

Board of Directors

Monday 5 October 2020, 9.30am

Virtual - via Microsoft Teams

MINUTES

Chair	Dennis Dunn, Chairman (DD)
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) John Church, Deputy Chair (JC) Russ Favager, Deputy Chief Executive & Director of Finance (RF) Murray Luckas, Medical Director 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) Katherine Birch, Lead Governor Katharine Dowson, Head of Corporate Governance (KD) Anna Acba, Critical Care Outreach Nurse (OD) <i>(to item 3 only)</i>
Observers	Judy Wright, Public Governor (Congleton) Janet Ollier, Public Governor (Congleton) Glynda Alasadi, Public Governor (Crewe & Nantwich) Barbara Beadle, Public Governor (Crewe & Nantwich) Jan Roach, Public Governor (Crewe & Nantwich) Yvonne Banks, Public Governor (Vale Royal) Maureen Leverington, Patient and Carer Governor John Pritchard, Patient and Carer Governor Valerie Pickford, Patient and Carer Governor Cllr Hazel Faddes, Partnership Governor (Cheshire East Council) Erica Morriss, Partnership Governor, (Community and Voluntary Sector)

PRELIMINARY BUSINESS

- 1 **Welcome & Apologies (v)**
DD welcomed everyone to the meeting.

2 Declarations of Interest (v)

- 2.1 JC advised that he was now Chair at St Bridget's Trust as well as a Trustee.

Resolved: The Board noted the changes to declarations of interest.

3 Staff Story - to note (p)

- 3.1 JT introduced the story of a staff member who was admitted to the Critical Care Unit in April (CCU) after she contracted Covid-19. As with many patients, she had suffered a number of post-Covid symptoms and found her recovery from the virus quite challenging.

- 3.2 AA advised that all patients are followed up from CCU although this had been virtual since March, due to Covid restrictions. There was also support available from the ICU Steps Charity (Chester) and the patient was planning to see a clinical psychologist. There was growing evidence of 'Post-Covid Syndrome' and, as a result, the Trust was trying catch up with patients more quickly than the previous two-month point.

- 3.3 AA reflected that the lack of visitors through Covid had been challenging for patients and staff who rely on visitors to help them get to know their patients while they are incubated. JC commented that the challenge in communicating with patients' relatives and carers to keep them updated applied to non-Covid patients as well. AA agreed that this had been a struggle, although there were now limited visiting opportunities.

- 3.4 DF added that work was underway to intervene with Covid cases earlier so that intensive care was not required and a new 'hot hub' led by primary care at A&E had been opened this week. Work was also underway to prepare for population vaccination towards the end of the year.

- 3.5 LB reflected that the patient story gave a different insight into Covid and asked how long it was thought that follow-up care would be needed for these patients. AA replied that it was not yet clear, but the virtual platform had created more opportunity to keep in touch more frequently with patients. AA added that the Trust had applied to be part of a new study to understand the recovery period. AA suggested that it would be helpful to have a local ICU Steps group but that this was down to patients and relatives to take forward.

- 3.6 DD asked that the Board's thanks be passed on to the member of staff with best wishes for their recovery and to the CCU team.

4 Draft Minutes of the Last Meeting - 7 September 2020 (d)

- 4.1 DD noted that the one open action had been completed and could now be closed.

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

5 Chair's Opening Remarks

5.1 Shadow Board

DD reported that the Shadow Board had met for the first time last week, under the Chairmanship of TB; further detail about the learning from this would be fed back to the Board.

5.2 Annual Member Meetings

DD thanked the Governors for their excellent attendance at recent meetings including the Annual Members meeting (AMM) which had taken place on 18 September 2020. The meeting had been held virtually due to social distancing requirements and although there were some technical issues, the statutory requirements of the meeting had been fulfilled.

5.3 External Organisations Support

On behalf of the Board, DD expressed his thanks to the large number of organisations and individuals that had donated generously to the Trust throughout Covid-19. DD advised that Board that he had written to a number of organisations to thank them.

5.1 Board Meetings' Schedule and Submissions

5.1.1 CK presented the paper on proposed changes to the schedule of Board meetings which would enable the Board to meet its statutory and regulatory requirements and also have increased opportunity to discuss strategic issues in more depth than was possible at the formal meetings. In addition, the Board would have four dedicated development days. The schedule would be fully implemented from January 2021 although implementation would start immediately. The Board was advised that the Board would meet formally in November 2020 but that it would be a shorter agenda to allow for a strategic session to be scheduled on the same day.

5.1.2 CK advised that the schedule had been set to allow effective information flow through the governance structure, enabling Board Committees to scrutinise and seek assurance prior to the Board. The revised schedule would also allow quarterly reports to be more timely in their submission. It was suggested that to make further best use of Board time, a consent agenda would be introduced from January 2021.

5.1.3 CK added that revised dates were being sought for Council of Governor and Board Away Day dates and these would be confirmed shortly.

5.1.4 JS stated that, although the main aim was to ensure Board time was spent effectively, this needed to be balanced with providing accountability to Governors and the public. The Lead Governor expressed her support for the changes proposed.

- 5.1.5 As Chair of Audit, LP commented that these changes would continue to ensure good governance and thanked CK for her close consultation with NEDs. TB observed that this schedule would allow decision-making to be more agile and that the Board would remain committed to keeping Governors informed. JS added that the informal Q&A session with Governors had been useful with good participation as well as updates at the Council meetings. CK suggested that a short paper to the next Council of Governors meeting summarising the engagement with the Trust might prove useful.

ACTION: Paper on Governor engagement with the Trust to be provided to the next Council of Governors meeting on 29 October 2020 (CK)

Resolved: The proposed changes were approved.

CONTEXT / OVERVIEW

6 Chief Executive's Report

6.1 Covid-19 Update

- 6.1.1 JS reported that the current Covid-19 infection rate was increasing, particularly in the North West with a growing number of cases in Merseyside. Cheshire had, to date, been less effected but the number of inpatients had been doubling every week through September. Surveillance reports showed a slight levelling off in the trajectory of admissions last week, but this could change suddenly. The Trust had had to reconfigure wards again as there were not enough side rooms. JS advised that he had met with senior leads last week for a Clinical Summit to set out plans for winter and how to protect planned care, especially for those on cancer pathways.

6.2 Electronic Patient Record (EPR)

- 6.2.1 JS welcomed the approval of the Outline Business Case for the EPR and advised that the procurement stage with East Cheshire Trust (ECT) would now begin. A paper on digital transformation would be submitted to the Board in due course and programme governance put in place to manage the process with ECT. The Audit Committee would have oversight of this with AV joining the joint project group as NED lead.
- 6.2.2 AF advised that the timeframe for the tender procurement process, had been agreed which would lead to submission of the Full Business Case for approval by Summer 2021. At this point, a contract could be signed and implementation would begin which would take 18 months to 2 years. JS added that the Trust had learnt a great deal from the experience of other Trusts which had procured an EPR jointly. CK advised that the Board had committed to a joint digital development session with ECT and a date was currently being sought.

6.3 Finance Update

LB asked what the timescales were for the deployment of the financial allocations for Cheshire & Merseyside. RF replied that the Directors of Finance were completing some modelling work for agreement this week.

6.4 Cancer Services.

AV asked how the restoration of cancer services were progressing. JS replied that the key challenge was Endoscopy which was a significant issue in terms of capacity with current infection and prevention controls. Therefore, a decision had been made to commission additional capacity using an insourcing company which would treat an additional 600 patients by March 2021.

Resolved: The Board noted the CEO report.

7 Board Assurance Framework (BAF) Q2 report 2020/21

7.1 JS presented the Quarter 2 report for the Board Assurance Framework (BAF). The BAF continued to be developed whilst work on the Organisational Risk Register (ORR) and alignment with the BAF risks took place. JS advised that a new operational risk had been added in regard to Medical Devices following the recent internal audit report; this had provided limited assurance on a number of issues which were being addressed. The Audit Committee would be monitoring this. JS advised that other key operational risks would be referenced through the relevant items on today's Board agenda

7.2 AV asked how the review of critical infrastructure was progressing and how this related to the key estate risks identified in the paper. JS acknowledged that there were a number of issues relating to the BAF13 risk '*Failure to provide modern, efficient, sustainable estate, infrastructure and equipment*' and these would be addressed in the review. It was anticipated that the review outcome would be available in November and would subsequently be taken through the governance structure. In addition, the next Board Strategic Session would also focus on estates.

7.3 AV considered that the most significant challenge remained EPR implementation but accepted that the risk had reduced at this stage due to OBC approval. JS agreed that the recent approval had improved the likelihood of EPR implementation. CK advised that the risk wording was focused on development and agreed that this would be a significant risk in due course. JS suggested that the BAF risk would evolve to cover the next stage of the process.

Resolved: The recommendation to reduce the risk scoring of BAF 6 was noted

Resolved: The recommendation to increase in the risk to BAF 13 was noted

8 Integrated Performance Report (August - Month 5)

JS advised that the IPR would provide context to all discussions but would also be picked up by each Executive Lead at the relevant section of the agenda.

QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience

**9 Quality & Safety Committee (QSC) - 14 September 2020 (d)
Chair's Report**

9.1 JC summarised the items covered by the Quality and Safety Committee (QSC), including the concern raised that donor donation might be impacted by pressures on critical care capacity, due to winter and Covid. It was noted that the meeting had not been quorate.

9.2 AV asked what the concerns regarding the Clinical Negligence Scheme for Trusts were, as only partial assurance had been noted at QSC. JC advised that there were no concerns but that some items were planned for completion through the rest of the year so could not yet provide the necessary evidence for acceptable assurance.

Resolved: The report of the Committee was noted.

10 Quality Safety and Patient Experience Report

10.1 ML reported that the number of safety incidents resulting in harm had gone up significantly and was above the control limit for the acute Trust. The number of incidents with no harm remained the majority at 252 out of 440 incidents reported in August. ML advised that there had been a focus on improving incident reporting and the safety culture within Central Cheshire Integrated Care Partnership (CCICP) through training and support. This had, as planned, led to a significant increase in the number of incidents reported.

10.2 ML added that the increase in incidents in the acute Trust had been predominantly driven by an increase in the reporting of skin damage which, if caused by the actions of the Trust, was recorded as at least a moderate harm incident. AV asked how the Trust compared to other Trusts of similar sizes in its reporting levels. ML replied that the Trust was above average for reporting numbers but also above the mean for the proportion of harm, but no further detail of comparable data was available.

10.3 After some discussion it was agreed that organisations that excel at creating a good safety culture had focused on increasing the number of incidents reported and improving the proportion that result in no harm. ML added that any incidents where the harm was recorded as moderate or worse were reviewed at the fortnightly patient safety summit.

10.4 ML reported that a task and finish group would be focussing on how to

improve the Trust's mortality indicators as the Hospital Standardised Mortality Rate (HSMR) indicator had deteriorated, although it remained within the expected range.

- 10.5 JT presented the infection control data, highlighting that it had been 104 days since the last recorded hospital transmitted Covid infection which was due to excellent clinical practice. JT advised that the criteria for the reporting of a lapse in care for pressure ulcers was strict and could just be one failure to document the turning of a patient. JT noted that the increase in August was partially due to a delay in the assessment of cases through the summer. The pressure ulcer panel had been reviewed and there was a new tissue viability nurse in post.
- 10.6 JT advised that the pressure ulcer lapses in care were spread across the wards, except for three which were in one ward and an improvement plan was already in place. JT advised that there had been seven cases in August which were not recorded on the graph and there were a number of cases to be reviewed. As previously advised to the Board, the spike in numbers in August for CCICP was due to a cluster Root Cause Analysis (RCA) which had resulted in the sharing of lessons learnt, management changes, education and training.
- 10.7 JT presented the safe staffing fill rate figures, with a number of areas identified as falling below the 85% target for the number of shifts filled by Registered Nurses. The three lowest areas were because not all beds were in use due to patient demand and also because the social distancing of beds on surveillance wards required less nursing support.
- 10.8 LM commented that this table illustrated the importance of understanding the factors that were driving performance, which was particularly sensitive during the Covid pandemic, but the explanations had provided assurance that the management of these areas was in hand. AV asked if some comment on this chart would help those looking at this chart without hearing the explanation. JT replied that this had previously been included in the report but had been removed with the narrative now forming part of the Board discussion. JS added that the intention was that that robust discussion would take place in the Committees, with assurance to Board coming through the Chair's reports. Once committee meetings were moved ahead of Board (from October 2020), this process would be clearer. The revised process would remain under review as it was implemented.

Resolved: The Board noted the report.

11 Serious Incidents

11.1 ML reported two serious incidents since the last Board meeting:

- A seriously ill elderly patient had fallen in the ward and suffered a traumatic head injury and subsequently died. Some lapses of care had been identified and, therefore, a full RCA would take place

- Following a prostate procedure, a known complication occurred; this had been followed up with a further procedure and a stay on intensive care. The patient had made a good recovery and returned home. The RCA would focus on the action taken following the complication and whether this had been an appropriate response.

Resolved: The Board noted the update.

12 Safer Staffing Report (Nursing & Midwifery)

- 12.1 JT presented the annual assurance review on the appropriate and safe levels of nursing and midwifery across the Trust. The data collection had been challenging this year due to the number of ward configurations that had taken place and, therefore, it was based on the six weekly acuity reviews
- 12.2 JT advised that the areas recommended for investment were:
- Emergency Department (ED) due to the increase in activity as well as Covid - this would be included in the revenue plan for the A&E capital build
 - Maternity – to comply with the 2016 'Better Births' guidance, further investment was required in 2021/22 to provide mandatory continuity of care which had been proven to lead to better patient outcomes and experience.
- 12.3 JT noted that the recommendation was that the additional investment was considered as part of the annual planning for 2021/22. DD asked that a more detailed cost benefit analysis was provided to Board next year.
- 12.4 LB asked JT if the maternity figures had taken into account additional work created following the withdrawal of a private provider from the market. JT replied that, while the report used birth rates from 2018, additional investment had been made in response to the increase in births. The additional work from East Cheshire during Covid had also not impacted the study as staff had been temporarily transferred over to support this.
- 12.5 LB asked when full implementation of the Malinko work planning system would be completed as this would allow for better assurance on staffing versus acuity. DF replied that the IT development was ongoing with the majority of the infrastructure now in place but there was further work to be completed on the cultural change. Following the initial roll out, the project manager was visiting all sites to check how it was being used, as well as identifying differences.

PERFORMANCE

13.1 Performance and Finance Committee (PAF) - 24 September 2020 Chair's Report

13.1.1 TB reported that a number of issues had been debated with the Committee being assured about the work being done to address issues and risks. The main challenges were within Estates where the team was dealing with five of the twelve key risks highlighted in the BAF.

13.1.2 The Committee had recognised that activity levels were almost back to pre-Covid levels through the ED and it was disappointing that the new build would not have an impact this winter. The Committee had reviewed the Winter Plan and recommended it for approval to the Board. The Committee had noted some good progress on reducing the time to treatment for cancer payments with 62 and 104-day pathways reducing considerably.

Resolved: The Board noted the Committee Chair's report.

Integrated Performance Report – Performance and Finance

13.1.3 OB presented the performance metrics, reporting that while conditions remained challenging, there were pockets of improvements including the cancer targets. OB added that the ED attendances for high acuity patients arriving at Leighton A&E were back up to pre-Covid levels but that overall performance against the 4-hour target was 10% higher than the same period last year.

13.1.4 OB advised that inpatient numbers were 13% lower than August 2019 but these would increase as more planned activity was restored. Occupancy might be challenging as there were a number of beds on Covid wards that could not be used for general admissions. Theatre utilisation continued to improve, up by 12% from July to August. The waiting list had grown by 1000 patients because the level of planned treatment remained lower than previous years due to the need for infection prevention controls while GP referrals were returning to normal levels. As a result, the number of 52-week wait patients was rising due to the continued backlog.

13.1.5 Waiting times for diagnostics had improved but the issues with downtime for the MRI scanners in August had not helped decrease the number of patients waiting. However, a mobile MRI scanner had been on site since September and this was improving wait times and the CT scanners were delivering more activity than in September last year. Endoscopy remained the key challenge - NHS England and NHS Improvement (NHSEI) had allocated £0.8m capital to support the resumption of this activity at the Trust. In response to a query, OB agreed to ascertain the number of patients waiting for Endoscopy. OB replied that all five suites were now working and were delivering 60-70% of previous activity.

ACTION: To supply JC with the number of patients waiting for an Endoscopy (OB)

- 13.1.6 KB asked how many patients were still waiting at 104 and 62 days for cancer treatment to start. OB replied that, at the peak of Covid, there were 140 patients waiting more than 104 days and this was now at 40. For 62 days, the number was now 68 compared to a peak of 257. The Trust has committed to reducing the 62-day wait to 25 days by December which was similar to the figure from last December. The Trust is committed to returning to being one of the highest performers in the country.
- 13.1.7 RF presented the finance data from the IPR, advising that the Trust was currently receiving a block payment based on historic spend with the Trust then applying for reimbursement of any shortfall due to Covid costs etc but this system ended on 30 September. From 1 October the Trust had been given a new allocation with further funding anticipated from the Cheshire & Merseyside (C&M) Health and Care Partnership (HCP). This allocation was for Covid costs and growth funding.
- 13.1.8 The Trust has applied for £1.7m reimbursement to achieve a break-even position in August which was in line with the reimbursement sort for July. Cumulatively, the Trust have now applied for £7.3m additional funding from NHSI for April – August and have received April – July payments with only August £1.7m outstanding.
- 13.1.9 The Trust has incurred circa. £10m of directly identifiable costs in relation to the Covid-19 outbreak just over half of this (£5.5m) for pay, and there is a further £1.7m loss of income through reduced footfall and non-contracted activity. These costs have been partly offset by significant savings on non-pay and drugs through the reduction in the normal elective Programme, particularly in the first quarter, resulting in the net £7.3m position.
- 13.1.10 As advised there has been a new nationally calculated baseline funding envelope for each NHS organisation, nationally they calculated this would leave the Trust with a £9.8m deficit for months 7-12 (October to March 2021). Cheshire & Merseyside HCP had received £180m to cover these organisational deficits (ie the Trusts £9.8m) and a further £160m to support additional Covid19 costs (£132.5m) and growth (£28.3m). A decision on how this additional HCP system level financial support is to be distributed amongst providers and commissioners has yet to be made and the Directors of Finance are currently modelling some options.
- 13.1.11 The Trust had prepared and was submitting its own internal financial forecast which had been shared with Performance and Finance Committee and would be discussed in part 2 of the Board but RF suggested that based on these projections and assumptions on HCP allocations the Trust would end the year in a similar or slightly better financial position to that which was expected in the draft financial plan pre Covid.

Resolved: The Performance and Finance report was noted.

13.2 Mid Cheshire Hospitals Winter Plan

- 13.2.1 OB advised the Board that there was an error in one of the figures in the plan - the total funding for the plan was £3.5m not the £2.7m referenced, which was £0.5m higher than last year. OB presented the plan which included preparation for the normal seasonal pressures and planning for further spikes of Covid. Learning from previous years included starting recruitment earlier and expecting attendances to increase by about 6%; there would be more ambulance arrivals, higher bed occupancy and greater challenge in transferring patients out of hospital. This year, there would also be the background of Covid admissions. The plan had been based on a scenario of a decline in Covid infection rates as defined by national guidance, but a second wave or localised increases and decreases were possible.
- 13.2.2 OB outlined the four key focus priorities:
- reducing demand in A&E, including the new NHS111 first programme due to be implemented in mid-November
 - maximise bed capacity to manage flow and prevent overcrowding in ED by having sufficient escalation beds
 - improving exit flow for patients who do not need to be in hospital, by requesting 30 additional community beds and working with partner. A new policy for patient discharge was published in September which when implemented would have a positive impact
 - protect the health and wellbeing of staff, including the rapid rollout of the flu vaccination plan.
- 13.2.3 OB confirmed that since writing this plan, the capital bid for increasing critical care capacity had been successful with £0.3m allocated to the Trust for this purpose.

Resolved: The Board approved the Winter Plan.

WELL LED

14 Workforce & Digital Transformation (WDT) Committee 10 September 2020 - Chair's Report

- 14.1 LB reported that this was the first meeting as the Workforce and Transformation Committee (WDT). The challenges of mandatory training and appraisal were picked up as key issues; other areas covered included the launch of the staff survey and flu vaccination campaign, assurance on the action plan against the NHS People Plan and the new leadership approach.
- 14.2 LB advised that, following a review of the results of the Trust submission against the Workforce Race and Disability Equality standards, only partial

assurance could be given on the Trust's position on equality, diversity and inclusion (ED&I). ED&I had since been a focus at a Board Away Day, with the Board reviewing the decline in performance in this area and looking at key actions to improve the experience of staff.

- 14.3 Following the update on the EPR, a discussion had been held about the scale of change and development within the Trust as this would be another major transformational project. WDT had asked if there was capacity to support and embed these changes and how to keep a grip on the breadth of change. DD commented that he and the CEO continually reviewed the Trust's appetite for change.

Integrated Performance Report - Workforce

- 14.4 HB highlighted the decrease in mandatory training rates which were monitored through the Executive Workforce Assurance Group (EWAG) A task and finish group had been set up to focus on six themes: how to access training, how information was pulled through from the data warehouse, how people became aware of training requirements, automation, and focus on both safeguarding and manual handling training. This group would report progress to the Business Continuity Group.

- 14.5 HB advised that appraisal rates continued to have a downward trajectory; however, the new system, Motiv8, was launched last week and HR business partners would be taking this forward. The aim was to be compliant by December.

- 14.6 Sickness rates were improving with the Trust having the lowest rates in C&M. Work was on-going to support managers in keeping sickness absence low.

- 14.7 HB advised that the metric for starters versus leavers was not available this month as it was being reviewed for consistency due to a discrepancy in the reporting figures taken from ESR and BIU.

14.1 Workforce Race Equality Standard and Workforce Disability Equality Standard

- 14.1.1 HB advised that the data in these two reports was from the 2019 staff survey i.e. pre-Covid. Work on the ED&I agenda was now focussed on the experience of Black, Asian and Minority Ethnic (BAME) staff in particular and the health inequalities that have become more prominent over the last 6 months. The number of BAME staff within the Trust is approximately 7% with the highest percentage rate being 15% in Band 5 clinical positions. This compared to an average BAME workforce nationally of just under 20%.

- 14.1.2 The Trust aim was to show improvement against a number of indicators which was supported by the level of work undertaken in the past year

since the last survey was conducted. A BAME network had been set up, pastoral support for international nurses was in place and recruitment practices had been reviewed. This work had been accelerated due to Covid and also included work on health risk assessments, health checks for BAME staff and priority for testing.

- 14.1.3 HB reported that there were two areas of improvement - the number of BAME staff going through disciplinary processes and the number reporting bullying at work. Further work planned included a band 5 leadership programme and consideration on developing board representation.
- 14.1.4 HB advised that the disability report had similar themes. As with previous years, it was clear that there was a significant under-reporting of disability in staff systems (2.78%) compared to the staff survey and Covid risk assessments (25%). Covid had seen a concerted effort to promote staff health and wellbeing and the delivery of an 18-month programme in six months and this would continue. A disability passport was being developed which would allow staff to move through the organisation without needing to start again with any adaptations or adjustments required. The Trust had also maintained its Disability Confident employer status.
- 14.1.5 HB summarised that a key theme for both actions plan was leadership to set the right tone and culture and role model compassionate leadership. The BAME and disability voice needed to be part of decision making and inclusion at key meetings would be one of the ways of ensuring engaging of key staff. Equality Impact Assessments needed to be embedded in the decision-making process and diverse recruitment panels were needed. A further theme was education and learning.
- 14.1.6 HB advised that capacity was an issue to take this work forward and this had been raised at WDT. A temporary resource for the next six months had been put into place, together with some project resource.
- 14.1.7 The action plan would be reviewed in light of the results to make sure the Trust was prioritising this agenda. This would continue to be monitored through WDT and reported through to Board.

Resolved: The Board approved the reports.

GOVERNANCE

15 Audit Committee 14 September 2020 - Chair's Report

- 15.1 LP reported that the key items for discussion had been two internal audit reports; the first on Incident Management and Reporting with an opinion of substantial assurance; the second on Medical Devices. The latter had two reports, operational and technical. In both cases, a limited assurance opinion was given. This was an issue for patient care as most patients had some form of intervention using a medical device. Medical Devices

had been added as a new operational key risk in the BAF and would be reviewed in November by the Audit Committee.

15.2

LP added that it should be noted that the Executive team had nominated Medical Devices as a focus for Internal Audit in order to understand the improvements needed. The two lead Executives AF and RF had attended Audit Committee and were open to the discussion and actions required. There was a clear plan to address the recommendations and issues in the reports. DD commented that this indicated openness and transparency on the part of the Executive.

Resolved: The Committee Chair's report was noted.

CONCLUDING BUSINESS

16

Any Other Business

16.1

TB reported that, as Vice Chair of the LEP, he had attended their recent general meeting. While the LEP had traditionally focused on the 5-10 year forward view, the impact of Covid and Brexit had forced a shorter-term focus. The LEP's strategic aim was to make Cheshire and Warrington the most healthy, sustainable and fastest growing county in the UK. Cheshire was currently one of the highest carbon-producing counties, due largely to Ellesmere Port and it had 30 areas in the bottom 10% of the deprivation index. DD welcomed the new focus on health inequalities and sustainability in particular.

16.2

TB advised that he had also spoken at the Institute for Public Policy Research as the Vice Chair of the Local Enterprise Partnership (LEP) for Cheshire and Warrington.

17

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

No items were identified.

18

Key Messages from the Board

18.1

DD commented that the new format with the IPR at the top of the agenda to provide an overarching context was welcome and its submission to Committees first would allow the Board to triangulate issues between Committees and Board and provide the opportunity for scrutiny and challenge prior to Board.

Board of Directors Meeting held in Private

Monday 5 October 2020, 12.30pm
Virtual - via Microsoft Teams

MINUTES

Chair	Dennis Dunn, Chairman (DD)
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) John Church, Deputy Chair (JC) Russ Favager, Deputy Chief Executive & Director of Finance (RF) Murray Luckas, Medical Director 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) Katherine Birch, Lead Governor (KB) Katharine Dowson, Head of Corporate Governance (KD)

PRELIMINARY BUSINESS

- 19 Welcome & Apologies**
- 19.1 There were no further apologies given.
- 20 Declarations of Interest**
- There were no further declarations.
- 21 Draft Minutes of the Last Meeting - 7 September 2020**
- 21.1 The minutes were agreed as a true and accurate record.

ITEMS FOR DISCUSSION

- 22 Chief Executive's Update**
- 22.1 **Hospital Redevelopment**
- JS advised that the need to advise staff and stakeholders about the hospital redevelopment proposal and outline plans had become a priority

following the recent announcement that a further eight Trusts to the initial 40 Trusts confirmed would be invited to compete for future redevelopment funds. The Trust had a strong case given the significant number of concrete roof planks that required replacement and the progress already made with design plans. The Trust could also move relatively quickly as the proposal was to rebuild on the same site and to a similar footprint.

22.2 The paper circulated to the Board last week by the CEO was a high-level overview of the strategic outline case (SOC). A redevelopment board would be set up as part of the programme governance with TB as NED representative to provide an assurance route as Chair of PAF from estates and infrastructure.

22.3 JS reported that Dr Kieran Mullan, MP for Crewe and Nantwich was publicly supporting the redevelopment of Leighton Hospital with a petition on his website. JS asked the Board if they would support this petition.

Resolved: Public support for the MO campaign should be encouraged while remaining apolitical.

22.4 JS advised that the next steps would be to advise staff and key local stakeholders of the proposal, before holding a series of workshops for clinical leaders to comment on the plans before mid-November. The Trust's development partner, Archus, were very experienced in hospital redevelopment and JS provided details of this. Archus would model activity requirements and engage with staff to ensure requirements were met. Their approach would align with the Five Case Model which was the government's best practice approach for investment decisions - a successful SOC must be compliant, have internal and external engagement and the involvement of NHSEI regionally and nationally. Locally NHSEI were supportive and a site visit was planned.

22.5 A first draft of the SOC would be issued for review in January, with a completed SOC by late-February 2021. There had been no announcement of deadlines for applications yet and there was some risk to developing the plans through winter when clinical staff were under pressure. The Board agreed that the communications for this with staff and the public needed to be positioned as part of a broader set of ambitions for the Trust, including the redevelopment of Victoria Infirmary Northwich (VIN) and digital transformation. It was agreed that a stakeholder communication programme would be developed and circulated to the Board for their views this week but that, in the interim, key stakeholders should be informed of the Trust's intention to progress redevelopment plans.

22.6 **Resolved:** The Board agreed that staff and key stakeholders should be informed of the intention to build a new hospital at Leighton this week and to tie this to strategies at VIN and the EPR

ACTION: A stakeholder communications programme would be developed and circulated to the Board this week (JS)

- 22.7 DD commented that the Trust remained ambitious and aspirational and, therefore, needed to take advantage of opportunities as they arose. Communications needed to come out at pace to staff and to stakeholders who would almost certainly be supportive of the plans. JS acknowledged that there was some risk to sharing the plans widely as the risks regarding roof planks might be inflated and give rise to concerns. LP replied that it was better to be proactive and the Trust had evidence that it was managing the roof plank risk appropriately.
- 22.8 The Board supported the direction of travel. LB observed that this was a positive project for the local area and, combined with HS2, would be a further opportunity for the community with social value contracts and apprenticeships. LB asked if other Trusts would be supportive or would the Trust be competing with other bids. JS replied that he was not aware of any other cases in development, although there were other Trusts who would be interested. JS added that, on the advice of Archus, the phasing of the building might need to be adjusted to take into account the financial requirements.
- 22.9 **Resolved:** The Board noted the agreed approach and asked that the proposal on the hospital redevelopment, with lines of accountability and timeline for Board oversight identified, was brought back to the Board at the first opportunity.
- 22.10 **ACTION: A summary of Board oversight on the development of a SOC for hospital redevelopment to be brought back to Board (JS).**
- 23 Financial Implications of Restoration, Urgent Care and Winter**
- 23.1 JS introduced the paper which brought together emerging issues, opportunities and risks discussed at the last Board meeting with the Trust now having received further financial information re allocations. The plans around restoring elective activity post-Covid, the workforce implications of the new A&E build and winter pressures had been developed in advance of receiving any financial allocations. JS added that further clarity was being sought in regard to the headline financial allocations but most of these projects would not start to incur material costs until the later part of the financial year, so plans should be developed in the interim. If greater financial risks emerged, further discussion would be required with the Board to explore its risk appetite for this area.
- 23.2 JS advised that DD had approved the insourcing of Endoscopy resource because there was a limited number of organisations who could deliver this and this activity was having a direct impact on cancer waiting times.

The decision was made in line with standing orders and had been agreed by DD, JS and TB as Chair of PAF on 18 September 2020.

Resolved: The Board approved the recommendations of the paper.

24 Phase 3 submission

- 24.1 OB advised that this document was in response to the NHSIE letter of 31 July 2020 to set out the expected levels of restored planned care activity compared to last year. The forecast was based on a robust understanding of services and capacity and an element of judgement. The paper detailed anticipated performance targets against a number of key targets such as Referral to Treatment Time (RTT), waiting list size, cancer treatment waiting times, ED attendances and bed occupancy. OB added that the overall waiting list time was expected to grow but those patients who had been waiting longest would be prioritised.
- 24.2 LB asked if the backlog growth continued, what would be the potential negative outcomes for patients. OB replied that all cancer patients and those waiting over 52-weeks were all subject to harm reviews. The Trust would take a risk-based approach and continue to review and clinically assess those on the lists; this should be complete by the end of November for every patient. The Trust was planning to write to all those waiting to acknowledge the delay and encourage patients to contact the hospital if symptoms worsened.
- 24.3 RF advised that, as previously described, the Trust was awaiting confirmation of the allocation of funding from C&M Health Care Partnership to support restoration of planned work and Covid costs. The internal financial forecast for the Trust was a £30m deficit but after being funded for the £9.8m national deficit calculation and assumed growth and covid allocation the deficit was likely to be in the region of £10m - £14m which was slightly better than the original Financial Plan pre-covid. RF advised that costs in Cheshire Hospitals were likely to be higher than at other Trusts where actual sites, as opposed to wards could be split into Covid and non-Covid.
- 24.4 JS added that the Trust was committed to further investment in the urgent care workforce which had been included in the financial submission. RF stated that the Trusts forecast includes anticipated additional costs for Covid (assumed similar levels for the second half of the year), premium costs associated with restoration and winter, expansion of the medical workforce and A&E and a Trust view that it will not return to 2019/20 non-patient income levels due to reduced footfall within the organisation, which is the national assumption (£2m). TB commented that PAF had discussed this in some detail and supported the approach being taken and considered that the targets were achievable.

Resolved: The Board noted the paper.

CONCLUDING BUSINESS

25 Any Other Business

Shadow Board

- 25.1 TB reported that the first meeting of the Shadow Board had gone well with positive feedback from the independent observers; they had commented that participants were professional and respectful, used challenge well and had a good understanding of key areas of concern. Participants were well prepared, even though they were presenting on areas that were not core for them.
- 25.2 Participants had fed back that it had given them a wider appreciation on what a board does and this would help them present more clearly next time, with a focus on strategic elements. The Shadow Board had identified an error in the minutes and a discrepancy between the action required of the Board on the agenda and what was in the paper. They also commented that the next steps on reports were often too vague.
- 25.3 The Shadow Board had requested further training on understanding the financial papers and report writing. CK added that she had also observed the meeting and it would be interesting to see how the Shadow Board developed over the next two meetings and how they would discuss papers such as the BAF. HB agreed that the feedback had been excellent, and participants had felt supported and were content with how TB took them through the agenda and meeting etiquette.
- 25.4 DD thanked TB for his support and commented that the Shadow Board feedback was helpful and requested that this was added as a standing item on the Part II Board agenda. RF added that he had received feedback from two participants who had not realised the volume of reading and preparation required and suggested that quick summaries of papers would be helpful with more brevity in papers generally.

ACTION: Shadow Board update to be included as an agenda item at November and December (Part II) Boards (KD)

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

No items were added.

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

- 26.1 DD noted a number of key points:
- The Trust was working in a faster moving environment than ever before
 - Restoring the Trust to the level of pre-Covid activity was a significant priority within which patients must be prioritised, whilst recognising that finances might be challenging

- The commitment of everyone at the Trust was outstanding, but this must be kept under constant review
- The winter plan provided a strong direction of travel

26.2

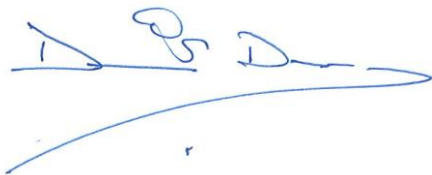
LM added that the model of a top performing board included the following which the Board had demonstrated today:

- Clarity - this was sought in many items
- Curiosity – the Board regularly sought to explore opportunities and understand potential
- Courage – demonstrated in regard to managing ambiguity and the need to stay strong in decision-making
- Compassion – the meeting started with a patient story and ended on serving patients and the community

Time, Date and Place of Next Meeting

Monday, 2 November 2020 @ 09:30 hours - virtually via Microsoft Teams

Signed

A handwritten signature in blue ink, appearing to read 'Dennis Dunn', with a long horizontal flourish extending to the right.

Dennis Dunn, Chairman
5 November 2020