

Board of Directors

Monday 7 September 2020, 9.30am

Virtual - via Microsoft Teams

MINUTES

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| 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) 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) Katharine Dowson, Head of Corporate Governance (KD) Dr Oliver Dray, GP Speciality Trainee (Year 1) (for item 3 only) (OD) <i>(to item 3 only)</i> |
| Apologies | Dennis Dunn, Chairman (DD) Murray Luckas, Medical Director Katherine Birch, Lead Governor |
| Observers | Janet Ollier, Public Governor (Congleton) Yvonne Banks, Public Governor (Vale Royal) Gary McCourty, Public Governor (Vale Royal) Barbara Beadle, Public Governor (Crewe & Nantwich) Valerie Pickford, Patient and Carer Governor John Pritchard, Patient and Carer Governor Gina Lewis, Partnership Governor (Cheshire West and Chester Council) Jenny Newman, Staff Governor (Nursing and Midwifery) |

PRELIMINARY BUSINESS

1 Welcome & Apologies

JC noted apologies given and welcomed Governors back as observers for the first time since Covid-19.

2 Declarations of Interest

There were no declarations.

3 Staff Story

- 3.1 JT introduced a staff story from Dr Oliver Dray, a trainee GP working in the Emergency Department (ED) at the Trust during the start of the Covid-19 pandemic.
- 3.2 OD talked about his general experience, commending the Trust for its communication throughout Covid and its fast response to the pandemic, compared to the experience of trainee doctors at other Trusts. This experience had made him proud to be working at Mid Cheshire. OD was particularly complimentary about the leaders in A&E, support from other medical teams, the team spirit throughout Covid, availability of personal protective equipment (PPE) and the wellbeing support put in place for staff. The biggest challenge, in his view, had been keeping family members updated on their relative's condition as visitors were not allowed.
- 3.3 OD reflected that his personal learning had been to make sure he treated every patient as an individual; with so many similar cases coming in, compassion fatigue was a risk. HB commented that this was helpful feedback and something that the organisational development team would reflect on.

Resolved: The Board noted the staff story.

4 Draft Minutes of the Last Meeting - 3 August 2020

JC noted that there was one open action which had been completed and would now be closed.

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

5 Chair's Opening Remarks

JC reported on behalf of the Chair the following items:

- 5.1 **Shadow Board** – Following discussion between Non-Executive Directors (NEDs), it had been agreed that TB would chair the first cycle of the shadow Board (starting on 2 October 2020) and LB the second cycle next year. HB explained that this programme was designed for aspiring executives to learn about how the Board operates and how risks were managed.
- 5.2 Each cohort would attend three board sessions and three modules supported by the Leadership Academy. Participants would also be mentored by the Executive Directors and the Chairman. TB added that this was a good way to introduce senior leaders to being on a Board and to thinking strategically as well as aiding succession planning. The Board would also gain some benefit from these discussions.
- 5.3 **East Cheshire Hospitals NHS Trust (ECT)** - DD had met with the Chair of East Cheshire NHS Trust and discussed progress with regard to Cheshire East Integrated Care Partnership (CEICP), community services

commissioning across Cheshire and the joint Electronic Patient Record (EPR) bid.

5.4 **NEDs/ Chairman's Appraisal** - The NED and Chair appraisal process was due for completion in October, having been suspended during Covid. The outcome would be reported to the next Nominations and Remuneration Committee.

5.5 **Annual Members Meeting** - This meeting was due to take place on Friday 18 September at 2pm. The event was to be livestreamed via Microsoft Teams which will allow registered members to view the event and ask questions.

5.6 **Lead Governor** - DD had met with the Lead Governor, Dr Katherine Birch concerning establishing 'new-normal' protocols for Governor meetings in the future. The outcomes of these discussions would be reported to the October Board meeting.

5.7 **Cheshire East Place** - JC advised that he had met with Mr Steven Michael, Chair of Cheshire East Place (CEP) to discuss the progress of CEP and its positioning within CEICP and the Health and Care Partnership for Cheshire and Merseyside (HCP).

Resolved: The Board noted the Chair's Report.

CONTEXT / OVERVIEW

6 Chief Executive's Report

6.1 JS highlighted two key areas from the report:

- the Nursing Times Awards shortlist for the 'Be Safe, Be EquiPPed' Covid campaign for staff about what PPE was needed where
- the winter plan and restoration of critical services. The Trust had been asked to submit its final restoration plan to the HCP by 10 September. This submission would be aggregated by the HCP ahead of submission to NHS England and NHS Improvement (NHSE/I) on 22 September.

6.2 JS advised that the Board would normally have formally reviewed the annual plan, but this was not possible with these timescales. JS suggested, therefore, that OB circulated the Trust's intentions to the Board for comment ahead of the submission date.

ACTION: Restoration Plan draft submission to be circulated to the Board (OB)

7 Risk Management Framework

- 7.1 JS thanked CK and Gilly Conway, Risk Management Consultant for developing at speed a strong framework for the Board to move forward in its approach to risk. The final Board Assurance Framework (BAF) would ensure the Board has appropriate oversight of the Trust's risks and controls and would pull through from the organisational risk register against the agreed strategic risks. For this 'work in progress' version, the Executives had identified the core operational risks and an overview of current risk scores.
- 7.2 JS explained that, in future, the new Executive Risk and Assurance Group (ERAG) would bring together the divisions, Executive Directors and corporate areas, supported by reports from the Executive Groups, to focus on key risks. The first meeting of ERAG would take place on 8 September to discuss the planned approach.
- 7.3 AV commended the Executive for the progress on this work and commented that the key organisational risks seem to fall into three areas: workforce, finance, and health and safety. He asked how health and safety issues were referenced in the health and safety annual report (*cf. Item 17*) as the links were not immediately obvious. RF replied that historically the health and safety report was more focused on the work of the health and safety team which, until recently, did not have responsibility for the health and safety risks managed by the estates team and, therefore, some aspects of health and safety from 2019-20 i.e. estates were not referenced in their annual report. This had now been addressed with health and safety in its entirety coming under the remit of the Deputy Chief Executive and Director of Finance, with the Director of Estates chairing the Health and Safety Group.
- 7.4 JS advised that, whilst workforce as a whole was not a BAF risk, specific risks had been identified in BAF 3 (inability to close the nurse staffing vacancy gap) and BAF7 (inability to provide sufficient capacity to meet demand). AV asked if these issues came out strongly enough on the BAF as the risks on the BAF were predominantly amber-rated. JS replied that BAF 7 was rated at a higher (purple) level and this was also linked to workforce issues; however, he conceded that the latest reporting did not provide sufficient clarity for NEDs to see this. CK added that the links between operational risk and the BAF would be more visible on future iterations of the report and would be supported by narrative on the dashboard. This would also facilitate the identification of any themes.

Resolved: The Board noted the Risk Management Framework report.

8 Cheshire East Integrated Care Partnership (CEICP)

- 8.1 DF reported that CEICP had agreed the collaboration agreement that the Board had previously agreed in draft (*Minute 25.6 - 1 June 2020 refers*) where delegation of final approval on behalf of the Trust had been delegated to JS. The agreement had now been signed off by the NHS partners and was in the approval process at Cheshire East Council. DF reminded the Board that this

document provided a summary of CEICP's vision to make the best use of resources available and work towards the best outcomes for patients and the local population.

- 8.2 DF advised that there was an 18-month transformation plan in place and that the Trust, as the host of CEICP, was hosting the transformation contract. As current service contracts come to an end, CEICP would be in place to take on any future contracts.
- 8.3 DF presented the agreed terms of reference for the partnership. LB commented that the two documents gave clarity on the direction of travel of CEICP but asked how CEICP related to Central Cheshire Integrated Care Partnership (CCICP). DF replied that CCICP was now four years old and had set the model for integrated care partnerships. This had allowed the Trust to set up effective infrastructure such as finance, HR and other support services. The Trust had learnt to delegate authority and make decisions in a different way. CEICP had more partners and when the CCICP community services contract ends in 2021, it was likely to move under the CEICP umbrella.
- 8.4 LP asked where the lines of accountability lay if MCHFT was the host. DF explained that the host would not deliver any services with each organisation retaining accountability for its services as part of its Care Quality Commission (CQC) registration. Currently, CEICP only hosted the budget for transformation which would be subject to normal governance routes. Each partner organisation had their Chief Executive as the representative on the CEICP Board. A review of governance for CEICP was planned through the Audit Committee as had happened for CCICP. The community services contract would be the first potential contract to be awarded to CEICP.

Resolved: The Board noted the update from CEICP.

QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience

9.1 Quality Governance Committee 10 August 2020 Chair's Report

LM summarised the discussions held at the meeting, noting that the Committee had returned back to a full agenda having streamlined through Covid-19. There had been a clear focus on returning to pre-Covid levels of elective activity and the BAF risks pertinent to this Committee had been noted.

Resolved: The Board noted the Chair's Report.

9.2 Learning from Deaths Report Q1 2020/21

- 9.2.1 CH advised that programme had been suspended nationally in March 2020 due to Covid-19. The Trust had continued Structured Judgement Reviews (SJR) for any deaths of patients with learning disabilities and the normal clinical incident framework remained in place which was the primary method for identifying any concerns with deaths.

- 9.2.2 CH explained that updated mortality rates were included in the report and that the decline in Hospital Standardised Mortality Rates (HSMR) had been reviewed and was due to the reduction in coding of palliative care consultations. This was not a lack of care, but a recording issue and a task and finish group had been set up to address this. CH added that the spike in crude mortality in April and May for Covid had continued to fall and was now back in line with expected rates.
- 9.2.3 CH advised that the Trust had decided to review all Covid deaths and this process would be completed shortly, with results presented at a Trust Mortality audit meeting in October. AV welcomed this and asked if this was a national requirement. CH replied that there was no national request, but a number of Trusts had decided to take this approach and lessons would be learnt from other Trusts as well. Some critical care networks were pulling together figures from across their networks.
- 9.2.4 CH reported that, in July 2020, the Trust had received a mortality outlier alert for stroke patients from CQC Insight. Following a review, the Trust had concluded that this was due to patients with better outcomes being transferred to University Hospitals of North Midlands NHS Trust (UHNM) for specialist treatment. Those who remained tended to be more complex with greater co-morbidities and less likely to benefit from transfer. A full review of stroke patient mortality was being planned.
- 9.2.5 CH reported that a Medical Examiner and three support roles had been recruited to from existing Trust consultants and their work would begin in October.

Resolved: The Board noted the Learning from Deaths Report.

10 Quality, Safety and Patient Experience Report July 2020

- 10.1 CH highlighted that the level of safety incidents had returned to pre-Covid levels and this, combined with a reduction in the number of harm incidents, was a good trend for the safety culture of the Trust. CCICP had a particularly significant increase in incidents reported since April which was due to the intense training package on incident reporting; the number of incidents resulting in harm here had also decreased steeply.
- 10.2 CH reported that two of the three serious incidents reported verbally to the Board in August (*Minute 11.1 refers*) had been downgraded as the patients had made a full recovery. A root cause analysis (RCA) was being planned for the third incident.
- 10.3 JT reported that hospital acquired Covid-19 cases remained at zero with no cases identified since the middle of June. Precautions remained in place with one ward designated as a Covid ward and one as an 'amber' assessment ward. The Trust continued to adhere to national guidance which was frequently updated and was monitored by the Silver Group.

- 10.4 JT advised that the recovery plan for improving response rates to 40 days for written complaints continued. In July, 69% of complaints met the target. JT further advised that there remained a small backlog of complex complaints so this rate would dip in August, but the Trust still expected to meet the 70% target by December as planned.
- 10.5 JT presented the safer staffing fill rate, noting that a number of areas fell below the target of 85% for registered nursing shifts. However, this reflected the ongoing response to Covid-19 where some areas were not full and did not require three nurses. Staffing levels continued to be monitored on a daily basis. JT advised that 6-week acuity reviews had been introduced this year which ensured that there were adequate staffing levels although this had been more challenging due to Covid. JT reported that the Children and Adolescent Unit had particularly challenges because of sickness and vacancies, as well as some staff shielding. Bank and agency staff had been used as well as using a different mix of staffing. JT added that the picture had improved since July with staff returning from shielding and further recruitment in place.
- 10.6 AV asked if there was any way that the staffing levels could be shown as a trend to understand any areas of particular concern. JT replied that this would be difficult in periods when there were significant ward changes such as during Covid.

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

11 Serious Untoward Incidents and RIDDOR Events

- 11.1 CH reported four potentially StEIS identifiable incidents:
- delayed follow up for a cancer patient which could have affected their long-term prognosis
 - delay in diagnosis of cancer which could affect their prognosis
 - delay in diagnosis of an ectopic pregnancy which resulted in no harm to the patient but there were likely to be a number of lessons learnt
 - inadequate monitoring during labour of a baby who was subsequently transferred to a tertiary centre.
- 11.2 CH advised that, due to the similarity between the maternity incident and one reported last month, the Trust had commissioned an internal review of the last five years of maternity incidents, looking for similar themes; this would be reported back through the Quality and Safety Committee (QSC).
- 11.3 CH reported two RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) cases, both involving injuries to staff following falls. One of these was in the community at a patient's house.

Resolved: The Board noted the SUI and Riddor report.

12 Medical Revalidation Annual Report

- 12.1 CH presented the annual report and statement of compliance for medical practitioners. There was no requirement to submit annual data this year; however, the Trust had already collected the data before the suspension. CH reported that 96% of consultants completed their appraisals in 2019/20; a small number who were overseas or on maternity leave had their appraisal approved in their absence and a small number who were due to complete in March did not because of Covid.
- 12.2 CH advised that appraisals for 2020/21 were reinstated six weeks ago with the main challenge being the accessibility to adequate continued professional development. The Trust would be recruiting and training more consultants as appraisers as the medical workforce continued to grow. CH summarised that the process remained fit for purpose and operated effectively.

Resolved: The Board noted the report.

PERFORMANCE

13 Performance and Finance Committee 27 August 2020 Chair's Report (d)

- 13.1 TB highlighted the following points:
- the transition of the new Chief Operating Officer (COO) at such a time of challenge had been successful thanks to the support of the Director of Operations managing the transition and the professionalism of Oliver Bennett and Chris Oliver as outgoing COO
 - the significant effort regarding the restoration of planned care, as winter approached. The increase in 52-week breaches, delays to cancer treatments and growing backlogs were a national, system and Place level concern.
- 13.2 OB commented that this was challenging but the restoration of elective work continued to build momentum and the Trust treated twice as many patients in August than in July. This work was tracked by the Operational Restoration Group.

Resolved: The Board noted the Chair's report.

13.2 Performance Report - July 2020

- 13.2.1 OB reported that the attendances through ED was at 80% of the level of July 2019; however, the number of high acuity attendances was almost the same as the same period last year and pre-covid. Performance against the 95% four-hour target had deteriorated to just under 93% as attendance levels continued to return to pre-Covid levels and the department still had to be run as a Covid secure area. OB explained that there were plans in place to support performance improvement, including expansion of the emergency department and additional recruitment as part of the agreed winter plan. The

Trust was also preparing for the implementation of the NHS111 First pilot which was designed to stagger attendances based on acuity. This was expected to go live in October/November.

- 13.2.2 OB presented the inpatient metrics for July 2020 which showed a lower occupancy rate than pre-Covid; however, some empty beds could not be used as they are in Covid secure areas so did not contribute to patient flow through the hospital. Delayed Transfer of Care numbers remained better than last year. OB added that theatre efficiency rates continued to improve although, with social distancing and infection control measures, there was a limit to the levels that would be recovered while Covid measures remained in place. All operating theatres were functional from August and, therefore, a continuous improvement would be expected in theatre utilisation
- 13.2.3 OB reported that the Referral to Treatment (RTT) standard continued to deteriorate as GP referrals increased and we continued to do less clinical activity now compared to pre-Covid. There had been an increase in the number of patients waiting over 52-weeks and the Trust was considering further measures to manage these patients, and harm reviews are being undertaken.
- 13.2.4 OB advised that the percentage of patients waiting diagnostic tests was reducing but this remained a significant challenge, particularly for those awaiting endoscopy. The Trust had been successful in securing a capital bid for more endoscopy equipment to the value of £800k. The Trust was expecting the installation of a mobile CT scanner on site during September and the mobile MRI scanner on site in August had proved beneficial. Outpatient activity remained at about 75% of previous levels and around 42% of outpatient consultations are taking place non-face to face.
- 13.2.5 OB reported that performance against the cancer standards were improving with almost all urgent referrals seen within two weeks. There has been a significant improvement in the number of patients waiting over 63-days and 104-days for treatment and this remains a priority area for the Trust. There is a Cancer improvement plan in place which was being tracked through the Operational Restoration Group.
- 13.2.6 OB advised that winter planning was well underway with £2.7m invested in schemes to date with more schemes being considered to ensure the Trust was as prepared as it possibly can be for the pressures that it will face this winter. OB confirmed that essentially there are four key components to the winter plan: reducing demand and attendances at A&E, in-hospital capacity (increase of 54 beds), exit flows for those patients who were medically fit (with more community beds requested) and the health and wellbeing of staff, which include the rollout of a comprehensive flu campaign. OB confirmed that a capital bid had been submitted to NHSE/I via the Network to support enhanced critical care capacity going in to this winter.
- 13.2.7 **Finances**
RF reminded the Board of the current funding arrangements i.e. a block

payment with applications for top up reimbursement over and above this. In July, £1.7m additional costs were identified which contributed to an overall claim of £5.6m.

- 13.2.8 RF advised that, of the £8m Covid costs accumulated to date, 50% were for pay and 50% for non-pay. The Trust had also incurred losses of £1.4m revenue due to reduced footfall on site and no outside-contract activity. These costs had been offset by non-pay savings, for example, costs of drugs and supplies in the first quarter when little elective work had taken place however expenditure in these areas had started to increase as elective work was restarted and hence the reimbursement required to breakeven increased from £1.3m to £1.7m.
- 13.2.9 RF reported that the Trust had completed the financial forecast for the remainder of the financial year and submitted this to the HCP, there were a lot of unknowns in this forecast such as cost of restoration and future Covid costs; the same forecast was also required for NHS Improvement (NHSI). PAF would be reviewing the detail of these at their September meeting. RF advised that the future financial framework and control total would be at HCP level, and whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions. Until organisations saw the detail of what was in the control total set for C&M it is difficult to understand the challenge this presents, however it was expected there would be a financial challenge for the second half of 2020/21.
- 13.2.10 JC commented that, while the Trust's position would be subject to the allocation by the system, some negotiation would be expected.

Resolved: The Board noted the performance report for June.

WELL LED

14 Transformation and People (TAP) Committee 6 August 2020 Chair's Report

- 14.1 LB advised that the Committee would be transitioning to become the Workforce and Digital Transformation (WDT) Committee over the next month. LB reported that the last meeting had included good discussions about equality, diversity and inclusion (ED&I), the electronic patient record (EPR) system and the digital programme for the year, all of which had provided assurance to the Committee. LB added that TAP had received a report on the response to the Greater Manchester Utilisation review.
- 14.2 LB outlined the risks and concerns raised by TAP in regard to ward moves and the impact on staffing, HR and training data, the capacity to deliver a more ambitious ED&I strategy and the delays to the EPR which would also impact on some of the recommendations to the utilisation review. JS queried whether this was the right Committee for the utilisation review in future as the

recommendations were to address performance issues. HB advised that the Board Away Day on 28 September would have a focus on ED&I and whether additional resource was required to support this agenda.

Resolved: The Board noted the Chair's report.

15 Workforce Report July 2020

- 15.1 HB advised that this was the first time the new style workforce report had been submitted to Board. HB explained that a task and finish team had been established to carry out a root cause analysis of the low mandatory training compliance metric and would report back to the Business Continuity Group in October. This review would also include workforce data, processes and automating the reporting of training. HB commented that the new charts showed compliance by workforce group which highlighted a general low level of compliance across the medical workforce.
- 15.2 HB reported that the appraisal completion rate had continued to drop but that the new Motiv8 appraisal system would launch in October, which is hoped would support the recovery of appraisal completion. Additionally, each division had a plan for the restoration of appraisal levels. This was being monitored by the Business Continuity Group. HB acknowledged that the ward moves had caused issues with completion as it had not always been clear where the responsibility for appraisal sat.
- 15.3 JS commented that this was an improved report and highlighted the impact of the nurse recruitment programme which had increased the number of full time equivalent nurses by 100 in one year. This focus would continue in order to increase the number of permanent nursing staff and drive down the spend on agency staff.
- 15.4 LP asked how wider clinical training for medical staff was monitored as these metrics only covered mandatory training. HB replied that the Medical Director was working with the Associate Medical Directors to improve compliance on mandatory training through divisions and the detail of this was reported through the Executive Workforce Assurance Group, with risks escalated to WDT. Junior doctors' training was monitored by the lead employer and doctors started work with the Trust in a compliant position having completed the necessary training.
- 15.5 AV asked if there was something about the nature of manual handling, safeguarding and resuscitation training that was more difficult for staff to engage with. HB replied that for safeguarding the requirement had changed a few months ago and reset a number of the compliance rates to zero so this was a process of recovery and JT was working to bring levels back up. Manual handling and resuscitation both involved a mixture of online and face-to-face training and the availability of experts was the limiting factor especially with social distancing measures in place.

Resolved: The Board noted the workforce report.

16 Health Education England (HEE) Self-Assessment Report (d)

- 16.1 HB presented the report for approval, explaining that this provided assurance to HEE that the Trust was providing appropriate education and training requirement for clinical and medical staff. HEE would respond to the submission and any recommendations received would be reviewed at WDT.

Resolved: The Board approved the HEE report for submission.

17 Health and Safety Annual Report 2019/20 (d)

- 17.1 RF presented the summary of the performance of the health and safety (H&S) team against their objectives. RF explained that H&S had recently moved to Estates and Facilities in order to bring organisational H&S together in one place within his portfolio. H&S Group (HSG) would now report into the Executive Infrastructure Development Group.

- 17.2 RF updated the Board on the further actions in regard to fire management. External fire engineers had been appointed to undertake a full audit of fire risk management systems, controls and legislation compliance. Local fire management assessment compliance had deteriorated this year and all areas had been asked to complete by November. Compliance with non-sleeping area fire drills was another area of focus.

- 17.3 RF advised that Control of Substances Hazardous to Health (COSHH) assessments had dipped but were improving, with a target of December for all assessments to be up to date. LP commented that was a clear report from which he could derive assurance that proper processes were in place for H&S issues across the Trust. However, the primary responsibility for H&S as outlined in the report was for management and the report did not give a strategic sense of the culture of safety and asked if this could be included in the future. RF acknowledged that this report was focused on the key objectives of the H&S team but that a more strategic approach needed to be taken in future.

- 17.4 JS commented that the H&S report had previously been presented at a Board Away Day and there was some work to do to bring H&S into one place with a focus on the strategy and culture of H&S rather than the operational aspects which this report focused on. H&S risks would link into the BAF on a quarterly basis. AV asked if the link to the BAF was explicit enough, given the inherent risk of fire. JS replied that BAF 13 (modern, efficient, sustainable estate infrastructure) covered H&S and this would be clearer once the links to operational risk were made in the BAF. DF added that the staff survey results showed that the safety culture at the Trust was above average, both regionally and nationally.

Resolved: The Board noted the report.

CONCLUDING BUSINESS

18 Any Other Business

There were no further items.

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

No new items were identified. JC observed that the Board focus on assurance was positive and an improving picture.

20 Key Messages from the Board (v)

JC summarised that the meeting had started strongly with the presentation from a staff member which provided good assurance about the experience of staff during Covid and had ended with a robust discussion on H&S and the improved assurance provided through this report. JC added that he had been pleased to welcome Governors back as observers and hoped that they were encouraged by what they had heard.

Board Meeting in Private

Monday 7 September 2020

9.30am

Virtual - via Microsoft Teams

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)
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)
Katharine Dowson, Head of Corporate Governance (KD)

Apologies Dennis Dunn, Chairman (DD)
Murray Luckas, Medical Director
Katherine Birch, Lead Governor

PRELIMINARY BUSINESS

21 Welcome & Apologies (v)

No additional apologies were noted.

22 Declarations of Interest (v)

No interests were reported.

23 Draft Minutes of the Last Meeting - 3 August 2020 (d)

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

ITEMS FOR DISCUSSION

24 Chief Executive's Report (d)

24.1 JS provided further updates on the following items:

24.2 A&E Expansion

The Trust had been successful in receiving capital money to develop a new ED. The Board now needed to consider how to adequately staff this expanded area as the Trust already had a lower number of doctors per bed than most other Trusts. The Trust had previously only approved the expansion of the medical workforce through business cases when it was affordable which was not often. There was a particular issue with the number of middle grade doctors at night in A&E.

24.3 JS outlined the proposal for an Urgent Care Village, with physicians at the front door, plus support services such as for alcohol and mental health. The Trust needed to invest a further £1.7m in staff which would, therefore, become a future funding pressure for the Trust. Urgent care pressures had been the most significant challenge for the Trust for a number of years and the capital investment, together with staffing expansion, would go a long way to resolving this capacity issue and risk. AV commented that this was in line with the Trust strategy and he would welcome a more detailed proposal for consideration. LB asked if this level of pressure would lead to the Trust being an outlier for financial performance; JS replied that the Trust remained average on this measure, even with this additional financial pressure. After further discussion, it was agreed that a paper which outlined the financial implications for the ED rebuild would be developed at pace so that recruitment could begin.

ACTION: Paper for the revenue implications of the capital bid to be developed and submitted to the Board for decision (J Sumner)

24.4 LB asked what the timescales were for the build and whether any benefit would be felt this winter. JS replied that it was disappointing that the confirmation had not come earlier as the original proposal had been to open

by 1 January but, due to delays, this was more likely to be late February 2021. The capital money was phased over two years. JS added that the winter plan was robust and recruitment was already underway for the additional staff in this plan. Corridor management would be key, as well as ensuring that the new build did not impact on the existing A&E.

24.5 **Phased Restoration of Services**

JS advised that the Trust had been asked to confirm whether it could return to 80-90% of the planned care target and a summary of the Trust response would be circulated to the Board. RF had added a summary in regard to finance which he would be sending out this week. The full plan was also available for Board members on request, with the detail being discussed at PAF.

ACTION: Phase 3 plan summary to be circulated to the Board (O Bennett)

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

24.9

Estates Strategy

JS provided an update on the ongoing assessment of concrete roof planks and the case for replacement or alternative strategies. RF advised that 21% of the roof plank areas had been assessed by structural engineers, with a full report expected on this by the end of September. The Board noted that the costs of replacement was sufficiently high for alternative options to be explored.

24.10

JS advised that there was a tight deadline for significant capital requests over the next five years and the Board was asked to note the appointment of an external consultant to help develop an outline business case for a wider redevelopment plan. This appointment would need to be through a single tender process due to the limited timeframe for submission and this had been agreed by the Executive Infrastructure Development Group.

24.11

JS outlined the criteria that would need to be considered, including local employment opportunities, the estate backlog, links to the local community and the carbon neutral agenda. LB added that the social economic value should be brought out and HB suggested that the NHS People Plan ambitions were also linked in. TB added that the HS2 corridor investment from Crewe into Cheshire was a key local investment priority and commented that Cheshire was a high carbon-producing county so focus on a digitally enabled and sustainable building would be important.

24.12

Crewe Campus

JS reminded the Board that, as part of the preparation for redeveloping the residences, alternative office accommodation was being sought. Details of the terms for two buildings were advised to the Board which included a rent-free period, followed by a rolling unconditional lease including all maintenance and repair work. A project manager had been appointed who had completed

surveys of both buildings to identify where work was needed to bring areas up to standard and identify which teams could move there.

- 24.13 LB asked how this would fit with a move to home working and whether there was now less of a requirement for a move. RF replied that teams under consideration had been advised and staff had been asked to complete a questionnaire about their working patterns and requirements. There had been a fundamental change in working so there would be more capacity to house teams. Some teams were keen to move.

24.14 **Victoria Infirmary**

Redacted under Section 43 of the Freedom of Information Act.

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

25 Pathology N8 Network - Notice to Progress (d)

- 25.1 **Sentence removed under Section 42 of the Freedom of Information Act.** DF further advised that the commercial partnership agreement would be submitted to the Board in November and there had been no changes to the business case previously approved at Board (*minute 19/11/6.2.13 refers*). The replacement LIMS system had now been procured and was in the process of being implemented. In response to a query, DF advised that approximately 200 people would be involved in the TUPE process.

Resolved: The Board agreed the notice to progress.

DF left the meeting

26 A&E Redevelopment (d)

- 26.1 RF explained that this item was to facilitate the proposed A&E redevelopment. build. The delay in confirmation of capital funds had necessitated a shortening of the full procurement route to using a Shared Business Service Framework. Rather than use a single tender waiver the Trust had contacted two suppliers for competition and comparison purposes to ensure that the best value for money was received. Both had been asked to start helping with some of the design and were aware that they were proceeding at risk.

- 26.2 Following submission of proposals, a preferred supplier had been chosen due to their experience of health-related modular build and the mix of the proposed professional team, which included architects and engineers. It was also proposed to appoint an external cost adviser to challenge the costs and ensure value for money. AV asked whether it was sufficient to ask only two companies to quote and RF replied that he had been advised that the framework used allowed a direct award or a mini competition and was legally compliant.

Resolved: The Board approved the procurement route and the decision to appoint the preferred supplier.

CONCLUDING BUSINESS

27 Any Other Business

There was no further business.

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

No new items were identified. JS advised that he and CK were continuing to look at how risks that included information not in the public domain would be reported to Board.

29 Key Messages from the Board & Meeting Review

JC added that it was positive to see so many proposals coming forward, the Board had been appraised of the appropriate risks and had been able to make a judgement based on an appropriate level of risk appetite.

JS thanked JC for chairing a further Board meeting in the absence of the Chairman.

Time, Date and Place of Next Meeting

Monday, 5 October 2020, 9.30am, via Microsoft Teams