

Board of Directors

Minutes

Monday 25 March 2021, 9.30am

Virtual - via Microsoft Teams

Chair:	Dennis Dunn	(DD)	Chairman
Members:	James Sumner	(JS)	Chief Executive
	Heather Barnett	(HB)	Director of Workforce & OD
	Oliver Bennett	(OB)	Chief Operating Officer
	Trevor Brocklebank	(TB)	Non-Executive Director
	Lorraine Butcher	(LB)	Non-Executive Director
	John Church	(JC)	Non-Executive Director
	Russ Favager	(RF)	Deputy Chief Executive and Director of Finance
	Murray Luckas	(ML)	Medical Director
	Lesley Massey	(LM)	Non-Executive Director
	Les Philpott	(LP)	Non-Executive Director
	Julie Tunney	(JT)	Director of Nursing & Quality
	Andy Vernon	(AV)	Non-Executive Director
In Attendance:	Amy Freeman	(AF)	Chief Information Officer
	Caroline Keating	(CK)	Company Secretary
	Katherine Birch	(KB)	Lead Governor
	Katharine Dowson	(KD)	Head of Corporate Governance
Observing:	Pat Psaila		Patient & Carer Governor
	Maureen Leverington		Patient & Carer Governor
	Valerie Pickford		Patient & Carer Governor
	John Pritchard		Patient & Carer Governor
	Barbara Beadle		Patient Governor (Crewe & Nantwich)
	Glynda Alasadi		Patient Governor (Crewe & Nantwich)
	Jan Roach		Patient Governor (Crewe & Nantwich)
	Gary McCourty		Public Governor (Vale Royal)
	Janet Ollier		Public Governor (Congleton)
	Judy Wright		Public Governor (Congleton)
	Gina Lewis		Partnership Governor
	Erica Morriss		Partnership Governor
	Pamela Corbett		Associate Director, NHS Midlands and Lancashire Commissioning Support Unit
	Jenny Grant		Deputy Director of Workforce and OD
	Jessica Shephard		Corporate Governance Officer
Apologies:	Denise Frodsham		Director of Strategic Partnerships

No	Item
Preliminary Business	
1	Apologies Apologies as above.
2	Declarations of Interest There were no declarations made.
3	Staff Survey 2020
3.1	HB presented the results of the survey which had moved online this year and this had helped the Trust to achieve a 16% increase in response rates from the previous year. Overall the responses were better than in 2019 and above national average in eight out of ten themes. The Trust was below average for 'safe environment – violence'. The area of safety culture had improved significantly which was positive, particularly given that this survey was conducted six months into the Covid-19 pandemic.
3.2	HB advised that the Trust had also improved in the areas of equality, diversity and inclusion (ED&I). There were particular issues in the Estates & Facilities Division and work was underway to support this. There would be three key areas for focus following these results: work related stress, improving team working and reducing violence in the workplace, particularly in the Medicine and Emergency Care Division. Policies would be updated and reviewed at the subgroups of the Executive Workforce Assurance Group (EWAG) to identify what measures would have an impact.
3.3	HB added that there were over 2,000 comments to work through. Initial positive themes emerging from Covid were the benefits of more delegated decision-making, agile working and flexibility, with no obvious negative themes. The Trust would continue to do the regular Pulse surveys. JS commented that he was pleased about the most statistically significant change which was an improvement in safety culture. Focus would now be on what had worked well and with Medicine and Emergency Care Division to address, in particular dementia and alcohol-withdrawal related violence. A decision had been made to reinvest in an alcohol team in the Emergency Department (ED) which had been decommissioned. This would help by getting patients treated at the earliest opportunity with the right medication.
3.4	LB observed that the message was that this was a healthy environment to work in. The results showed a significant shift since 2017 in engagement and responsiveness. LM commented that the safety culture improvement was a significant marker and the perception of safety was very important. These results should be triangulated with other metrics in the Integrated Performance Report (IPR) such as an improved sickness absence rate.

No	Item
3.5	<p>LP asked how the Trust could be sure that these results fairly reflected the whole workforce as more than half had not responded. HB replied that there was no expectation that all staff would respond; however, there was a minimum requirement of 1,250 responses and the Trust had decided to ask all staff and had over 2,000 responses. The next step would be to validate these responses with Divisions and triangulate to other sources of data. JS advised that while the move to online responses had helped to increase responses, the next step would be to enable people to complete it on mobile devices. A response rate of 47% still felt statistically relevant. The Trust also needed to build trust following the data breach a year ago. JS added that the results in Central Cheshire Integrated Care Partnership (CCICP) were excellent and the best in the Trust for the third year running. This was particularly impressive as the team were spread out across a number of different sites.</p>
3.6	<p>TB welcomed the positive comments, from Estates in particular given the current estate challenges, and asked how this would be followed up. HB advised that this was only one source of information, there were also the regular Pulse surveys, a health and wellbeing survey and a stress survey planned, but the Trust needed to be mindful of survey fatigue. RF added that the senior management team of the Estates and Facilities Division had actively promoted completion of the staff surveys and would review their results, including understand how they compared to other estates departments and develop an action plan. Regarding the score around safety culture, staff in this division tended to have more contact with visitors and the general public in catering or security so there was a higher risk of potential altercations.</p>
3.7	<p>DD noted the excellent progress on results and that, at a recent North West Chair's meeting, the Trust had been cited as one of the top five Trusts in the North West.</p>
<p>Resolved: The Board noted the presentation.</p>	
4	<p>Draft Minutes of previous meeting – 28 January 2021</p>
4.1	<p>The minutes of the previous meeting were approved as a true and accurate record. There were no open actions.</p>
<p>Resolved: The Board approved the draft minutes</p>	
5	<p>Board Workplan 2021/22</p>
5.1	<p>CK advised that the workplan was a work in progress as it needed to align with Board Committees and discussions were ongoing. The final version would be brought to Board in April for final sign off. DD asked that Committee Chairs and Lead Executive Directors scrutinise this to ensure it aligned with the work of the committee.</p>
<p>Action: Board workplan to be finalised and brought back to the April Board (CK)</p>	

No	Item
	Action: Board members to review the workplan and advise Corporate Governance of any changes or omissions. (All)
5.2	Resolved: The Board noted the draft workplan.
6	Chair's Opening Remarks
6.1	The Chairman reported that the Council of Governors had met in extra ordinary session on 2 March 2021 and approved the constitutional changes that were on the agenda today for Board approval. These changes had provided an opportunity for the Trust to consider a wider range of candidates for the Non-Executive Director (NED) vacancies. DD advised there were four strong candidates. Interviews would be on 26 March and the virtual arrangements had enabled a greater level of Governor involvement.
6.2	DD advised that he had attended a number of meetings as Chair. This had included Cheshire East Place Board, Cheshire & Merseyside (C&M) Chair's meeting and the North West Chairs meeting. The main focus continued to be Covid -19 and the picture was improving across the region, with lower hospital admissions noted.
6.3	DD reported that the Board had met jointly with the Board of East Cheshire Hospitals NHS Trust (ECT) for a board development session facilitated by NHS Providers to focus on the digitisation of NHS Trusts.
	Resolved: The Board noted the Chair's report.

Context / Overview

7	BAF Heatmap
7.1	Noted.
8	Chief Executive's Report
8.1	JS reported that further to the appointments mentioned in the report, Del Owen, currently the Deputy Divisional General Manager (DGM) of Surgery & Cancer had been seconded into the role of interim Divisional General Manager for Women and Children's.
8.2	JS advised that Covid numbers were reducing significantly in the Trust and there was a clear map for restoring other services. A paper providing further information would be presented to the Board next month. The vaccine programme was progressing well and the Trust was encouraging all staff to take up the vaccine. Over 23,000 vaccines had been given at the Trust so far.

No	Item
8.3	JS reported that the end of year financial deficit was expected to be around £4m against a planned £15.2m at the start of the year. National planning guidance was due out today and it was anticipated that the first six months of 2021/22 would be subject to the same mechanism for financial allocation as the last six months.
8.1	Hospital Redevelopment Programme Board – 11 February and 18 March 2021
8.1.1	JS advised that the HRPB had met twice since the last Board and the Chair's assurance reports were included here as part of the CEO report.
8.2	Digital Clinical System Transformation Board (DCSTB) – 8 March 2021
8.2.1	JS reported that the DCSTB had met for the first time in March and had ratified a number of decisions previously taken by the project team while the Digital Clinical System (DCS) governance structure was being set up. AV congratulated AF and her team on the demonstrations of the two potential products.
	Resolved: The Board noted the CEO report and reports from both Programme Boards.
9	Integrated Performance Report (Month 11 - February 2021)
9.1	DD reminded the Board that this was here for context and had been reviewed in detail by each Committee. JS added that there were no statistical concerns, Executives review this report every week and had noted that C.Difficile rates were up slightly but remained within control limits.
QUALITY	
10.1	Quality & Safety Committee (QSC) Chair's Assurance Reports - 17 February and 17 March 2021
10.1.1	LM reported that the last two meetings of QSC had focused on evaluation and planning for the new financial year. This had included a review of Committee effectiveness and performance and also of the Terms of Reference (ToR) and workplan. The desk top review had concluded that the Committee had received assurance on the majority of its delegated duties in the past year, with one exception which was being addressed.
10.1.2	LM highlighted areas of partial assurance as outlined below:

No	Item
	<ul style="list-style-type: none"> • Quality and Safety Improvement Strategy – Covid had delayed some areas of work but there would be a dedicated area of focus on End of Life care in 2021/22 • Clinical Negligence Scheme for Trusts (CNST) - six areas were already compliant and four more were in progress. This would be signed off at Board in June. There was a degree of challenge to achieving this due to the size of the service and workforce required. LM advised that the Committee had discussed the need for a heightened focus on maternity & neonatal safety following the recent Ockenden review. A quarterly report had been proposed that could be presented by the Executive and Non-Executive Director Maternity Safety Champions which would give the Committee line of sight and assurance in this area.
10.1.3	LB commented that, as the interim NED Maternity Safety Champion, she had met with JT, Executive Maternity Champion as well as staff to talk through key issues. This had highlighted some concerns relating to the Maternity Voices Partnership which were being addressed. JT advised that the NED champion role was still being developed.
10.1.4	LM advised that the Committee had discussed in some detail the Serious Incidents report and was assured on the systems and processes in place to capture learning and prevent recurrence. The support provided to staff who had experienced traumatic incidents was noted.
	Resolved: The Committee noted the update from QSC and the Learning from Deaths report for Q3 2020-21.
10.2	Learning from Deaths Q3 2020-21
10.1	ML presented the report which had been reviewed at QSC in February. In response to a question from LB, ML confirmed that the national process was restarting on 1 April. The Trust had continued much of the background work through the year, even though the formal process was suspended. The Medical Examiner role had also been established this year.
10.2	Resolved: The Committee noted the report.
11	Serious Incidents
11.1	ML advised that this was the first written report to Board and this approach would continue. ML advised the changes in how the patient safety incident metrics in the IPR were being displayed – these now differentiate between incidents resulting in moderate harm, to low or no harm. ML recognised that there had been a spike in moderate harm incidents in January. This had been investigated and was due to the number of nosocomial infections which were always initially assessed as moderate harm

No	Item
11.2	ML advised that Serious Incident reporting via the Strategic Executive Information Systems (StEIS) was showing a long-term upward trend; this was not statistically significant but was a reflection of a change in approach to reporting more cases where there was no harm but there were lessons to be learnt.

Resolved: The Board noted the report.

PERFORMANCE

12.1 Performance and Finance (PAF) Committee Chair's Assurance Report - 18 February and 18 Mar 2021

- 12.1.1 TB highlighted the following key points:
- **Increase in 52 week waits** - an innovative response was required to reduce this
 - **Cheshire Medical Imaging LLP contract** – a comprehensive review of the contractual arrangements currently in place with CMI LLP have been reviewed
 - **BAF Risk 13 (Estates & Infrastructure):** the current score was not considered to be at a sufficient level to represent the number of risks in the Trusts infrastructure The Executive Safe and Sustainable Executive Group had recommended that this was increased moved from a score of 15 to 20. There was a good understanding of the risks and the work that needed to happen to reduce or control these risks
 - **Strong performance from the finance team through the year** – this had resulted in a better end of year position than originally forecast. The team was approaching the 2021/22 plan with rigour and control

- 12.1.2 JS observed that this was how the structure and escalation system should work and he would support the change to the risk rating. RF added that the current plan was the Estates Strategic Plan would be submitted to the Board in April but was dependent upon the Trust Strategy position.

Resolved: The Board approved the increase of the risk scoring of BAF 13 to 5x4 =20.

- 12.1.3 OB added that the overall RTT waiting list backlog had increased by around 20 per cent over the last year with 52 plus week waiters increasing significantly from almost none pre-pandemic to over 800 now. The number of long waiters would likely rise before it started to improve.

- 12.1.4 **Resolved:** The Board noted the report of the Committee.

WELL LED

13.1 Workforce & Digital Transformation (WDT) Committee Chair's Assurance Report - 22 February and 22 March 2021

No	Item
13.1.1	LB reported that the Committee had reviewed their ToR, making sure that the business of the Committee reflected the risks in the Board Assurance Framework (BAF) and connected to the workplan and the Executive Group Chair's reports. Understanding what good looks like for digital transformation would be a significant work programme which needed to be within the context of the Trust's strategy.
13.1.2	LB highlighted the reviews of the staff survey, Equality Delivery System (EDS) and Peoples Practice which had given a level of assurance that work was moving in the right direction. The Committee had received partial assurance about the Employee Staff Record (EDR) project as it was still ongoing following Covid delays.
13.1.3	LB advised that the Committee had recommended that the Board consider appointing a Board-level Health and Wellbeing Guardian and a paper on this would be submitted to the Board in April. LB reported that there had been no areas of concern within the IPR and the positive progress in vacancies and a reduction in staff absence had been noted. There was some concern on the level of appraisal performance but the Committee had been advised that this would be an area of focus over the next few months.
13.1.3	Resolved: The Board noted the reports of the Committee.
13.2	People Practices Report 2020-21
13.2.1	HB advised that this report required Board approval following review at WDT. This was a new report, as required following the letter from Baroness Harding in 2019. This work was monitored through EWAG and a summary of the work that had taken place since the last Board update was included in the paper. The disciplinary process had been published on the Trust website as required.
13.2.3	Resolved: The Board approved the report.
13.3	Equality Delivery System 2020/21
13.3.1	HB explained that this report reviewed the Board's commitment to the delivery of its equality duties. There were 18 standards that were patient and workforce focused and each year two standards were picked for focus. This year these had been Standard 1: Better Health Outcomes and Standard 4: Inclusive Leadership. Both of these were being achieved and the Trust had asked stakeholders to comment and Healthwatch Cheshire to provide feedback.
13.3.2	HB reported that Healthwatch had highlighted good practice and evidence at the Trust; for example, the Trust's individual approach to patient care and improving health outcomes when staff engaged with vulnerable patients on 'Do Not Resuscitate' orders.

No	Item
	<p>Areas for improvement included greater collaboration with partners to reduce health inequalities. Healthwatch was also positive about the new governance structure and how the Trust challenged itself by giving partial assurance on Equality, Diversity and Inclusion (ED&I) areas.</p>
13.3.3	<p>HB advised that this report would be published on the Trust website following Board approval and would form part of the ED&I Annual Report and future strategy. AV commented that this was a good reflection of the Trust's work and that the new ED&I lead, Ian Howarth, had made a real impact in just a few months.</p> <p>Resolved: The Board approved the report.</p>
14	Trust Constitutional Changes
14.1	<p>DD introduced this item which been approved by Governors at their Extraordinary meeting on 2 March. CK advised that the changes proposed were to allow NED candidates to be drawn from a wider geographical area than the current Cheshire boundary and would also prepare the Trust for the move towards Integrated Care Systems (ICS). CK added that the patient carer constituency had also been removed as this had caused confusion at election time and was an artificial division as all Governors represented patients and carers.</p>
14.2	<p>CK advised that the Constitution document itself with agreed changes would be submitted to the next Council of Governor and Board meeting for ratification.</p> <p>Resolved: The Board approved the constitutional changes.</p>
15	Request to Use Trust Seal
15.1	<p>JS advised that there were two contracts that required the seal to be added. These were the Surrender of Deed for the former School of Nursing and the contract with the contractors for the ED build.</p>
	Consent agenda
15.2	<p>Clinical Excellence Awards Annual Report - noted</p>
16	Any Other Business
	<p>There was no further business discussed.</p>
17	Items for the Risk Register / Changes to the Board Assurance Framework (BAF)
	<p>There were no further items identified</p>

No	Item
18	<p>Key Messages from the Committee</p> <ul style="list-style-type: none">• Positive staff survey and direction of travel especially given the challenging year• Internal talent being brought through in senior appointments• Decline in Covid admissions <p>Date, Time and Venue of next meeting</p> <ul style="list-style-type: none">• Thursday 29 April 2021 @ 9:30 hours virtually via Microsoft Teams <p>The meeting closed at 11:25 hours</p> <p>Deadline for submission of papers: Tuesday 20 April 2021</p>

Board of Directors Meeting in Private

Thursday 25 March 2021, 11.45am

Virtual -via Microsoft Teams

Minutes

Chair:	Dennis Dunn	(DD)	Chairman
Members:	James Sumner	(JS)	Chief Executive
	Heather Barnett	(HB)	Director of Workforce & OD
	Oliver Bennett	(OB)	Chief Operating Officer
	Trevor Brocklebank	(TB)	Non-Executive Director
	Lorraine Butcher	(LB)	Non-Executive Director
	John Church	(JC)	Non-Executive Director
	Russ Favager	(RF)	Deputy Chief Executive and Director of Finance
	Murray Luckas	(ML)	Medical Director
	Les Philpott	(LP)	Non-Executive Director
	Julie Tunney	(JT)	Director of Nursing & Quality
	Andy Vernon	(AV)	Non-Executive Director
In Attendance:	Amy Freeman	(AF)	Chief Information Officer
	Caroline Keating	(CK)	Company Secretary
	Katharine Dowson	(KD)	Head of Corporate Governance
Apologies:	Denise Frodsham		Director of Strategic Partnerships

No	Item
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Preliminary Business

19 Apologies

Apologies were noted as above.

20 Declarations of Interest

There were no declarations made.

21 Draft Minutes of previous meeting – 28 January 2021

- 3.1 The minutes and action log of the previous meeting were approved as a true and accurate record.

No	Item
22	Chief Executive's Update
22.1	JS advised of a sensitive staffing issue. As a result of an ongoing police investigation, a member of staff had been suspended. HB advised that Communications would prepare a reactive statement. DD commented that it appeared that the Trust had taken all appropriate steps.
22.2	JS advised that the initial negotiations to move some Corporate Services offsite had proved challenging. An alternative second site was now being considered which would provide a more guaranteed lease and required less initial work but the costs over a five year period would be similar. JS suggested that a proposition on both options was submitted to the Board in April. DD commented that he had not been aware of the complexity of the leasing arrangements with the first option until the due diligence stage.
22.3	DD asked if the new option would allow the Trust to have good external signage and JS confirmed this was the case. JS asked if the Board would be happy to support this proposal and an extraordinary meeting set up if a quick decision was required to secure the second option. LP replied that he would in principle but would require a sense of the financial commitment. RF agreed and confirmed that this would be a fully inclusive lease with all maintenance costs included.
22.4	LB asked if there were any risks to not continuing with the first option as this was with a partner of the Trust. HB confirmed that while the Trust had done a limited amount of work with them in the past, they were not ongoing partners.
22.1	Financial Plan 2021/22
22.1.1	RF explained that the Trust was still not aware of what its income would be for 2021/22 but this was expected to be confirmed this week but it had been confirmed that the first six months would be on the same framework as the last six months of 2020/21 of block contract arrangements and all organisations living within a Cheshire & Merseyside system financial control total. This means that the Trust could not finalise its budget for 2021/22 as would normally be the case under the Trust's Standing Financial Instructions (SFIs) but what was being presented was an interim set of revenue budgets to allow the Trust to delegate budgets to Divisions in advance of the start of the financial year in order to record and monitor expenditure against from 1 April 2021.
22.1.2	RF presented the approach taken to forecasting the 2021/22 plan explaining it was expenditure based and once income and any financial control total is known, the gap will drive the efficiency requirement and Board decisions on financial risk appetite. He advised that no efficiency targets had been built in thus far apart from the laundry contract and restoration outside of baseline requirements were not included but were

No	Item
	<p>subject to bidding against separate resources. It was not clear yet what baseline activity levels would be required from the Trust. RF advised that the Trust had gone through the normal budgeting process and Divisions had put forward investments required, but these would need to be revisited when the budget was confirmed. There would be a process for any urgent investment decisions, due to risk, that would need to be taken by the Executive Team in advance of the final budget. These would be minimised as it was recognised that they would increase any financial gap. There was a separate programme of work being undertaken around capital. Currently the organisational requests were over the system allocation, so the system was working through how this resource limit would be allocated.</p>
22.1.3	<p>RF advised that he would submit a further paper to the Board in due course when figures had been confirmed. LP added that PAF had been through this presentation in detail and was assured that this was the right approach. Interim budgets had been issued to Divisions to allow work to begin. The Audit Committee would need to consider this when reviewing the financial statements for this year and LP had, therefore, asked RF to present the report there as well. AV observed that it would be worth asking the External Auditors about national approaches. RF replied that, as the final accounts were being completed, the auditors would be considering whether the Trust was a going concern and value for money had been achieved.</p>
22.1.4	<p>OB advised that the national planning guidance was due out today which would guide the restoration work over the coming months. The planning guidance was likely to confirm recovery of the workforce; their health and wellbeing would remain a top priority. However, providers would be expected to get back to pre-Covid levels of activity as soon as possible and fully optimise existing capacity including the independent sector. There was likely to be an Elective Recovery Fund which would support Trusts financially who could deliver in excess of pre-pandemic levels of activity. JS commented that the Trust had made some good decisions last year to invest in A&E workforce to support the new Emergency Department which would put them in a stronger position but this had not adversely affected the financial position.</p> <p>Resolved: The Board noted the update on the 2021/22 financial plan.</p>
22.1.5	<p>RAAC Roof Planks</p> <p>JS reported that the Trust was working closely with the other four Trusts who had significant challenges due to RAAC roof planks but as yet no solution. A letter was being sent out to the NHS England and NHS Improvement regional directors and ICS lead to ensure this was high on their agenda and their risk registers as managing the impact of a failure would be beyond the individual Trusts. JS advised that he had met with the ICS this week and appraised them of the position.</p> <p>Action: Copy of the letter to be circulated to Board (JS)</p>

No	Item
22.1.6	<p>Victoria Infirmary Northwich</p> <p>JS advised that there had been further contact from local councillors asking about progress on the Weaver Square development and he had spoken to the local radio station to explain the Trust's position. There was a meeting scheduled for Chief Executives on 19th April to review the finances and options so that a decision on whether this proposal was viable. Public consultation on the options would follow on from this. The Trust was keen to resolve any issues and challenges and support the new development in Northwich.</p> <p>Resolved: The Board noted the update</p>

CONCLUDING BUSINESS

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| 23 | <p>Any Other Business</p> <p>There was no further business discussed.</p> |
| 24 | <p>Items for the Risk Register/ Changes to the Board Assurance Framework</p> <p>There were no items identified</p> |
| 25 | <p>Key Messages from the Committee</p> <p>No further messages</p> |
| 26 | <p>Date, Time and Venue of next meeting</p> <ul style="list-style-type: none">Thursday 29 April 2021 @ 09:30 hours virtually via Microsoft Teams <p>The meeting closed at 12:30pm</p> <p>Deadline for submission of papers: Tuesday 20 April 2021</p> |