

Board of Directors

Monday 7 December 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) Sally Mann, Deputy Director of Nursing (SM) (<i>deputising for Director of Nursing</i>) (SM) Chris Ralphs, Board Committee Secretary (CR)
Observers	Janet Ollier, Public Governor (Congleton) Judith Wright, Public Governor (Congleton) Barbara Beadle, Public Governor (Crewe & Nantwich) Valerie Pickford, Patient and Carer Governor Pat Psaila, Patient and Carer Governor Ruth Heaton, Head of Nursing, Diagnostic & Clinical Support Division
Apologies	Julie Tunney, Director of Nursing and Quality

No	Item
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PRELIMINARY BUSINESS

1 Apologies (v)

As noted above

2 Declarations of Interest (v)

2.1 TB declared that he was now Chair of Marketing Cheshire.

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

No	Item
3	Draft Minutes of the Last Meeting – 2 November 2020 (d)
3.1	DD confirmed that two of the open actions had been formally reported to the Board and could now be closed. The third action related to the governance of the Hospital Redevelopment Programme and was on the agenda as an annex to Item 5.
	Resolved: The minutes were approved as a true and accurate record

CONTEXT / OVERVIEW / RISK

4	Chair's Opening Remarks.
4.1	DD confirmed that RemCo had met and reviewed the Executive Director's appraisals.
	Resolved: The Chair's report was noted.
5	Chief Executive's Report
5.1	JS advised that the Trust was in a challenging position due to Covid-19. Elective activity had been reduced, and staff from theatres had been placed to support Critical Care Unit (CCU) and some ward areas. The reduction in elective activity was being reviewed daily.
5.2	The Covid-19 testing Lateral Flow Devices (LFD) were being rolled out to staff to enable them to test themselves twice weekly; this would help identify those staff who were positive, even if asymptomatic. Further communications would be circulated to encourage staff to register for the self-testing.
5.3	JS commented that plans were underway to be ready to receive the Pfizer vaccine in the next few weeks. Mid Cheshire Hospitals NHS FT (MCHFT) was not in the first wave to deliver the vaccine, but it was anticipated the Trust would be in the second.
5.4	In response to a query from LP regarding the Trust's ability to administer approximately 200 vaccines per day, JS replied that the physical space and staff had been identified and he was confident that the goal was achievable.
5.5	JS advised that, as a result of the work undertaken by the Trust, funding of £400,000 had been secured to support the recruitment across the Cheshire region of 178 international nurses. HB advised that four organisations would be following MCHFT's recruitment model and the money would fund additional posts within Medical Resourcing to provide support across the four organisations.

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5.6	JS reported that the Hospital Redevelopment Programme was progressing, and a Hospital Redevelopment Programme Board and Steering Group with representation from key stakeholders have been set up.
5.7	JS advised that new national guidance had been issued regarding Infection Prevention and Control (IPC) which covered ten different aspects. The Trust was developing this into an action plan which would be presented to the Board of Directors at its January 2021 meeting. An initial summary of the Trust's progress against the 10 items was included as Appendix I.
5.8	<p>In response to a query from AV regarding the procurement of the Digital Clinical System and the link with the potential hospital redevelopment, JS advised that the Trust's Strategic vision was being developed ready for discussion with the Board of Directors by March 2021. This would set out the ambition of the digital and estates plans.</p> <p>Resolved: The Chief Executive's report was noted, and the paper at Annex A - Hospital Redevelopment Programme Governance Arrangements was approved by the Board of Directors.</p> <p>ACTION: To circulate the summary of the action plan against the 10 items identified in the IPC guidance – (S Mann)</p>
6	Integrated Performance Report (October - Month 7) (d)
6.1	DD reminded the Board that the Integrated Performance Report (IPR) provided context to all discussions and would link with the Chair's Assurance Reports (or, for this month, the Executive Director Update) at the relevant section of the agenda.

QUALITY - Patient Safety, Clinical Effectiveness and Patient Experience

7	Quality & Safety Committee (QSC) Update (v)
7.1	ML advised that due to severe operational pressures, the decision had been taken to stand down the Board Committee meetings during November 2020. As a result, this month there was no Chair's Assurance Report but an update from the Executive Lead.
7.2	ML reminded the Board of the discussion that took place at the last meeting (2 Nov 20/ 7.2) regarding the significant increase in the safety incidents reported by the Central Cheshire Integrated Care Partnership (CCICP) that was mainly due to the educational programme set in place to promote reporting from low levels. The statistical process control (SPC) charts had not yet been reset and, therefore, the number of

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	incidents had still breached the upper control level. JS confirmed that the change in reporting had led to the increase in the numbers and that the control parameters would be reset in due course.
7.3	ML explained that as serious incidents for October 2020 had not been discussed at the November 2020 Board, he would therefore provide an update on both months. October 2020 saw four serious incidents in month, two inpatient falls that had resulted in fractured neck of femur for one patient and an intercranial head trauma for the second patient. Both patients had made a good recovery. The third incident was due to a missed fracture that had delayed the definitive treatment.
7.4	The final incident was due to a failure of the oxygen supply in POD2 in the CCU. The patient, who was being treated for Covid-19 had sustained a heart attack due to the reduced oxygen supply; the patient had since made a good recovery from the treatment of both conditions. A full investigation had now occurred with a full root cause analysis (RCA) planned.
7.5	ML went on to report the serious incidents for November of which there had been five reported. Two inpatient falls had resulted in a fractured neck of femur; the third incident arose from a potential avoidable death of a patient who sustained a gastrointestinal haemorrhage in May 2020 and the last case was a historical incident from 2016 of a failure to correctly follow up a liver lesion identified by Medical Imaging; the patient had subsequently been diagnosed with liver cancer. Changes had been made since this incident in how imaging results were handled and a full RCA had been carried out.
7.6	ML advised that, at its November 2020 meeting, QSC had been due to receive a presentation of an audit that had taken place of Covid-19 related deaths during the first wave pandemic. The presentation would now take place at the December 2020 QSC meeting.
7.7	ML confirmed that there was no age limitation for escalated patients to the intensive care unit, as had been reported in the press recently.
7.8	SM reported that the Clostridium Difficile (CDiff) Infection rate had increased by four incidents during October 2020 but had not breached the upper control limit. She assured the Board that, although the numbers were small, each was subject to a post infection review (PIR).
7.9	SM advised that Covid-19 healthcare acquired infections had risen with two definitive and one probable incident recorded.
7.10	SM continued that there was a challenge across the Trust with asymptomatic Covid-19 positive patients. She advised the Board that

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	several actions had been developed, following the recognition of the asymptomatic positive pathways. This had resulted in all patients admitted to the hospital being assumed to be Covid-19 positive until proven otherwise. Some measures across the Trust included encouraging patients to wear face masks, the introduction of personal protective equipment (PPE) champions for patients, together with PPE trolleys for patients.
7.10	LM welcomed the information provided regarding the asymptomatic and symptomatic positive patients in the Trust. She felt reassured by the rigorous attention and new pathway designs to identify asymptomatic patients and that the Trust was continuing to learn lessons all the time.
7.11	ML advised that the significant difference between the first and second waves was the number of attendances of urgent non-Covid-19 activity which meant the Trust was much busier this time round. There were more patients with Covid in the organisation than in the first wave when all activity was cancelled.
	Resolved: The updates were noted.
7.1.1	Quality Account 2019/20 (d)
7.1.1.1	SM advised that this had been through the correct governance procedures.
	Resolved: The Quality Account 2019/20 was approved.
8	Serious Incidents (v)
8.1	This item was discussed at item 7 above.

PERFORMANCE

9	Performance and Finance Committee (PAF) Update (v)
	Performance
9.1	OB advised that Covid-19 pressure had significantly increased in November, with a substantial rise in the local infection rate resulting in an increase in hospital admissions. Five wards were now dedicated to Covid positive patients, double the amount reported last month. There were currently 70 positive patients in the hospital, with the same number of suspected positive patients waiting the result of tests.

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9.2	CCU had been under particular pressure and additional beds were required, these were supported by staff redeployed from theatres. This in turn resulted in the postponement of some routine elective operations. The situation in CCU had now abated and the plan was to de-escalate this week and resume some of the elective programme from next Monday.
9.3	Despite the challenges, the restoration of non-Covid services continued to progress well in October against the Phase 3 plan. The Trust is exceeding its plan for electives, outpatients, and scanning, but is behind plan on daycase procedures. However, November's performance is likely to have deteriorated because of the Covid-19 second wave.
9.4	The Trust had now deployed nearly 1,500 Lateral Flow kits to colleagues and this number was expected to grow in the next fortnight to close to 3,000. More kits were now expected so the testing could be extended to more staff than originally planned.
9.5	OB advised that Emergency Department (ED) October 2020 performance had improved in September 2020 and was around 13% better compared to the same period last year. Due to the rapid increase in Covid-19 admissions to ED, but no parallel reduction in non-Covid attendances unlike the first wave; the ED had been under sustained pressure through November 2020 and that had continued through into December. This had led to overcrowding in ED at times and it was challenging to manage hospital flow. The ongoing work to improve flow, coupled with a renewed focus from the beginning of this month on hospital discharge, working with system partners, would help. Plans for the ED new build were now well underway with work to commence on site next month
9.4	In response to DD's query regarding ED attendances, OB stated that the first wave saw a 25% drop in attendance which was similar across the system. There had been no reduction in attendance during the second wave and this was a similar picture across Cheshire & Merseyside, with no hospital reporting a significant drop in ED attendances.
9.5	LB asked if the NHS111 First service was having any impact yet. OB replied that it was too early to be sure as NHS111 First launched on 10 November 2020, however early indications were positive in respect of redirecting and signposting patients to alternative care other than ED. Patients who require ED had been booked in for appointment slots. There would be further analysis to demonstrate its effectiveness for the Board via Performance and Finance Committee in January 2021.
9.6	Despite significant pressure, the Trust continued to operate on all urgent and cancer patients. Performance against most of our key standards is continuing to improve, including RTT, diagnostics and the 62-day cancer

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	standard. Reductions in the cancer backlog continue and our overall performance against the key cancer standard is improving
9.10	OB acknowledged the hard work, commitment and resilience of staff working to keep patients as safe as possible under very challenging circumstances.
9.11	<p>Finance</p> <p>RF advised that Trusts had been requested to resubmit their forecast just 2-1/2 weeks after the initial submission. The latest figures showed a £9.8m deficit, £2.4m of this included an accrual for annual leave and £2m was due to lowered income because of reduced footfall through the Trust. This leaves a forecast £5.4m deficit from operational activities. Cheshire & Merseyside region currently has forecast a deficit of £160m above the financial envelope received, £100m due to providers and £69m for the Clinical Commissioning Groups (CCG). These figures also include a significant accrual for annual leave.</p>
9.12	RF reported that for month 7 there had been a reduction in non-pay spend with a continued rise in pay costs, mainly due to the use of bank and agency staff. AV asked about the non-pay costs on PPE and challenges of operational needs and infection control. RF advised that the Trust was currently not experiencing any problems regarding PPE levels and not anticipating issues from leaving the EU at the end of the month. There had been a clear directive from NHS Improvement / England (NHSIE) that under no circumstances should organisations stockpile consumables or equipment.
9.13	TB advised the Board that, although the November 2020 meeting had been cancelled, this had in no way detracted from the day to day business of the Committee and he was assured that strategic ongoing issues were being addressed. He thanked RF and OB and their teams.

Resolved: The update was noted.

WELL LED

10	Workforce & Digital Transformation (WDT) Committee Update – 16 November 2020 (v)
10.1	HB reported that ten ED international nurses had been recruited and further interviews were to take place this week. Last month it was reported there were no Healthcare Assistant (HCA) vacancies but, due to the work being carried out regarding workforce data and alignment with the financial ledger, there were some HCA vacancies that had been masked by international recruitment and the registered nurse appointment programme. Overall, vacancies remain consistent. Pathology staff had

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	been successfully TUPE'd across to University Hospitals of North Midlands (UHMN).
10.2	HB advised that a workforce plan was being developed that would bring the voluntary, paid and temporary workforces together.
10.3	HB reported that the highest workforce risk was around mandatory training and although some progress had been made, this still remained of concern. Operational groups were meeting weekly with a statistical report submitted weekly to Executive Directors for discussion and mandatory training compliance is raised here. The trajectory indicated an increase to a rate of 90% but pressures around Covid-19 and freeing up staff to do the training was proving difficult.
10.4	The Health & Wellbeing Board had carried out a review of all interventions that had taken place in the last six months and would now focus on what would be next.
10.5	HB advised that the staff survey had closed at a 43% return which was significantly higher than last year. This year the whole Trust had been asked to complete the survey which would particularly help inform the roll out of future health and wellbeing plans.
10.6	HB advised that Equality, Diversity and Inclusion (ED&I) was now being discussed on a more frequent basis at WDT, especially now that the new ED&I lead was in place. Work was underway to reframe the ED&I strategy and this would be taken to WDT in the new year.
10.7	LB welcomed HB's update which demonstrated the breadth of on-going work. She was pleased to hear about the funding for international recruitment. LB added that the draft workforce plan was an excellent document and would be discussed in more detail at the next WDT meeting in December 2020.

Resolved: The update was noted.

GOVERNANCE

11	Audit Committee – 9 November 2020 Chair's Report (d)
11.1	Laundry Case Study – this was in response to the Committee's request to ascertain whether there were lessons to be learned which could be applied to the review of the Risk Management Framework. LP considered the report was very clear and transparent, asking the right questions in relation to accountability. LP was assured of an acceptable level rating

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	due to the lessons learnt from this incident that had been factored into a variety of approaches across the Trust's Risk Management Framework.
11.3	<p>Medical Devices – limited assurance had been received for the two internal audit reports relating to the medical devices within the Trust. One report related to the route planned maintenance of devices and the other one to the increasing technical complexity of the devices and the technical controls. The action plan that had resulted from the internal audit reports was scrutinised by the Committee with the relevant managers in attendance who answered all the questions appropriately. The Committee was, therefore, able to derive acceptable assurance on progress of the action plan.</p> <p>Resolved: The report of the Committee Chair was noted.</p>
11.4.	Assurance & Escalation Framework (d)
11.5	<p>CK advised that this had previously been submitted in July 2020 and the final version of this reference tool provided details of how risks were managed and escalated through the organisation. The Framework had been considered by the Audit Committee and would be made available throughout the Trust, once approval had been received.</p> <p>Resolved: To approve the Framework.</p>
12	Fit and Proper Persons Annual Review 2020 (d)
12.1	<p>DD advised that the review had been conducted and completed.</p> <p>Resolved: The report was noted.</p>

CONCLUDING BUSINESS

13	<p>Any Other Business</p> <p>There was no further business</p>
14	<p>Items for the Risk Register/Changes to the Board Assurance Framework (BAF) (v)</p> <p>No further items were identified.</p>
15	<p>Key Messages from the Board (v)</p> <p>DD commented that this had been a more concise meeting than normal to allow the Board to hold a strategic session in the afternoon and the Board and it was good for the Board to test using different approaches to provide assurance.</p>

The Board is asked to resolve that in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudiced to the public interest.

Board of Directors Meeting held in Private

Monday 7 December 2020, 11.20am

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) Sally Mann, Deputy Director of Nursing (SM) (<i>deputising for Director of Nursing</i>) (SM) Chris Ralphs, Board Committee Secretary (CR)
Apologies	Julie Tunney, Director of Nursing and Quality (JT)

PRELIMINARY BUSINESS

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| 16 | Apologies
Apologies were noted. |
| 17 | Declarations of Interest
No further declarations were made. |
| 18 | Draft Minutes of the Last Meeting – 2 November 2020 |
| 18.1 | The minutes were approved as a true and accurate record. There was one action on the log which was completed and closed. |

ITEMS FOR DISCUSSION

19 Chief Executive's Report

- 19.1 JS provided further detail on the nosocomial infections that had begun to rise in the hospital. Four weeks ago, when Liverpool and Manchester were at the height of the second wave, their rates had risen alarmingly, whilst MCHFT's rate had been relatively small.
- 19.2 However, the Trust had been tracking approximately four weeks behind Liverpool and whilst they had now started to improve, MCHFT had seen a significant increase in its nosocomial transmission rate. JS advised the Trust was not facing any intervention from NHSEI at this stage and added that Executive Directors had a session planned later today to consider how to address the current situation. The main difference was that last time, there were no large numbers of patients other than patients with Covid-19 in the hospital. Now there were ambulatory patients around the hospital and it was, therefore, harder to prevent the spread of infection, especially when tests have shown that two-thirds of the patients who have tested positive were asymptomatic.
- 19.3 JS advised that the Trust was ready and waiting to accept the vaccine and would support vaccinating the over-80s first.
- 19.4 SM provided an explanation of what constituted an outbreak and advised that there had been three small outbreaks on Wards 4, 14 and 3, whereby the wards had been closed and cleaned with the patients being isolated and taken off the wards into side rooms for the 14 day isolation period. This could potentially mean that there was the equivalent of 40-60 beds closed at any given time which was a considerable challenge.
- 19.5 JS commented that one of the main reasons for the difference between the first wave and this wave was that, first time round, the majority of routine business was postponed which meant that there were a lot of staff who were available to help and this was not the case this time. He was concerned about the loosening of restrictions over Christmas and had been asked to plan for a third wave in the new year which, coupled with the winter conditions, would be worse than waves one and two.

Resolved: The update was noted.

20 Critical Infrastructure Review Outcomes

- 20.1 RF advised that the draft Critical Infrastructure Report (CIR) report from NIFES Consulting Group had been received and returned for factual accuracies, with the final version expected at the end of the week. This report covered the mechanical and electrical items and not the RAAC planks, asbestos or structural build issues.

- 20.2 RF explained that the Six Facet survey review which would cover the physical condition of the building, statutory compliance, space utilisation etc was due to be received at the end of the month and this was currently on track. Once both reports were completed, they would provide a clear, accurate, independent assessment of the entire estate and inform the Estates Strategy and IT Strategy due to be produced in March.
- 20.3 The risk scoring of 20 was the score from NIFES Consulting Group not the Trust's risk score and this would be reviewed and entered onto the Trust's risk register.
- 20.4 The Trust received up to £6.5m of capital resource for backlog maintenance and some of this has already been used to progress some items identified in the report, e.g. MRI scanners and fire alarm replacement.
- 20.5 The next steps would be to develop an action plan around the final report which would prioritise the high and moderate risk items to inform the rest of this year's spend and inform next years backlog programme of maintenance.
- 20.6 RF advised that this report would not normally be submitted direct to the Board, but he wanted to provide the Board with an early insight given the know risks on the estate. Going forward, the final reports and action plan would go to the Executive Safe and Sustainable Environmental Group (ESSEG) which reports to the Executive Risk and Assurance Group (ERAG) on operational risks and upwards to PAF for Board oversight and assurance. DD thanked RF for the update that provided an insight of the direction of travel and challenges the Trust faces in terms of aspiration and ambitious plans.
- 20.7 JS raised a concern in relation to the particular risks around the telecommunication department and requested the continuity plans be investigated.

Action: To liaise with Oliver Bennett and the Emergency Preparedness Manager to recheck the continuity plans for fire prevention in the telecommunication department. (R Favager)

Resolved: The report was noted.

21 European Union Exit and Transition Briefing

- 21.1 OB presented his paper on EU exit and transition and reported that the NHS had been requested to plan for a "no deal" at the end of the EU transition period.

- 21.2 OB advised that a national webinar had taken place with Professor Keith Willets and the national team in November 2020 which had covered medicine management, supplies, consumable etc.
- 21.3 OB advised that the Trust had done all it had been asked to do, with plans and risk assessments checked and the EU Exit Group was to be integrated into the overall Covid-19 and winter command and control structure. Each Senior Reporting Officer (SRO) within the organisation had either completed or are in the process of completing their risk assessments. The risk assessments to date were not identifying any problems to be concerned with at this stage.
- 21.4 Organisations had been explicitly told that under no circumstances should there be any stockpiling (*cf Item 9.9 above*) there is a central mechanism to review individual Trusts where there was evidence of this happening. The Trust was currently complying with the national guidance that had been published in relation to EU transition.

Resolved: The report was noted

CONCLUDING BUSINESS

22 Any Other Business

No further business was reported.

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

No items were identified

24 Key Messages from the Board & Meeting Review

Nothing further to add.

Time, Date and Place of Next Meeting

Thursday 28 January 2021 @ 09:30 hours via Microsoft Teams

Date for Submission of Papers: Wednesday 20 January 2021, 12pm