

Board of Directors

Monday 3 August 2020

9.30am

Virtual - via Microsoft Teams

DRAFT MINUTES

Chair	John Church, Acting Chair (JC)
Members	James Sumner, Chief Executive (JS) Heather Barnett, Director of Workforce and OD (HB) Oliver Bennett, Chief Operating Officer (OB) 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	Katherine Birch, Lead Governor Amy Freeman, Chief Information Officer (AF) Denise Frodsham, Director of Strategic Partnerships (DF) Caroline Keating, Company Secretary (CK) Katharine Dowson, Head of Corporate Governance (KD)
Apologies	Dennis Dunn, Chairman
Guests	Sheila Kasaven, Associate Director of Quality Governance Liz Kemp, Respiratory Clinical lead for Physiotherapy (LK) <i>(to item 3 only)</i> Tom Clarke, Charge Nurse Ward 5 (TC) <i>(to item 3 only)</i>

PRELIMINARY BUSINESS

1 Welcome & Apologies (v)

JC welcomed everyone to the meeting.

2 Declarations of Interest (v)

AV advised that he had been working for Channel 3 Consulting on a project for the Department for Health and Social Care (DHSC). This role had now finished but was in regard to pipeline management for viral and antibody detection tests nationally.

3 Patient Story (p)

- 3.1 JT presented a story in the form of a television report about a patient who had been at Leighton Hospital for 13 weeks before being discharged home. The patient expressed their gratitude for the staff who cared for him and helped him recover. In response to a question from JS about changes during Covid-19 that staff would like to see stay, LK responded that the CPAP respiratory support given to the patient on the Ward was a new practice during Covid-19 and had helped staff manage patients. In addition, monitors that enabled ongoing record of observations had been transformational for nursing staff. TC added that having a higher level of staffing on the ward at the beginning of Covid-19 had also made a material difference.
- 3.2 TC observed that the team on Ward 5 had worked well together during Covid-19 and were now a much stronger team with staff at all levels supporting each other.
- 3.3 LP observed that the strong message which came out of this story was one of compassion which had been a theme of discussions at Board and at the Council of Governors previously. LB asked how staff were adjusting following this challenging period. LK acknowledged that there had been some difficult times, but the team had all pulled together and come out of it as better clinicians.
- 3.4 HB asked if the staff had felt supported from a mental health perspective. LK replied that staff had supported each other and had been helped by the Trust support, for example the health and wellbeing rooms, and also by support and donations from local businesses. JC thanked LK and TC on behalf of the Board for their work during Covid-19 and asked for that thanks to be passed on to the rest of the team.

Resolved: The Board noted the patient story.

4 Draft Minutes of the Last Meeting - 6 July 2020 (d)

- 4.1 The Board approved the minutes. JC noted that there was one open action which had been completed and could now be closed.

Resolved: The minutes were approved as a true and accurate record.

5 Board Workplan 2020/21 (d)

- 5.1 CK advised that the revised workplan was now in the same format already adopted by the Board Committees. As the workplan was a dynamic tool, its review and refinement would be on-going. Some amendments were suggested in relation to the Digital Strategy and the Electronic Patient Record; CK agreed to make those changes.

- 5.2 AV asked if the Board had capacity to consider all items identified. In response, CK advised that the Board should consider what was appropriate to delegate to Committees and where its area of focus should be. JS proposed that the Board considered where best to spend its time and that a review of the number of formal meetings would be helpful. This would be discussed further.

Resolved: The Board approved the workplan for 2020/21.

6 Chair's Opening Remarks (v)

- 6.1 JC reported that there had been a number of Governor meetings, all conducted virtually, with excellent attendance. Governors had met with NEDs in early July and the new Governors had attended an induction session on 16 July. The Council of Governors had met on 23 July and received a presentation on the staff survey for 2019 and from the external auditors on the year end position for 2019/20. The Governors had also approved the change to the Constitution approved by the Board in July.
- 6.2 JC advised that as Acting Chair he had met with Steven Michael, Chair of the Cheshire East PLACE Partnership Board and discussed the progress now being made by the Cheshire East Integrated Care Partnership (ICP), including the partnership agreement which had been signed off by all health partners. JC added that he had attend the North West Chair's briefing and with RF the North West Digital roadshow on 23 July which was hosted by Mr Simon Stevens, Chief Executive of NHS England.

Resolved: The Board noted the Chair's Report.

7 Chief Executive's Report (d)

- 7.1 JS presented his report which included as an Appendix the first Chair's assurance report from CEICP which would be circulated to the Board of each partner organisation.
- 7.2 JS advised that there were no confirmed Covid-19 cases in the Trust today, but the Trust remained prepared for any escalation in cases while resuming elective work in significant numbers. Infection control continued to be successful; there were no cases of hospital acquired Covid-19 throughout June or July. The Care Quality Commission (CQC) emergency support framework phone call had taken place on 22 July and the report from this was included in the Board pack. The call provided good assurance to the Board from CQC about how the Trust was managing infection prevention and control; all areas were assessed as passing and areas of innovation and good practice were also noted.

7.3 In response to a question about the local resurgence of Covid-19 in Greater Manchester, JS confirmed that there had not been any implications for the Trust.

Resolved: The Board noted the CEO Report.

QUALITY - Safety, Clinical Effectiveness & Patient Experience

8 Quality Governance Committee (QGC) (13 July 2020) - Chair's Assurance Report (d)

8.1 LM highlighted the following from discussions at QGC:

- **Infection Prevention Board Assurance Framework** - seven of the ten quality standards had been assessed as providing significant assurance and three areas as providing partial assurance. The latter had actions in place to improve assurance and QGC would receive an update in November
- **Quality and Safety Improvement Strategy 2020-21** - a lower level of consultation and engagement had been noted due to Covid-19. The strategy had a more focused list of priorities this year and updates would be provided to QGC throughout the year
- **Clinical Negligence Scheme for Trusts (CNST) for Maternity** - as it was a work in progress, only partial assurance could be given at this stage. However, five of the ten standards had been met and the plans to reach compliance before submission were outlined to QGC
- **Cheshire Learning Disability Mortality Review** - an excellent report with a number of recommendations that were being adopted by the Trust
- **EPEG Annual Report 2019/20** - **acceptable assurance**, with the safeguarding partnership good practice being commended.

8.2 AV requested further detail on CNST compliance and queried if there were any risks to achieving full compliance. LM replied that this was an update on progress for a project which would take some months to complete; Covid-19 had delayed some actions and the sign off to Board had been delayed in recognition of this. JT added that QGC received updates on the gap analysis in place to achieve CNST.

Resolved: The Board noted the Chair's Report

9 National Inpatient Survey 2019 Results (p)

- 9.1 SK presented the results of the 2019 national inpatient survey, which had achieved a higher than national average response rate at 48.1%. The Trust results were in line with other Trusts and had not been identified as an outlier. The Trust had performed better than expected on single sex accommodation and worse on being able to take your own medication when needed; all other areas were as expected. No concerns had been highlighted by CQC on the basis of any results over the last three years.
- 9.2 However, SK advised that the Trust results were worse in twelve areas and better on one, compared to last year. The Quality Summit would review the proposed action plan to improve the number of areas in the 'better than expected' ranking. The Trust results compared to peers were very similar and it was not an outlier in any area. Themes from the 840 comments received had been analysed and 51% were positive.
- 9.3 SK further advised that much of the learning picked up through Covid-19 would be used to drive improvement and embed innovation to support patient, staff and visitors. For example, use of technology to connect families to loved ones and drive an increase in video consultation. The next steps would be to conduct workshops with ward leads and visit exemplar hospitals to bring back their learning to the organisation.
- 9.4 In response to a query regarding improving patients' access to their own medication where needed, SK replied that work needed to take place with ward teams to understand the barriers. AV asked what needed to be done to raise Trust performance. Also, it was suggested there might be a danger of optimism bias - although the majority of comments were positive, a significant amount, especially in regard to care and treatment were not. ML replied that there was learning to be taken from these, but it should be noted that many of these comments were about waits in A&E.
- 9.5 SK replied that the need for improvement had been discussed and it was felt that the Trust continued to take similar action each year. The experience with Covid-19 had enabled the Trust to feel more confident that it could do more and at pace. The plan is for small stakeholder groups to focus on new innovative projects.
- 9.6 HB suggested that the work being developed to support minority groups through the Equality, Diversity and Inclusion work could be linked to improving patient experience. HB suggested that improving the patient experience for minority groups is shown to improve benefits for all. JC endorsed the aspiration to be better than the pack which was in line with the Trust's strategic direction.

Resolved: The Board noted the presentation.

10.1

ML highlighted the following key points:

- Acute Hospital Safety Incidents – the overall number had risen as expected as patient activity increased, but the proportion of no harm/low incidents continued to fail. Work was ongoing to improve reporting of these incidents. Central Cheshire Integrated Care Partnership (CCICP) safety incidents continued to rise which reflected a significant statistical shift. This shift followed intensive skin care training within CCICP. Work was ongoing to better understand if this shift was due to higher case ascertainment rates or reflected an increasing incidence of incidents.
- Three Serious Untoward Incidents as reported to the Board in July were within the report, the fourth would be reported in the July data.

10.2

ML reported that in the most recent update of data, the Summary Healthcare Mortality Indicator data had improved but the Hospital Standardised Mortality Ratio data had deteriorated. The crude mortality rate was back within control limits as the first peak of Covid-19 ended. The Trust was conducting a review of all Covid-19 deaths and only a small number had so far raised any concerns. These were mainly in regard to infection control and prevention measures early in the pandemic. A Trustwide audit session was planned for October to review all the findings.

10.3

JT presented the infection control metrics, advising that the avoidable E-Coli case had now been reviewed and reclassified as unavoidable, as the patient had the infection prior to arriving at the Trust. JT reported the Covid-19 Healthcare Acquired Infections data for June and was pleased to report that there had been no cases at the Trust for 42 days.

10.4

JT advised that the cluster Root Cause Analysis (RCA) for Pressure Ulcers (PU) in CCICP had now completed and four lapses in care had been identified. It was, however, important to note the continued improvement in patient care in CCICP. In many of the cases reviewed, patient choice was a significant factor and the decision to be treated at home at times created issues with compliance. Three of the lapses had been in the same care community and subsequently there had since been more focussed support and leadership in this area. The lead nurse for CCICP now conducts a weekly forward look with staff through all cases and provides regular updates to JT and DF. LM was appreciative of the helpful narrative to the charts which without this context could appear quite concerning. LB added that she recognised the complexity of care linked to patient choice.

10.5 JT reported that the complaints rate within 40 days had seen a slight improvement, the new leadership in customer care had had an impact and there was a new plan with the team working towards compliance by December. The rate of complaints had increased in June as expected in line with other NHS organisations.

10.6 JT reported that, in some areas, the safe staffing registered nurse fill rate had fallen below 85%; this was due to the frequent ward movements through Covid-19, levels of occupancy and fluctuations in the acuity of patients. There was a daily review of staffing levels and an escalation process in place. All wards would be rebased in August to a 'new normal' which would include Covid-19, amber and green wards. Patient flow would be complex but safe staffing would remain a priority. LB asked if in future some of this narrative could be included in the report so that the low fill rates were explained.

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

11 Serious Untoward Incidents and RIDDOR Events (v)

11.1 ML reported three incidents:

- 2 x Grade 4 Pressure Ulcers – full RCAs would take place to identify any lapses in care
- Failure to recognise the deterioration of a baby during labour, via the heart rate trace - the baby was delivered in poor condition. Subsequently the baby appeared to have suffered no long-term harm as a result. The case was referred to the Health Service Investigation Bureau who was not planning to take any further action. A preliminary review had identified some learning and a full RCA was planned.

11.2 ML advised of one Riddor case, involving a staff injury which resulted in seven days off work.

Resolved: The Board noted the SUI and Riddor report.

12 Freedom to Speak up Guardian Q1 2020/21 (d)

12.1 JT presented the quarter 1 report of the Freedom to Speak up Guardian (FTSUG) for 2020/21. There were eight concerns, six of which met the criteria for patient safety; the other two were signposted to appropriate support. This was an increase on the previous quarter, and it was also positive to note that a wider breadth of staff groups had submitted concerns. Three concerns were in regard to Covid-19, but no other themes were noted. JT reminded the Board that all issues raised were taken to the Patient Safety Summit.

- 12.2 JT advised that, from 15 September, the new FTSUG would be Sian Axon, Head of Nursing for Emergency Preparedness. This appointment provided an opportunity for a new approach to build on the foundation and strategy and continue to encourage staff to speak up. LP challenged whether the report should state 'acceptable assurance' when the report called for the need for robust engagement with staff. JT replied that the report should say that further engagement was planned and that this would be amended.

Resolved: The Board noted the FSUG report.

PERFORMANCE

13 Performance and Finance (PAF) Committee (23 July 2020) – Chair's Assurance Report (d)

- 13.1 TB highlighted the following points:
- The significant effort regarding the restoration of planned care
 - Assurance ratings would be included in future reports once the Committee had been taken through the discussion.

Resolved: The Board noted the Chair's report.

13.1 Performance Report

- 13.1.1 OB reported that the Trust continued to meet the 95% 4-hour access standard (95.82%) and the two-week rapid access cancer standard in July, despite continuing increases in attendances and in referral rates. However, the 62-day Cancer standard, the six-week diagnostic, and the Referral to Treatment (RTT) standards were not met and remained a significant challenge. Levels of routine elective operating were increasing from this week to double the patients operated on in July which would start to improve waiting time backlogs
- 13.1.2 OB outlined the new approach to managing performance, with changes to the command and control governance structures, reconfiguration of wards to create a green floor and amber floor and preparing for winter pressures with partners.
- 13.1.3 Diagnostic performance was improving but remained a significant challenge. Historically, the Trust had performed well against the target of less than 1% waiting for more than six weeks; A temporary mobile CT scanner would arrive in September for 10 weeks.
- 13.1.4 OB reported that Outpatients attendances had increased significantly through June and the adoption of virtual platforms was a great success story with 45% of consultations taking place via video or phone. This rate would increase as IT platforms were rolled out across the Trust. In summary, performance was challenging but the number of patients being

treated had increased and the deterioration would slow down.

13.1.5 LM asked what work was taking place to ensure that those patients returning to ED were appropriate and how the Trust could therefore hold the gains made. OB replied that the Trust had recently heard that it had been selected as a 'fast follower' for the NHS111 pilot. The expectation was that this could reduce A&E attendances by 10% or 25-30 patients per day which would be very helpful. The Trust was working hard to prepare and roll out this pilot in the coming weeks.

13.1.6 LB asked how the system was working together to ensure patients were treated according to clinical prioritisation rather than location. JS replied that he would be meeting partners from across Cheshire and Merseyside (C&M) this week to discuss access to the Independent Sector and the governance of restart and restoration across the system. This would build on guidance received last week which suggested that C&M would have a greater role in the management of finances and restoration in the future.

ACTION: Circulate letter received from NHS Improvement & NHS England (NHSIE) in regard to revised financial arrangements to the Board (JS)

13.1.7 RF presented the financial performance of the Trust in June (month 3) during which the Trust had maintained a breakeven position under the Covid-19 financial arrangements. £1.3m national top up was required to achieve this position in June. Overall, £3.8m reimbursement was now expected from central government although none had been received to date. The monthly reimbursement requirement was likely to increase as there had been savings, particularly on non-pay, due to the suspension of elective work and these costs would return.

13.1.8 The Board should be aware that Trusts overall were still awaiting additional covid-19 costs. The Trust had conducted its own internal audit of Covid-19 expenditure with a paper reviewed at PAF to ensure that all expenditure had been recorded correctly. It was found some expenditure was in division spend and this will be corrected in future months.

13.1.9 RF advised that the Trust had received a letter on Friday 31 July which outlined the revised financial framework plans. National reimbursement would continue for August and September but from October a new framework would be put into place and the details of this would be notified to Trusts once negotiations had been completed. This was likely to remain as a simple framework for payment and contracting, but with a greater focus on system partnership.

13.1.10 RF explained that his interpretation was that C&M HCP would be given a financial control total and then the HCP would need to agree reimbursements with individual organisations. The C&M system would be expected to break-even but individual Trusts could make a surplus or deficit depending upon a number of factors such as restoration of elective

work. Funding payments would continue to be block payments with reimbursements from the HCP but based upon the guidance of expected full external income recovery this would be extremely challenging as many income streams, particularly connected with footfall, were unlikely to return to previous levels. Block payments would also be adjusted at a marginal level dependent on delivery against activity restart goals. Questions remain about what would be the regime for 2021/22 and beyond and how finance would be linked to productivity.

Resolved: The Board noted the performance report for June.

WELL LED

14 Transformation and People (TAP) Committee (9 July 2020) - Chair's Report (d)

- 14.1 LB outlined some of the items discussed. Acceptable assurance had been received from some items such as the reprioritisation of the digital agenda and transformation and reset and recovery. However, following a discussion, some reports were felt to only provide partial assurance. This focus on assurance had helped to sharpen discussions and had been helpful. The Black, Asian and Minority Ethnic (BAME) report had been positive with risk assessments completed and actions being taken. However, in relation to the next steps and impact on practice and provisions, there was insufficient evidence.
- 14.2 The FTSUG annual report had also been broad in the quantity of activity and full compliance with processes but lacked content about the impact of the work and how issues raised were followed up and influenced practice.
- 14.3 TAP had noted as a key concern and risk the delay to the agreement of funding for a digital clinical system. LB advised that the Committee had supported the recommendation of the Digital Technology and Information Services Executive Group not to plan work designed to improve the HIMSS Electronic Medical Record Adoption Maturity score where it did not align to current digital priorities. This was because the biggest impact on this score would be the implementation of a digital clinical record.
- 14.4 LB reflected that it had been positive to see key initiatives and programmes developed over last 12-18 months coming to fruition. TAP had reviewed the new workforce metrics as part of the integrated workforce reports, which was a significant step towards intelligence led reports.

Resolved: The Board noted the Chair's report.

14.1 Workforce Report

14.1.1 HB advised that the new workforce report should be submitted to Board from September. In month, sickness had improved and, if Covid-19 sickness was taken out, Trust levels would be lower than before Covid-19. The Trust continued to focus on the health and wellbeing agenda and was currently bringing shielded staff back safely. HB reported that the North West currently had the highest rates of staff sickness in England and C&M was the highest in the region. The Trust was one of the better performers in C&M but was being asked to comply with certain conditions because of the regional position. A future paper on this would be discussed at TAP and Executive Workforce Assurance Group.

14.1.2 HB reported a slight improvement in appraisal rates. A new system which had been piloted at the Trust had now been approved for use across the organisation. This promoted an ongoing discussion about objectives and career opportunities throughout the year. Training on the system would be developed through August with a roll out of training in September. Implementation is expected in October.

14.1.3 HB advised that mandatory training rates had decreased this month, primarily due to the introduction of safeguarding training for specific staff groups. The Safeguarding programme was on target for compliance, but it had skewed the figures. The Business Continuity Group was managing this as a specific risk. Other areas of lower compliance were patient handling and resuscitation which had required a face to face session. A blended approach had been introduced and figures were improving. There had also been a specific issue with pulling through data on completion and this would be discussed at TAP at the next meeting.

14.1.4 HB reported that agency spend for nursing was reducing as the Trust had had some success with filling registered nurse vacancies. Cohort five of the international recruitment was waiting for flights to the UK; all trainees who had completed paid placements at the Trust had been offered posts. The UK adaptation programme was also supporting 11 foreign trained nurses working as Healthcare Assistants to pass their UK exams. Nursing turnover had reduced by half. A number of nurses had also been recruited to the bank which had resulted in 60% of shifts being filled by bank rather than agency; up from 40%.

Resolved: The Board noted the workforce report.

15 Guardian of Safe Working Hours Report Q1 2020/21 (d)

15.1 HB advised that Dr Doug Robertson had started in this role and would be taking some actions as outlined in the report.

Resolved: The Board noted the GoSWH report.

GOVERNANCE

16 Audit Committee (13 July 2020) Chair's Report (d)

16.1 LP reported on the recent meeting of the Audit Committee, noting that it had been a full meeting with a number of significant items. The Cyber Security review requested by Audit Committee had received partial assurance as there was still some work to do on the risks which were well understood by AF and her team and there was a robust plan for dealing with issues.

16.2 LP advised that the Committee had noted the good work in relation to the work around the risk management framework and strategy which was on the agenda for Board comment and approval. LP added that it had been positive to hear the very good presentation from external auditors which had provided Governors and the Board with confidence in the service provided by the auditors and this reflected the robust and independent advice received already from KPMG.

17 Risk Management & Assurance Framework Review (d)

17.1 CK advised that there were a series of workstreams described in the report and the first three were at Board today for discussion and for approval of the strategy:

- 17.2
- i. Risk Management & Assurance Framework key documents
 - ii. Board Assurance Framework (BAF) development
 - iii. BAF/risk reporting processes for the Board and Committees

17.3 She further advised that the Audit Committee had agreed to set up a task and finish group to review each workstream and provide assurance to the Board of appropriate consideration. AV added that he was on the task and finish group and the recent meeting had been a comprehensive run through the framework and the new 4Risk system would allow the Board to get a grip on the Board Assurance Framework (BAF). AV observed that there had been some discussion about the importance of the Board's wider peripheral vision to understand emerging and wider risks. LP agreed that horizon scanning was important and commented on the quality of the work and attention being given to this area of work.

17.4 The Board noted that the first iteration of the risk assurance and escalation framework had been submitted to the Audit Committee, but this would be submitted to the Board for final approval later in the year. As a result, the level of assurance had not been indicated on the report yet. CK added that she would be providing some clarification on the definitions of assurance to report authors in due course.

17.5 CK referenced the agenda templates for Board Committees that had been agreed in principle by the Committee Chairs. She advised that the templates had been tailored to the needs of each Committee but enabled each Committee to structure its agenda with the BAF risks.

17.6 The Risk Management Strategy had been recommended for approval by the Audit Committee. This was a key document that set the direction of travel. TB commented that he was very supportive of the direction and speed of development of these new processes. KB asked how often risk appetite was reviewed and what the criteria were for this. CK replied that risk appetite was considered at least annually, and the criteria should be defined by the Board. Provisional dates for this discussion had been identified. LP agreed that this was a pivotal piece of work and that the Audit Committee would be working to ensure that this was embedded, regularly reviewed and used.

Resolved: The Board approved the Risk Management Strategy and the direction of travel presented.

CONCLUDING BUSINESS

18 Any Other Business

HB reported that the national NHS People Plan was published last week with themes of looking after staff, addressing inequalities, flexible working, growing the workforce and upskilling staff. HB and JT had attended a national conference about the plan; progress in regard to the adoption of this would be reported through TAP.

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

No items were identified.

20 Key Messages from the Board (v)

JC summarised the meeting which had started with a strong patient story that illustrated the compassion shown and the strengthened team working that had developed through Covid-19. Challenges related to restoration of services, while still managing Covid-19 had been a theme of the meeting. The Trust was performing well, despite the challenges articulated.

Board Meeting in Private

Monday 3 July 2020

12pm

Virtual - via Microsoft Teams

DRAFT MINUTES

Chair	John Church, Acting Chair (JC)
Members	James Sumner, Chief Executive (JS) Heather Barnett, Director of Workforce and OD (HB) Oliver Bennett, Chief Operating Officer (OB) 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	Katherine Birch, Lead Governor Amy Freeman, Chief Information Officer (AF) Denise Frodsham, Director of Strategic Partnerships (DF) Caroline Keating, Company Secretary (CK) Katharine Dowson, Head of Corporate Governance (KD)
Apologies	Dennis Dunn, Chairman

PRELIMINARY BUSINESS

- 21 Welcome & Apologies (v)**
Apologies were noted.
- 22 Declarations of Interest (v)**
No further interests were reported.
- 23 Draft Minutes of the Last Meeting - 6 July 2020 (d)**
Resolved: The minutes were approved as a true and accurate record.

ITEMS FOR DISCUSSION

- 25 Chief Executive's Report (d)**
- 25.1 JS updated the Board on a number of issues flagged within this report and provided further updates.

- 25.2 False Positive Covid-19 tests – following a report of false positive tests at Alder Hey, the Trust had reviewed its processes and was confident that the risk of false positives was low at the Trust as DF advised that all positive results were tested on different testing platforms for confirmatory purposes.
- 25.3 Visiting Policy – the Trust intended to follow national guidance and support a consistent approach across the North West. Further guidance was expected in the coming weeks
- 25.4 Booth Hall – a paper would be produced before a final decision was made in regard to occupancy of this building for administrative use.
- JS advised the Board of three additional items:
- 25.5 **1. Laundry**
- 25.6 **Item removed under Section 43 of the Freedom of Information Act**
- 25.7 **2. Victoria Infirmary, Northwich (VIN)**
The extension to changes to hours of operation during Covid-19 had been reported widely in local media. The changes had not been well received as this was seen by some as an attempt to reduce the hours of operation permanently. An update on this had been sent to the Board last week and to Cheshire West and Chester Councillors explaining that this was an interim solution in order to keep services safe and sustainable for patients and staff. The Clinical Commissioning Group had approved the changes at their Governing Body.
- 25.8 JS reminded the Board that CQC had raised the issue of X-ray at VIN not being open for the full opening hours of the minor injuries unit in their last inspection. He suggested that the Trust speak to CQC to assure them that continuing the restricted hours was not the proposed solution to this issue. RF had also spoken to Mike Amesbury MP for Weaver Vale to explain the situation and a meeting would take place tomorrow between JS and local councillors. JS confirmed that the Trust was fully committed to return to pre-Covid-19 hours when it was safe to do so.
- 25.9 AV asked whether the Trust was doing enough to publicise positive news stories in regard to VIN. TB suggested that a messaging strategy would help combat the expectation that things were going to get back to normal quickly. **Sentences removed under Section 36 of the Freedom of Information Act.**
- A&E Build**
Item redacted under Section 43 of the Freedom of Information Act.

26 Board Assurance Framework 2020/21 (d)

- 26.1 CK presented the next output for the revised risk management approach which included the BAF principal risks with scorings. An example of how each risk would be analysed was included, although further work was required i.e. how to show how an operational risk scoring had changed since the date it was added on. Work was also underway to map out controls and assurances and assess the robustness of the operational risks. This information would provide the background for discussion at the new Executive Risk and Assurance Group (ERAG) which should start in September.
- 26.2 AV commented that it had been very useful, when the Audit Committee task and finish group met, to review the document. It had been suggested that the laundry risk would be a useful case study about how emerging risks were identified and escalated. LP agreed that the Audit Committee had asked for this to understand the dynamic path of a risk and what was needed to be incorporated in the future. LP added that the heat map was a helpful initiative to look across the strategic objectives and should be the starting point for discussions.

Resolved: The Board noted the progress on the revised BAF

CONCLUDING BUSINESS

28 Any Other Business

No further business.

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

No items identified.

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

30.1 JC noted the useful discussion about VIN, the Laundry and the BAF.

- 30.2 AV reviewed the meeting starting with three overarching observations:
- Focus on strategy, planning for the next six months through infection control, maternity, patient's feedback and care
 - Risk management focus on the work of CK to redesign the risk management approach, starting to use assurance to frame discussions. The agility and impetus to this work was to be commended and was leading the Board to a different level of how risk was managed
 - Less questioning from the Non-Executive Directors

30.3

AV added that the patient story had been about a very positive story with a public profile. There had been some discussion about innovation which it would be good to publicise. AV made a further general observation about the importance of agreeing how to optimise the use of the Board time. This was important when the CEO was being pulled into regional work. Finally, AV observed the positive staffing news about nursing recruitment which would have a great impact on improving the experience of staff and patients' time.

Time, Date and Place of Next Meeting

Monday 7 September 2020, 9.30am via Teams