

Board of Directors

Monday 2 November 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 (ML) Lesley Massey, Non-Executive Director (LM) Les Philpott, Non-Executive Director (LP) 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) Sally Mann, Deputy Director of Nursing (SM) (<i>deputising for Director of Nursing</i>) (SM)
Observers	Janet Ollier, Public Governor (Congleton) Barbara Beadle, Public Governor (Crewe & Nantwich) Bob Pugh, Public Governor (Crewe & Nantwich) Jan Roach, Public Governor (Crewe & Nantwich) John Pritchard, Patient and Carer Governor Valerie Pickford, Patient and Carer Governor Pat Psaila, Patient and Carer Governor Erica Morriss, Partnership Governor, (Community and Voluntary Sector)
Apologies	Julie Tunney, Director of Nursing and Quality (JT)

PRELIMINARY BUSINESS

1 Welcome & Apologies (v)

DD welcomed everyone to the meeting.

2 Declarations of Interest (v)

LP advised of the following changes to his interests:

- no longer an associate at the Chartered Institute of Public Finance and Accountants

- now Chair and Trustee of National Examination Board in Occupational Safety and Health (NEBOSH) (formerly Trustee/ Audit Chair)
- new role as Lead Non-Executive Director (NED) for the Northern Ireland Office.

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

3 Draft Minutes of the Last Meeting - 5 October 2020 (d)

- 3.1 DD confirmed that the two open actions had been formally reported to Board and could now be closed.

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

CONTEXT / OVERVIEW / RISK

4 Chair's Opening Remarks

Shadow Board

- 4.1 DD advised that the Shadow Board had met for a second time and NHS England had approached the Trust to develop a case study about the learning from and experience of the Shadow Board.

Council of Governors

- 4.2 DD reported that the Governors had met virtually as a Council on 29 October 2020. There had been good discussions on a number of items including the results of the 2019 inpatient survey and the completion of NED and Chairman appraisals for 2019/20.

- 4.3 DD reported that he was continuing to attend virtual meetings with Chair networks including a new regular meeting between the Chairs of Cheshire Trusts.

Resolved: The Chair's report was noted.

5 Chief Executive's Report

Covid-19 Update

- 5.1 JS updated the Board that the number of Covid positive cases at the Trust had doubled in the past week. This was becoming a significant challenge again, although staff continued to manage patients well. The Trust anticipates a continued rise for some time.

Chief Nursing Officer, NHS England Visit

- 5.2 JT thanked JT, ML and SM for their support for the recent visit of Ruth May, Chief Nursing Officer for England which focused on work to prevent nosocomial infections. The Trust had been commended for its work and JT had been asked to join a North West group supporting other Trusts to share good practice. Due to this work the Trust had been free of

noscomial infections for a considerable time (over 100 days) thanks to the work of senior leaders and staff.

- 5.3 DD commented that he had seen a copy of the report sent to Simon Stevens, Chief Executive of the NHS which was complimentary about the infection prevention and control work at the Trust. DD asked that this report was circulated to the Board. JS added that he would also send the letter from the North West Chief Nurse that suggested other Trusts should consider the approach of Mid Cheshire Hospitals NHS Foundation Trust (MCHFT).

- 5.4 **ACTION: Copy of report to Simon Stevens and letter from the North West Chief Nurse to be circulated to the Board (J Sumner)**

- 5.5 **Restoration**

JS reported that the Trust was performing well compared to other North West trusts as it had been less impacted by increases in Covid cases than elsewhere in Cheshire and Merseyside.

- 5.6 DD commented that the level of recovery to date towards achieving previous levels of planned activity was remarkable given the timeframes. DD asked if taking patients from other Trusts as part of mutual aid would impact on the Trust's ability to deliver planned care. JS replied that it was normal practice to receive critical care patients from elsewhere through the long-standing critical care network. In the first wave the Trust had benefited from this and was now pleased to support other Trusts while it could and manage cases as a system. It is important that there was no inequality of access because of geography. There were, however, no plans yet to move elective patients, but some specialist hospitals were helping with planned care in Liverpool.

- 5.7 **Hospital Redevelopment**

JS advised that the launch event for the proposed redevelopment had taken place last week and had been well received.

ACTION: A paper on the project management approach would be brought to the December Board meeting. (C Keating)

Resolved: The Chief Executive's report was noted.

- 6 Integrated Performance Report (September - Month 6) (d)**

- 6.1 DD reminded the Board that the Integrated Performance Report (IPR) was here to provide context and would be referred back to through the Committee Chair's assurance reports.

QUALITY - Patient Safety, Clinical Effectiveness and Patient Experience

7 Quality & Safety Committee (QSC) (21 October 2020) - Chair's Report

- 7.1 LM explained that the IPR had been seen at QSC ahead of the Board for the first time which had allowed the Committee to review the relevant elements delegated to its areas of responsibilities.
- 7.2 LM reported that many of the metrics had seen a return to pre-Covid levels, in particular patient safety incident reporting was increasing significantly, which was indication once again of a positive reporting culture. This was demonstrated by higher levels of reporting, combined with a reduction in incidents resulting in harm.
- 7.3 LM advised that a discussion on Hospital Standardised Mortality Ratio (HSMR) had taken place following a recent deterioration in the Trust's position. A deep dive had taken place to review whether this was due to the coding of palliative care reviews of patients. The review had concluded that this was the case, reflecting a change in coding rather than a change in the quality of care being provided to patients. If palliative care coding was excluded, modelling demonstrated a HSMR in line with SHMI.
- 7.4 LM reported that a review of a spike in pressure ulcers in July had ascertained that causal factors were a lack of equipment and a vacancy in the Tissue Viability Nurse position which had resulted in a lack of early assessment of incidents logged as pressure ulcers. The post had now been filled and the level of incidents had reduced.
- 7.5 LM advised that QSC had asked for further details of complaints beyond adherence with reporting timescales to provide an overview of the nature of complaints and themes.
- 7.6 LM reported that an internal audit report on incident management had been received with three actions to be taken forward and QSC would receive updates on these. LM concluded by adding her congratulations to those staff working on the nursing vacancy strategy following the receipt of a presentation on the success in closing the nursing vacancy gap. LM observed that this was particularly important as the number of staff correlated to the quality of patient care and patient experience

Resolved: The report of the Committee was noted.

PERFORMANCE

8.1 Performance and Finance Committee (PAF) (22 October 2020) - Chair's Report

- 8.1.1 TB reported on the most recent meeting, noting the following points:

- Winter pressures, increases in Covid cases and the restoration programme for planned care were being well led by the Executive team, and the additional strain these important priorities were placing on the workforce was recognised
- Assessment of the risk in regard to Reinforced Autoclaved Aerated Concrete (RAAC) was continuing and two workshops were held last week to agree next steps
- BAF Framework for quarter 2 and the ongoing work required to share this across the organisation
- Workforce issues to deliver the winter plan and the risk arising from the lack of a system wide plan for Paediatrics
- EU Exit planning was imminent with key risks identified as potential shortages of drugs and supplies to trusts
- Performance pressures in the Emergency Department (ED) and in regard to the restoration of planned care
- Uncertainty over the financial approach for the second half of the year was being well managed internally with regular updates to the Committee.

8.1.2 DD commented that the message from NHS Improvement (NHSI) last week was that although the Trust's financial position was uncertain, there was no blank cheque. TB replied that usual practices including documentation maintained by Finance for audit purposes were ongoing in case of future scrutiny.

8.1.3 AV asked if the impact of EU Exit on Covid and the restoration programme had been discussed, as shortages in the supply chain could have a negative impact. TB replied that there had not yet been much direction nationally. OB added that he had been nominated as the Senior Responsible Officer (SRO) for the Trust and there was a meeting planned for this week hosted by the national Incident Director for EU Exit Professor Keith Willetts.

8.1.4 DD asked that the Board was updated on any key messages from the meeting with Keith Willetts.

ACTION: Update from the EU Exit meeting to be circulated to Board Members (O Bennett)

Resolved: The report of the Committee was noted.

8.2 Phase 3 Restoration Update (September 2020)

8.2.1 OB presented the Phase 3 Restoration of Non-Covid Services update paper. OB reported that the Trust had performed reasonably well against the submitted Phase 3 plan for October and the Trust was making good progress. Following a question from LB, OB advised that progress was being made on reducing the waiting list for Endoscopy. The additional capacity insourced would start in November which would make further inroads into the waiting list; however, patients were increasingly reluctant

to attend for a procedure given the increase in Covid cases and it is important that we continue to reassure patients of the measures the Trust has taken to keep patients safe when coming into hospital.

Resolved: The Phase 3 update was noted.

8.3 Emergency Preparedness, Resilience and Response (EPRR)

8.3.1 OB advised that this report had been discussed at PAF and brought to the Board for ratification. OB explained that the national assurance process was different this year, due to Covid. No formal national submission was required but the Clinical Commissioning Group (CCG) had requested a local submission against four key lines of enquiry which had been done. This will help to provide assurance nationally on a system-wide basis and not at an organisational one.

8.3.2 OB added that last year's submission had received substantial assurance from NHS Improvement /NHS England (NHSIE).

Resolved: The EPRR report was noted and the Board ratified the submission for 2020/21.

WELL LED

9 Workforce & Digital Transformation (WDT) Committee (19 October 2020) Chair's Report

9.1 LB reported that workforce metrics were generally in a good position in terms of sickness and vacancies, with a notable improvement on spending against the apprenticeship levy over the last few months. The position on Agency and Bank spend remained steady, with cover still required in specialist areas of nursing.

9.2 LB advised that there had been detailed discussion in regard to mandatory training, with work now underway to address data and reporting to reach a clearer position. Appraisal levels were expected to reach compliance by December, following the introduction of the new Motiv8 programme.

9.3 LB noted acceptable assurance had been received on the flu plan and progress was on track to create an infrastructure for the Digital Clinical Programme, with the recruitment process underway for staff and contractors.

9.4 LB advised that WDT had raised some concerns, including the resilience of the workforce during what was likely to be a challenging upcoming period. The scale of digital challenge and associated infrastructure and capacity was another area of concern. LB also advised that a new risk linked to Covid was raised in regard to real time patient moves which were essential to manage infection control. This risk was linked to the

Patient Care System (PCS) which would be replaced by the Electronic Patient Record (EPR) in the long-term which would solve this issue, but it remained a risk until then.

Resolved: The report of the Committee Chair was noted.

CONCLUDING BUSINESS

10 Any Other Business

10.1 Serious Incidents/ RIDDOR reporting

JC asked when the Board would be advised of Serious Incidents (SI) and RIDDOR reportable incidents (Reporting of Injuries, Diseases and Dangerous Occurrences). CK replied that SI were reported through the IPR but, as this was a shortened Board meeting, only exceptions would be raised. JC replied that Committee Chairs should be aware that the Chair's report was now the primary method of reporting and that the rest of the Board need to be advised of any issues and that these reports may need to be more comprehensive.

10.2 JS advised that RIDDOR was not required to be reported to Board unless there were any concerning trends and the proposal was to report this through Health and Safety governance processes in the future.

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

11.1 No further items were identified, although it was noted that the risk in regard to patient bed moves and PCS needed to be updated in the operational risk register.

12 Key Messages from the Board (v)

DD commented that this had been a more concise meeting than normal and the Board needed to become used to a different approach to providing assurance. However, the additional time to devote to strategic issues through the Board's Strategic Sessions was welcomed.

Board of Directors Meeting held in Private

Monday 2 November 2020, 10.30am

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 (ML) Lesley Massey, Non-Executive Director (LM) Les Philpott, Non-Executive Director (LP) 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) Sally Mann, Deputy Director of Nursing (SM) (deputising for Director of Nursing)
Apologies	Julie Tunney, Director of Nursing and Quality (JT)

PRELIMINARY BUSINESS

13 Welcome & Apologies

Apologies were noted.

14 Declarations of Interest

No further declarations were made.

15 Draft Minutes of the Last Meeting - 5 October 2020

15.1 DD noted that all actions were completed or in progress. The minutes were approved as a true and accurate record.

16 Chief Executive's Report

16.1 A&E Extension

JS updated the Board on the feedback received following submission of the business case for the A&E extension. Due to the delay in receiving funding, it had been challenging to confirm the required benefits for this

winter. The Trust had now been asked to relook at whether any benefits could be brought forward to this winter and a number of proposals had been made for which additional funding may be available. It was hoped that these would be signed off in the next few days as otherwise there was some risk that the whole project would not be approved.

16.2 Hospital Redevelopment

JS advised that, in response to the proposal sent out to key stakeholders about the redevelopment, there had been some challenge as to whether a new hospital at Leighton was the right solution for Cheshire. The Trust had responded that the business case would look at multiple options but there was a very strong financial argument re land and modern buildings, existing critical service pathways and timescales against alternative sites and these arguments had been accepted recognising would be explored more fully in the strategic case.

Resolved: The Chief Executive's update was noted.

ITEMS FOR DISCUSSION

17 Workforce Issues

17.1 JS asked the Board to agree a delay to the proposed resolution for aligning terms and conditions for all the workforce until after the winter as staff were working under significant pressure at the moment. Options previously discussed at Board had been worked through but there was no easy solution for this issue. This would not impact the TUPE of staff to University Hospitals of North Midlands Trust (UHNM).

17.2 JS proposed that further work was completed to develop options and the Board would be kept updated, but implementation would not be before next Spring. LB commented that this was a sensible approach as terms and conditions could not be changed ahead of TUPE. JS replied that any solution that was implemented would remain the responsibility of the Trust.

Resolved: The Board agreed that plans should be developed and implemented in Spring 2021.

18 North Midlands Pathology Network

18.1 DF presented the commercial agreements for the North Midlands Pathology Network which followed full business case approval in December 2019. DF reminded the Board that this integration was in response to a national initiative to move to 29 Pathology networks. The Trust was already in a successful partnership with East Cheshire Hospitals NHS Trust (ECT) and on the recommendation of NHS Improvement (NHSI) the Trust had agreed to integrate this with UHNM.

- 18.2 JS advised that the network would bring a number of benefits, addressing national staffing shortages in service areas such as Histopathology and bringing in investment in new technologies and systems. The integration had been phased to avoid any costs associated with leaving contracts and consultation with staff was underway with a date of 1 December in place for TUPE. Staff and services would remain at Leighton Hospital for now with consultation on the new operating model starting in April 2021 to explore transferring each service to the UHNM site.
- 18.3 DF advised that the papers included the Partnership Agreement and Service Level Agreement. The final Heads of Terms agreement for the lease of buildings had not yet been finalised as UHNM wished to understand further the local estates risks. Final negotiations were expected to conclude shortly and the Board was asked to approve the papers in principle and agree to instigate Chair's actions to approve the final document later this week.
- 18.4 DD thanked DF for her work over a number of years which had culminated in this agreement. LP asked what arrangements were in place for the supervision of third-party contractors and how the Board would receive oversight if matters went awry. DF replied that the lead provider was UHNM but there would be an Integrated Steering Group with two Executive representatives from the Trust to ensure MCHFT interests were protected. Any decisions and risks would be discussed at this group. The process for resolution of disagreements had also been set out in the documentation. Contract ownership would remain with the Clinical Commissioning Group through the Diagnostics and Clinical Support Services Division and reported into the Trust through Executive representation.
- 18.5 AV asked if there was any risk in regard to the implementation of the Laboratory Information Management Systems (LIMS). AF replied that there had been some issues as the supplier had taken on additional work to support the additional laboratory capacity for Covid, but these had been managed and any slippage on the project was not due to the supplier. There was a small risk to the Trust as the commitment to LIMS was beyond the term of the partnership agreement, but the LIMS system would always be required.
- 18.6 DD agreed that he was content to approve the commercial agreement on the advice of the Executives, but if there were any issues wider than discussed, the Board would be invited to discuss this further.
- Resolved:** The Board approved the Pathology Network integration, pending a Chair's action on the final Heads of Terms on the estates lease.

19 Shadow Board Update

- 19.1 TB commented on the marked improvement on the appropriateness and

quality of presentations. It was of particular benefit to participants to present on areas outside their normal expertise which would have a long-term benefit for participants. TB observed that it had been useful to have CK present to discuss the governance and provide clarity as there remained some confusion about the role of the Board Assurance Framework. JS added that exploring the BAF at this level would really help understanding in divisions.

- 19.2 TB reflected that it would be good to maintain momentum and explore how this could be kept going; this was a strong team, with an open and honest dialogue and good questioning. DD added that it was hoped that a second cohort could also take part if funding was secured as this had proved to be a valuable initiative. HB commented that there would be a review of the process and some options for how to support this group in the future to embed the learning at Divisional Board level. Mentorship from Executives could continue and there were leadership programmes in place.

Resolved: The update from the Shadow Board was noted.

CONCLUDING BUSINESS

20 Any Other Business

No further business was reported.

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

No items were identified.

Time, Date and Place of Next Meeting

Monday, 7 December 2020, 9.30am via Microsoft Teams

Date for Submission of Papers: Wednesday 25 November 2020

Signed:

Dennis Dunn
Chairman

Date: