

Board of Directors

Monday, 6 July

9:30am

Virtual - via Microsoft Teams

Minutes

Chair	John Church, Acting Chair (JC)
Members	James Sumner, Chief Executive (JS) Trevor Brocklebank, Non-Executive Director (TB) Lorraine Butcher, Non-Executive Director (LB) Russ Favager, Deputy Chief Executive & Director of Finance (RF) Murray Luckas, Medical Director (ML) Lesley Massey, Non-Executive Director (LM) Les Philpott, Non-Executive Director (LP) Julie Tunney, Director of Nursing and Quality (JT) Andy Vernon, Non-Executive Director (AV)
In Attendance	Amy Freeman, Chief Information Officer (AF) Denise Frodsham, Director of Strategic Partnerships (DF) Caroline Keating, Company Secretary (CK) Emma McGuigan, Director of Operations (<i>deputising for Chief Operating Officer</i>) (EM) Melissa Oldham, Head of HR (<i>deputising for Director of Workforce and OD</i>) (MO) Katharine Dowson, Head of Corporate Governance (KD)
Apologies	Dennis Dunn, Chairman Heather Barnett, Director of Workforce and OD Katherine Birch, Lead Governor
Guests	Sally Mann, Interim Deputy Director of Nursing
1. 9:30	Welcome & Apologies (v) JC welcomed everyone to the meeting.
2 9:32	Declarations of Interest (v) No interests were declared.
3 9:35	Patient Story - to note (v)
3.1	JT read out a story in regard to a patient who had been admitted to Leighton Hospital with Covid-19 and who had since recovered. The patient commented

on the superb care he had received from the GP, ambulance staff, A&E and the wards. He commented that the staff always put people first even through such busy and emotional times. JT added that this was a typical story seen throughout hospitals around the country.

- 3.2 TB observed that this was a great story because a lot of people had recovered from Covid-19 and AV added that it was too easy just to focus on the number of deaths. AV commented that this story had been used well by the Trust in its social media accounts and that there had been many positive stories here and the Board had a role in promoting these; for example, the photos by Rankin of 12 NHS staff released last week included one of the Trust domestics which was a great staff story.

4 Draft Minutes of the Last Meeting - 4 May 2020 (d)

9:50

- 4.1 Subject to a minor amendment, the minutes were approved as a true and accurate record.

- 4.2 JC noted that both open actions had been completed and could be closed.

5 Chair's Opening Remarks (v)

9:55

- 5.1 JC advised that Chair's activity was starting to pick up with more meetings planned in July, as well as the North West Chair's briefings from NHS England / NHS Improvement (NHSEI). JC was pleased that Governor activity had restarted virtually in June and advised that a briefing with the Chief Executive and a Membership and Communications Committee had taken place. These had gone very well and it was good for the Non-Executive Directors (NEDs) to be interacting with Governors again. JC advised that there would be a NED/Governor meeting tomorrow on 7 July.

- 5.2 JC reported the resignation of Ray Stafford, Patient and Carer Governor, due to ill health. On behalf of the Board, JC thanked Mr Stafford for his significant contribution and wished him well. The Chair and Lead Governor had written to thank him for his time as Governor.

Resolved: The Board noted the Chair's Report.

6 Chief Executive's Report (d)

10:05

- 6.1 JS reported that, in addition to the items in the report, the regional level planning process was continuing into phase 3. This would focus on planning, capital & revenue allocations and recovery of elective work likely to be September as the challenges of some hospital estate was preventing the resumption of sufficient levels of elective care. JS advised that, while Covid cases had reduced, there was a real challenge in restoring previous levels of activity because dual areas needed to be maintained until there was a treatment or vaccination available for Covid-19.

- 6.2 JS highlighted the medical workforce challenge as training doctors would return

to their speciality areas for their training programmes from August and therefore the general medical wards would lose this additional support. Despite the number of Covid cases decreasing, there remained more medical areas open than normal. In response, the Trust had acted to secure additional fixed term contract staff until March 2021 which would create an additional £400k budget pressure in urgent care, but this should be reimbursed as Covid related expenditure.

- 6.3 JS advised that the Trust was now fully compliant with risk assessments for all Black, Asian and Minority Ethnic (BAME) staff and all staff would have revised risk assessments in place by Friday 10 July.
- 6.4 JS commented on the positive meeting with Governors which had worked well with good interaction and debate and this would be repeated in September.
- 6.5 LB asked how winter planning was being approached. JS replied that phase 3 of the regional planning was being linked to winter planning as well and EM added that the Trust winter planning group which included clinicians and the Central Cheshire Integrated Care Partnership (CCICP) had started.
- 6.6 LB asked if the Trust had seen an increase in alcohol related attendances on Saturday following the reopening of pubs and EM replied that the weekend had not been as busy as anticipated but the Trust had been prepared with extra staff and security in place.

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

QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience

7 Quality Governance Committee (QGC) - 8 June 2020 10:20 Chair's Report (d)

- 7.1.1 LM noted the following discussions at QGC:
- good presentation from the Deputy Medical Director on the **Quality Improvement (QI) project**, with a focus on building QI capacity throughout the workforce as well as on Sepsis. This was one of the national patient safety priorities and was included in the Trust's Quality and Safety Improvement Strategy
 - The **Infection and Prevention Control Board Assurance Framework** had been discussed, recognising that Covid-19 was a key strategic risk on the Trust's Board Assurance Framework (BAF). The report provided acceptable assurance that high level interventions had been made to good effect and, as Chair of QGC, she had been kept appropriately informed
 - Feedback had been received from Executive Quality Governance Group that more metrics were being established to track incidents
 - A number of national reports had now been recommenced including Friends & Family data, patient surveys and Learning from Deaths which was on the agenda for the Board to note (*item 7*). The Trust had also made the decision to recommence the complaints process and report these figures.

- 7.1.2 LP noted reference to an increase in self harm incidents presenting at A&E and asked if this was an issue for patient safety if the harm happened before arrival to the Trust. LM replied that this was a wellbeing and mental health issue consequential to Covid-19 and was an indicator of the environment. The Trust had responded by supporting an increase in the safeguarding team and additional work to make sure patients were safe in the Emergency Department (ED). LP asked if there had been an increase in self-harm from patients in hospital and ML replied that he was not aware of inpatient self-harm incidents resulting in harm for several months.
- 7.1.3 AV asked if patient surveys were providing any insights about how the Trust was managing. JT replied that it was too early to have had data back but as part of the ward metrics patients were asked about their experience and there had been a few issues to pick up; these were not Covid related although patients were missing visitors.

Resolved: The Board noted the QGC Chair's Report.

7.2 Learning from Deaths Q4 2019/20 (d)

10:25

- 7.2.1 ML advised that the increase in numbers of deaths in this period was wholly accounted for by Covid-19. Despite the increase in numbers, the Trust had increased the number of reviews via quick case note reviews from 66% to 80%. ML advised that, over the year, the Trust had completed Structured Judgement Reviews (SJR) for 12.5% of all deaths, which was higher than previous years, primarily because the Trust reviewed all deaths on a Monday. LB asked if there had been any change to the pattern of higher deaths at the weekend and ML replied that there had been no significant change to mortality patterns over the week. No avoidable deaths were identified that had not previously been identified from clinical incident processes.
- 7.2.2 ML reported that there were significantly fewer deaths of patients with learning disabilities than previous years; this was thought to be due a statistical fluctuation. LB asked if the Trust had observed a higher mortality rate for these patients through Covid-19 and ML replied that this had not been the experience at the Trust. There was a review into Covid cases taking place in the Division of Medicine and Emergency Care (DMEC) and this was one of the questions being asked, but nothing had been highlighted so far.
- 7.2.3 ML outlined a new section of the report which included details of the nine cases highlighted during year as potentially avoidable. There were no identifiable themes, but valuable lessons had been learnt from all. LB commented that there had been an improvement for the Trust over the last four years in mortality data which was quite significant. ML replied that this generally reflected more robust reporting and data coding. AV asked what the key learning was from this report as that had not been referenced in the report. ML replied that the Trust had a very low number of deaths that were potentially avoidable compared to national benchmarking and it worked hard through the SJR, incident reporting

and investigation and quick case note review to identify any concerns. He added that the Medical Examiner system which was being introduced would require all deaths to be reviewed.

Resolved: The Board noted the Q4 Learning from Deaths Report.

8

10:28

8.1

Quality, Safety and Patient Experience Report May 2020 (d)

ML highlighted the following key points from the first section of the report:

- **Acute Hospital Safety Incidents** - there had been a significant decrease in the number of incidents reported which reflected the focus on Covid, but reporting levels had increased during May. The relative balance between harm versus harm incidents was not moving in the right direction as a high level of no harm reporting represented good patient safety systems. CCICP reporting reflected a significant spike above the control limits in May which the Trust was confident represented the launch of training which was encouraging better reporting, not an increase in incidents
- **Serious Untoward Incidents** - ML advised that two of the three incidents reported verbally to the June Board were outlined here; the third would be reported with June data
- **Crude mortality** showed, as expected, a large spike in April and May due to Covid. The spike in December had now been reviewed, compared to previous winter periods, with the conclusion was that this was not an outlier. DF commented that it was positive to see the crude mortality figure reduced in May.

8.2

JT presented the new graphs on Covid-19 Healthcare Acquired Infections, which was now a national reporting requirement. The first graph was for 'probable' cases, defined as a positive test for an inpatient within 8-14 days of a negative test result on admission. The second was 'definite' cases where the positive test was 15 or more days after admission with a negative test. The Trust had been reporting these figures since 12 March although national reporting had only been required since 21 May.

8.3

JT advised that the Trust had identified a spike in cases on one ward, following participation in a national point prevalence survey. A local action plan was put into place immediately and the ward was shut temporarily while all patients were screened and a deep cleaning took place. A Root Cause Analysis (RCA) panel identified no themes but some learning points in regard to reducing patient moves and increased cleaning of touch points.

8.4

JT reported that the number of hospital acquired infection was now reducing and there had been no reportable cases in the last two weeks. This was a trend that was similar to other regional Trusts. TB asked how many patients had been reported against this measure and JT replied that it was 11 in total, out of a total of approximately 350.

8.5

JT presented the complaints data which included two new graphs, the total number of formal complaints and the rate of written complaints per 1000 staff and explained that these were a good measure of patient satisfaction and

national benchmarking was available. The Trust scored well with about 5 on average compared to a national mean of 7.5. The rate of complaints had reduced significantly between March and May, but JS observed that the Trust expected an increase in complaints in the coming months. This was due to the backlog of cases requiring treatment. The national benchmarking figures would take some time to adjust to what was likely to be a national trend.

- 8.6 JT advised that the national submissions for 'Safe Staffing' had been restarted after a suspension of two months during Covid. Those areas which were under 85% fill rate for registered nurses (RN) and Healthcare Assistants had been highlighted in yellow. These figures reflected the fluctuations in the number of patients in a particular area and changes in ward activity and acuity. For example, the Critical Care Pod 2 had a lower fill rate when all beds were not being used. Staffing ratios were managed by senior staff who reviewed it at least twice per day to respond to acuity demand using their professional judgement.
- 8.7 LM asked what learning had arisen from the cluster review into Pressure Ulcers (PU) in CCICP. JT reminded the Board that, while there had only been one PU where a lapse of care had been identified, a group of seven PUs were reviewed as a cluster RCA. No themes had been identified but causes noted included the dependency of patients, non-concordant patients, some issues with documentation and the ordering of equipment. DF commented that where there had been a lapse of care, leadership issues had been identified and arrangements in the team had been bolstered. The use of the Malinko system had helped as this allowed for an overview of live cases.
- 8.8 LP commented that the new Statistical Process Control (SPC) Charts provided meaningful information from which the Board could derive higher levels of assurance and ask questions at a strategic level. LP asked if any learning from the increase in patient safety reporting in CCICP could be used elsewhere in the Trust. ML responded that it was well recognised that if there was focused training on a particular area, there would be a response and CCICP safety reporting culture was identified as an area requiring some training. DF added that CCICP had benefited from being part of a larger infrastructure to introduce learning and cross-fertilisation of ideas and it was CCICP that had learnt from the Trust. JS added that the SPC Charts should indicate the impact of the training; if there was a sustained improvement, this would indicate that staff needed to be trained, if the trend then drifted down it would be about adherence.
- 8.9 AV observed that the SPC Chart on CCICP incidents results for harm and falls showed a long-term gradual upwards drift if a trend line was added. JS replied that he was not concerned there was anything other than statistical fluctuations between September 2018 to March 202; March to May 2020 should be discounted as the patient base changed as the proportion of high-risk patients increased significantly. JS suggested that a check back to June 2018 would help identify if levels were lower then.

Resolved: The Board noted the quality, safety and experience report.

ACTION: Review of CCICP harm incidents back to June 2018 to understand the long-term trend to be undertaken and reported back to Board (M Luckas)

9

10:43

Serious Untoward Incidents (SUI) and RIDDOR Events (v)

9.1

ML advised that there were three SUI incidents to report to board for June and one never event:

- An inpatient fall which resulted in a fractured neck of femur
- An Acute Kidney Injury resulting from insufficient monitoring of blood levels
- An information governance breach which was reported to the Information Commissioners Office
- Incorrect tagging of a tumour prior to surgery. This had been spotted before surgery and corrected and there was no patient harm as a result. ML advised that it was borderline whether this should be classified as a never event. JS asked if this was likely to lead to a new procedure and ML replied that there would probably be no significant change to the procedure itself but the way in which these cases were requested was likely to be reviewed.

9.2

ML reported two Riddor events, both involving staff falls which resulted in more than one week off work.

Resolved: The Board noted the SUI and Riddor report.

10

10:48

Infection Prevention and Control Board Assurance Framework (IPCAF) (d)

10.1

JT presented the IPCAF which was sent to all Trusts by NHSIE in May and included ten standards of practice and advised that she would be using the IPCAF as the basis for her forthcoming discussion with the Care Quality Commission (CQC) as part of the emergency support for infection prevention and control. The Trust had identified seven areas of significant assurance and three areas of partial which had a clear plan and recommendations attached.

10.2

JT advised that the workplan would be monitored by the Executive Infection Prevention and Control Group, with an update provided to the QGC in November. JT commented that compiling the IPCAF had been a significant piece of work over the last 14 weeks of Covid and it highlighted a number of successes as well as areas to build on. LM commented that the Trust was well ahead on this and it was positive that it was already compliant with seven of the areas, with a clear plan for the remaining three. The Trust had worked hard to learn from other Trusts and be open and transparent about areas for improvement.

Resolved: The Board noted the IPCAF findings and the proposed next steps.

PERFORMANCE

11.1 Performance and Finance Committee - 25 June 2020 (d)

10:53

Chair's Report (d)

11.1

TB presented the Chair's report and the following discussion points for the Committee:

- Month 2 financial position was showing as break even although it was noted that the additional Covid-19 costs (net £2.5m) had not yet been reimbursed
- The Trust needed to return to a more financially orientated culture in order to manage spend without losing initiative
- Treasury policy, as delegated from the Board, was approved
- New SPC reports reviewed; these highlighted material changes rather than the detail
- Bids for capital funding had been applied for to manage the planned care backlog because the Trust's estate would preclude catching up in any realistic timeframe
- Four key performance targets were not achieved - Referral to Treatment (RTT), both cancer 62-day to treatment and the 6-week diagnostic wait. These were unlikely to be achieved until there was an agreed strategy and investment for dealing with planned care
- 52 weeks breaches would also continue until a new strategy was implemented.

Resolved: The Board noted the Chair's report.

11.2 Performance Report - May 2020 (d)

11.2.1

EM reported on the continued significant improvement of the emergency care metrics, but a deterioration of planned care metrics and the waiting list numbers. Recovery of theatre utilisation to pre-Covid levels was unlikely for some time given the increase in PPE requirements and infection control measures. The impact on capacity for elective work was significant and the Trust was working closely with regional partners to ensure urgent and cancer patients were treated as a priority.

11.2.2

RF presented the financial performance, focusing on the planning for the next phase of Covid. RF explained the likely approach to be taken from 1 August when the current block payment with top-ups to Trusts ended. This was not a sustainable solution and some local control might need to be reinstated which could be across the Cheshire & Merseyside Health and Care Partnership (HCP) footprint. New financial guidance was due imminently and could be tied to general planning guidance for 2021/22. RF outlined some of the options for the next phase of financing.

11.2.3

RF advised that the Board needed to consider some key questions if the solutions were HCP based; for example, what would the Trust be held accountable for; how would financial management sit alongside recovery of other key targets and what would be the priorities for the Trust?, who determines these? RF suggested that the key issues for the Trust were

accountability and what and how would it be measured; reintroducing financial discipline while opening up capacity with a limited workforce; managing the required infection control guidance and re-testing productivity assumptions previously made around efficiency plans.

- 11.2.4 JC observed that the HCP was not closely involved with the Trust and asked how they would decide to work collaboratively to manage finances across the region. JS commented that the NHS needed to move back from the command and control approach that had been in place through Covid-19. LM asked how regional collaboration led by finance, such as shared waiting lists, would work as individual Trusts remained responsible for their own performance and CQC would only assess an individual organisation. JS suggested all NEDs read the note on the role of Boards in command and control structures that was sent to all Chairs and Chief Executives for discussion from NHSEI North West.

ACTION: Circulate to the Board the paper on the role of the Board during crisis situations. (JS)

Resolved: The Board noted the Chair's report.

12 Transformation and People (TAP) Committee - 4 June 2020 (d) Chair's Assurance Report (d)

- 12.1 LB advised that TAP had covered a breadth of items at the last meeting:
- restart and reset overview
 - workforce risk assessments for BAME staff in particular
 - Workforce Disability Equality Scheme - annual report on workforce disability
 - Digital programme and review of priorities
 - Organisational Development report reflecting on the experience of Covid-19 for many staff
 - Concerns and risks of EPR and the issues impacting delivery
 - Mandatory training and appraisal rates
- 12.2 LB summarised that the messages reflected the capacity of the Trust to innovate at pace and make use of command structures and opportunities and there was a fine balance between handling complexity and significant emotional, practical and capability challenges for staff.

WELL LED

13 Workforce Report May 2020 (d)

- 13.1 MO presented the workforce report for May 2020, advising that some green shoots of recovery following Covid were apparent. This was the first report using the new suite of metrics with SPC Charts.
- 13.2 MO reported that sickness had improved; Covid related sickness had dropped to 1% of staff in May from 2% in April. The Trust performance remained good compared to peers in Cheshire and Merseyside, with only three Trusts

performing better on sickness. Appraisal rates remained challenging and staff were being encouraged to do this virtually with video guides being developed to support this process.

13.3 MO reported that training performance had improved by 5% in May with a full package of e-learning being well received. There remained some delays in reporting as a manual inputting process was required and an automatic system was therefore being considered. Turnover remained stable and the Multi-Disciplinary Workforce Group was developing a more supportive approach for new starters with 30-60-90-day contact points made with each new starter. Agency spending had also reduced, primarily in nursing and administration.

13.4 MO advised that all BAME risk assessments had been reviewed by June and the completion rate for all staff was over 98% so far. JC welcomed this achievement at a time of great pressure.

GOVERNANCE

14 Variations to Standing Orders and Standing Financial Instructions (d)

14.1 CK reminded the Board that temporary variations were agreed in April to facilitate speedy decision-making during Covid-19, with an agreement to review these in July. CK advised that the intention was to revert back to the constitutional quorum for Board but that meetings in public were still not possible due to social distancing. Alternative arrangements for allowing public observers were being considered.

14.2 CK proposed that the temporary changes to the Standing Financial Instructions (SFI) should be made permanent. These levels were in line with the standard SFIs for peers of a similar size. Levels of delegation for Charitable Trustees had also been reviewed. JC commented that as Trustee Sub Committee Chair he would support the changes to authorisation levels for spending of charitable funds as these would be at a much more appropriate level.

14.3 **Resolved:** The Board approved the permanent change to SFIs, and the temporary continuation of Board meetings held in private, noting that alternative solutions were being explored.

15 Governance Structure (d)

15.1 CK advised that the new structure enabled alignment of strategic risks to committees and that this had been discussed in some detail at the most recent Board Away Day. CK advised that, if approved, the Corporate Governance team would work through a timetable for implementing this structure and a proposed timetable would be discussed at the next Executive Directors meeting. This would be a phased approach which would move the Trust towards the risk-based assurance framework and would require some training and development in parallel.

15.2 JS commented that the Trust needed to take this carefully and get it right for the

organisation. Following this, the Trust would be due for an external governance review. CK confirmed that a Board effectiveness survey must be completed annually and although the Trust had undertaken a series of external evaluations over the last few years, it needed to consider whether this was equivalent to a full well led review required every three years.

15.3 JC thanked CK for a clear and concise paper and noted the challenge of introducing this and phasing it in.

Resolved: The Board approved the proposed Governance Structure.

16 Trust Constitution (d)

16.1 CK presented the proposed changes to the Trust Constitution, noting that this document required periodic review to ensure it continued to meet statutory and legislative guidance and to meet the needs of the Trust. The last review was in July 2018 and a number of changes had been made since then.

16.2 LP thanked CK for the thorough paper, noting that the changes proposed were all reactive and asked if any thought had been given about how the Constitution might need to flex and develop to reflect the developments in systems working. CK replied that the Constitution was based on a national model so the Trust could not deviate too much from this. CK commented that the Trust's Constitution was probably too detailed and advised that a more comprehensive review would be undertaken at the next review.

Resolved: The Board approved the changes to the Constitution, subject to further approval by the Council of Governors and ratification at the Annual Members Meeting in September 2020.

CONCLUDING BUSINESS

17 Any Other Business (v)

There was no further business.

18 Items for the Risk Register/Changes to the Board Assurance Framework (BAF) (v)

No items were identified.

19 Key Messages from the Board (v)

JC summarised that there had been some robust discussions about the operational performance of the Trust and a number of decisions on governance issues including Standing Orders, SFIs, the new governance structure and amendments to the Trust Constitution.

The meeting closed at 11:45am

Board Meeting in Private

Monday, 6 July

9:30am

Virtual - via Microsoft Teams

Chair John Church, Acting Chair (JC)

Members James Sumner, Chief Executive (JS)
Trevor Brocklebank, Non-Executive Director (TB)
Lorraine Butcher, Non-Executive Director (LB)
Russ Favager, Deputy Chief Executive & Director of Finance (RF)
Murray Luckas, Medical Director (ML)
Lesley Massey, Non-Executive Director (LM)
Les Philpott, Non-Executive Director (LP)
Julie Tunney, Director of Nursing and Quality (JT)
Andy Vernon, Non-Executive Director (AV)

In Attendance Amy Freeman, Chief Information Officer (AF)
Denise Frodsham, Director of Strategic Partnerships (DF)
Caroline Keating, Company Secretary (CK)
Emma McGuigan, Director of Operations (*deputising for Chief Operating Officer*) (EM)
Melissa Oldham, Head of HR (*deputising for Director of Workforce and OD*) (MO)
Katharine Dowson, Head of Corporate Governance (KD)

Apologies Dennis Dunn, Chairman
Heather Barnett, Director of Workforce and OD (HB)
Katherine Birch, Lead Governor

Observers Sally Mann, Interim Deputy Director of Nursing

PRELIMINARY BUSINESS

20 Welcome & Apologies (v)

21 Declarations of Interest (v)

No interests noted.

22 Draft Minutes of the Last Meeting - 1 June 2020 (d)

The minutes were confirmed as a true record.

- 23 Chief Executive's Update (d)**
- 23.1 **Item removed under Section 36 of the Freedom of Information Act.**
- 23.2 **Cancer Backlog**
- 23.3 **Sentences removed under Section 36 of the Freedom of Information Act**
- 23.4 The North West (NW) had the highest increase nationally and Cheshire and Merseyside was the highest in the NW. JS observed that the NW had been the hardest hit region for Covid outside of London and was 3-4 weeks behind London so it was not surprising that the NW had not recovered as quickly as other areas.
- 23.5 JS explained that the Trusts with the biggest challenge locally were those that had not got a separate 'cold' site that could be completely separated from Covid patients; the Trust also lacked a private hospital nearby to take patients. Due to this, the Trust had asked for capital funding to create a separate cold site in the former South Cheshire Private Hospital. The biggest challenge for the Trust was in regard to endoscopy as the unit was in the middle of the Treatment Centre. This was a 'green' area where patients were asked to self-isolate for 14 days before coming in for surgery. As lockdown lifted, patients were not prepared or able to do this.
- 23.6 **Sentence removed under Section 36 of the Freedom of Information Act.**
The Cancer Alliance was offering to support Trusts who had estates challenges to find capacity. Patients could still be reluctant to travel so a local solution also needed to be found. EM explained the proposal to address endoscopy, which was where the majority of the backlog work was. Clinical leads met on Friday to review the policy on isolation compared to other local Trusts, and it had been agreed to ask patients to isolate only from the point of testing at 48-72 hours prior to surgery. A fourth endoscopy unit would open this week and capacity would improve further when staff return from shielding on 1 August. Evening and weekend capacity were also being considered, as well as using private sector capacity.
- 23.7 EM reported that another driver of the backlog was the imaging backlog - some clinicians had moved to CT scans rather than endoscopy and this had further impacted on the 7-day referral which was now moving closer to 14 days. Further external support for imaging had been secured from September. EM added that patient engagement was a further challenge with 38 patients waiting for an urgent CT scan who had refused to attend the site because of anxiety over Covid. This would ease with the relaxation of lockdown, but communications were also doing some work to ease fears and clinicians were ringing patients directly to talk them through the risks. These patients would remain on the waiting list and a weekly clinical senate was reviewing and prioritising all waits based on clinical need.
- 23.8 JS advised that PAF had agreed that they should review additional data on

these backlogs, as current charts were based on performance. TB added that PAF had also discussed the need for data to be forward looking as SPC charts were retrospective.

23.9 AV asked if Governors had been appraised of these issues and JS replied that both issues had only become apparent after his briefing session with Governors. The Board agreed that JS would attend the NED/Governor meeting scheduled for the next day, 7 July 2020, and advise Governors. LB asked if there would be any potential for further messages to go out to patients via the media about the safety precautions in place at the Trust. JS noted that this was in hand but that he would also ensure his next media briefing included those messages.

23.10 JS advised that there would be a Panorama report tonight on cancer targets but that there was no suggestion that the Trust's performance would be highlighted. JS observed that the Trust's overall performance on backlog was disproportionate, and that its performance on other tumour groups and surgery was much better. Once Endoscopy capacity was sufficient, the backlog would be cleared quickly as these were relatively quick procedures that were easy to schedule in.

23.11 **Information Governance (IG) Breach**

JS appraised the Board that the Trust had reported an IG breach as described in the Serious Untoward Incident report and provided the detail of the incident. AV commented that the Trust had done well to spot this breach and commented that there was a heightened risk of accidents with data because more staff were working from home. AV asked if more education of staff was required and JS replied that staff had been advised.

23.12 JC observed that NEDs often use their personal emails for work discussion although no documents or papers were sent out in this way. This was the legacy of issues with accessing MCHFT email accounts but with Microsoft 365 this had been resolved so this would be a good time to change practice. JC suggested that the NEDs discuss this at their next meeting. AF welcomed that suggestion, as this would be good practice and in line with Trust policy.

23.13 **Electronic Patient Record**

JS asked if the outcome of the project application had been received. AF replied that the Trust has been asked to have the case reviewed by NHSX which was disappointing as NHS Digital had already completed a review. More detailed feedback was expected but the Trust had been advised that the areas of debate were in regard to deliverability, benefits realisation and review by NHSX.

23.14 **Item removed under Section 36 of the Freedom of Information Act.**

Resolved: The Chief Executive's update was noted.

CONCLUDING BUSINESS

24 Any Other Business

No further business.

25 Items for the Risk Register/Changes to the Board Assurance Framework

No items identified.

26 Key Messages from the Board & Meeting Review - to agree

No further messages and review.

Time, Date and Place of Next Meeting

Monday, 3 August 2020, Microsoft Teams