The Deputy Chair noted that any risks to the end of lockdown should be captured here as well.

- 18.2 Mrs Keating suggested that an example of what might be added to the Risk Register from this meeting was the CEO's recent region-wide role with the mitigations as outlined in the earlier discussion (*cf Item 5.1*). Mr Sumner added that consideration needs to be given about how this role would work.

- 18.3 Mr Philpott added that the CQC report and particularly the focus needed at VIN should be noted; there was an opportunity to ensure that the Trust had the right governance in place to ensure a holistic approach to how it governed and managed the Trust.

### 19 Key Messages from the Board

10:42

Deputy Chair.

The Deputy Chair in agreement with the Board outlined the key messages from the Board meeting.

- The Board was assured about the areas of patient safety and quality discussed at the meeting
- The end of year performance of the Trust was noted, in particular the 4-hour transit time target and the Cancer performance
- The Board was pleased to note that the Trust had met its control total and ended the financial year with a surplus of £407k

- IT projects and progress on approval of the EPR were noted as well as the intention of the Trust to move forward with investment in services
- The transformation happening across the Trust as a result of Covid-19 was noted.

The meeting closed at 11.26am.



Signed: John Church, Deputy Chair  
Date: 05 May 2020

The Board is asked to resolve that in accordance with Section 1(2) of the Public Access to Information Act 1960, representatives of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business transacted, publicity of which would be prejudicial to the public interest.

# Minutes of the Board Meeting held in Private

**Date** Monday, 4 May 2020  
**Time** 11:30am  
**Location** Virtual - via Microsoft Teams  
**Chair** John Church, Deputy Chair  
**Members** Heather Barnett, Director of Workforce and OD  
Trevor Brocklebank, Non-Executive Director  
Lorraine Butcher, Non-Executive Director  
Russ Favager, Deputy Chief Executive & Director of Finance  
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

**In Attendance** Katharine Dowson, Head of Corporate Governance  
Amy Freeman, Chief Information Officer  
Denise Frodsham, Director of Strategic Partnerships  
Caroline Keating, Company Secretary

**Apologies** Dennis Dunn, Chairman

## Preliminary Business

**20 Welcome and Apologies**  
Deputy Chair.

**21.1 Declarations of Interest**  
Deputy Chair.

21.1.1 There were no declarations made.

**22.1 Draft Minutes of the last Board Meeting held in private on 6 April 2020**  
Deputy Chair.

22.1.1 The Deputy Chair agreed that the minutes were a true and accurate record.

## Items for Discussion

**23 Chief Executive's Updates**  
Chief Executive

Mr Sumner raised the following points:

**23.1 Black, Asian and Minority Ethnic (BAME) Staff**

Mr Sumner reported that there was some evidence that the Covid-19 response was significantly different for those in the BAME population, as had been widely reported in the media. The Trust had completed risk assessments for all staff but was considering whether to repeat this, taking into account ethnic backgrounds. NHS England had also recently published guidance to ask trusts to consider revisiting risk assessments based on age, pregnancy and all protected characteristics to optimise the health and safety of all staff.

- 23.1.1 Mrs Barnett advised that in light of this guidance and following discussions with national workforce leads, the Trust intended to take a pragmatic and sensitive approach, engaging with staff and networks to provide support and manage staff on an individual basis. However, although staff need to be able to raise their concerns and feel safe to carry out their roles, if all BAME staff were removed from the front line this would cause challenges in terms of staffing levels. The workforce team would review existing risk assessments and decide what else needed to be done.

## **23.2 Celebrating Staff**

Mr Sumner expressed his disappointment that the 'Good' outcome of the CQC inspection had been lost in the preparations for Covid-19 as even CQC had not shared the publication on social media. The Trust should be celebrating as the result was an improvement particularly in CCICP and Medicine. The Trust had planned for staff celebrations this summer with garden parties, but these were likely to be postponed. An alternative proposal had been made to give every staff member an additional day off on their birthday in the next 12 months. This would spread the impact of additional holiday days and had been well received at other trusts where this had been done.

- 23.2.1 **Resolved:** The Board supported the proposal for all staff to have an additional day off this year on their birthday starting in June 2020.

## **23.3 Personal Protective Equipment (PPE)**

Mr Vernon asked for an update on supplies of PPE and staff concerns. Mr Sumner replied that this had settled somewhat in recent days, Mrs Barnett and Mr Oliver were meeting regularly with trade union and staff side representatives and the Trust had been able to meet or exceed PPE guidance.

- 23.3.1 Mr Sumner noted that Consultants in Covid wards had been concerned about the level of viral load in areas where a number of positive patients were being treated. The evidence provided was robust and as a result the Trust had enhanced PPE provision in these areas. Staff feedback had been positive; the challenge now was to maintain supply. Mr Sumner noted that the Trust had been quite proactive and successful in sourcing its own equipment but advice had been received this morning that all supplies sourced independently should be handed over to the national procurement service.

**24 Medical Staffing Update**  
Medical Director

24.1 Mr Luckas advised that he had nothing to report for this item.

**25 Review of Cheshire Medical Imaging LLP**  
Chief Operating Officer.

25.1 Mr Oliver advised the Board that this item had emerged from legal work conducted for the Orthopaedic LLP in association with the acquisition of South Cheshire Private Hospital. Mr Oliver advised that some early work had now been done and a position statement outlining the risks and the mitigation for this would be available next month.

**ACTION: Position statement on the Cheshire Medical Imaging LLP to be brought to the June Board (Mr Oliver).**

**Concluding Business**

**26 Any Other Business**  
Deputy Chair.

26.1 **Lessons Learnt**  
Mr Brocklebank commented on the significant pace of change being experienced by staff and asked how this change would be captured. Mr Sumner replied that Mrs Liz Huntbach, Head of Transformation had been asked to co-ordinate this and identify what had worked better than normal that could potentially be adopted as business as usual. Medical teams were also being factored in with Dr Simon Dowson, Associate Medical Director and Dr Clare Hammel, Deputy Medical Director leading this work.

26.2 Mr Sumner advised the Trust's intention to create a compendium of best practice. Mr Sumner added that he was attending a workshop on 5 May 2020 with Mrs Barnett and the Health and Wellbeing leads. This is a core part of the Trust Strategy and, although there had been some concern about affordability, Covid-19 had illustrated that there were big wins for low costs, for example, the on-site fruit and vegetable and meat stalls.

**27 Items for the Risk Registers/Changes to the Board Assurance Framework (BAF)**  
Deputy Chair.

27.1 The Deputy Chair suggested that the risk to staff members with a BAME background should be added to the register. Mr Sumner noted that there would be a single Covid-19 risk created on the revised risk register for 2020/21 and risks would be added to it as new guidance was received. This would also be reflected in the new BAF.

**28 Key Messages from the Board and Meeting Review**  
Chair/ Non-Executive Director



28.1 The Deputy Chair thanked the Executive and the staff for the tremendous way in which staff have managed themselves and their teams and the new change in focus to returning to business as normal was a reflection of the way the Trust was often ahead of the curve.

28.2 Ms Butcher highlighted the safe staffing report as an example of the complexity and significant changes that have had to be made which were a great logistical achievement..

28.3 Ms Butcher noted that the quality agenda remained a prime focus, transformation was happening at great pace in response to the crisis and there had been excellent financial stewardship and leadership leading to a surplus end of year financial position. Ms Butcher concluded that these all reflected an agile successful leadership team leading the Trust successfully through a complex crisis with the right focus on key issues. Ms Butcher reflected that the focus was now on the future, reviewing strategic objectives and moving forwards.

28.4 Mr Sumner thanked Ms Butcher and also added his thanks to all the Board members who had contributed to the staff thank you video which had been very well received with over 6,100 views on the internal Facebook page.

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

Monday, 1 June 2020 at 9.30am via Microsoft Teams.

Meeting closed at 12.03pm



Signed: John Church, Deputy Chair  
Date: 05 May 2020