Minutes of the Trust Board Meeting

Held on 7 April 2020

Via Teleconference

Lincoln Suite, Lincoln County Hospital

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| **Present****Voting Members:** | **Non-Voting Members:** |
| Mrs Elaine Baylis, Chair | Mr Martin Rayson, Director of People &OD |
| Dr Chris Gibson, Non-Executive Director | Mr Simon Evans, Chief Operating Officer |
| Mrs Sarah Dunnett, Non-Executive Director |  |
| Dr Karen Dunderdale, Director of Nursing  |  |
| Mr Paul Matthew, Director of Finance and Digital |  |
| Mrs Gill Ponder, Non-Executive Director |  |
| Mr Andrew Morgan, Chief Executive |  |
| Dr Neill Hepburn, Medical Director |  |
| Mr Mark Brassington, Director of Improvement and Integration/Deputy Chief Executive |  |
| Mrs Liz Libiszewski, Non-Executive Director |  |
| Mr Geoff Hayward, Non-Executive Director |  |
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| **In attendance:** |  |
| Mrs Jayne Warner, Trust Secretary |  |
| Mrs Karen Willey, Deputy Trust Secretary (Minutes) |  |
| Mrs Anna Richards, Associate Director of Communications |  |
| Ms Cathy Geddes, Improvement Director, NHS Improvement |  |
| Dr Maria Prior, Healthwatch Representative |  |
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| **Apologies** |  |
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| 371/20372/20373/20374/20375/20376/20 | **Item 1 Introduction**The Chair welcomed members to the teleconference meeting in the extraordinary circumstances. The meeting, in line with government guidance on COVID-19, was held via teleconference and the decision had been made not to open the meeting to members of the public to attend.Board papers had been made available via the website. Members of the public were also invited to submit questions ahead of the meeting in the usual manner. There would be a set of minutes published by 14th April in order to ensure the details of the meeting were accessible to the public.The Chair reflected on the extraordinary situation in which Board colleagues were working as the Trust were and expressed gratitude to those who had shared experiences from other Trusts for which ULHT was able to take learning and put this in to practice. The Board acknowledged those Doctors and Nurses from other Trusts, who, as a result of becoming infected, had died and expressed our thoughts were with the colleagues and families of those who had died together with members of their Trust BoardsMrs Baylis emphasised that the experience of colleagues in other parts of the country underlines the importance of the effectiveness of our response.The Board noted that the discussions would be framed around the response to COVID-19. We are operating in a level 4 national command and control framework meaning that the Trust were responding to national objectives to protect life and reduce harm |
| 377/20 | **Item 2 Public Questions****Q1 from Jody Clarke****Firstly, I want to pass on my heartfelt appreciation to all of you at United Lincolnshire Hospitals, from catering, cleaners and porters, to Nurses, Doctors and every single one of you, working so hard during these times and keeping us all safe and well. My question is, If the Covid 19 outbreak escalates and you need to increase capacity, can you tell me what the plan would be in relation to Grantham Hospital?**The Chief Operating Officer responded:Grantham Hospital has a key part to play in the response to the incident.  There are a number of areas of the Trust surge plan which use Grantham Hospital.  There are no plans going forward for critical care to be provided from Grantham Hospital, this is in line with the national steer that critical care capacity should be increased from existing units and not created in new units.Grantham is likely to see an increase in capacity and there is a plan in place to increase endoscopy and diagnostic services.  The layout of Grantham provides the opportunity to offer these services to cancer patients in a safe environment. |
| 378/20 | **Item 3 Apologies for Absence**There were no apologies for absence received. |
| 379/20 | **Item 4 Declarations of Interest**There were no declarations of interest which had not previously been declared. |
| 380/20 | **Item 5 Minutes of the meeting held on 3rd March 2020 for accuracy**The minutes of the meeting held on 3rd March 2020 were agreed as a true and accurate record subject to the following amendments:228/20 – Should read – Had been recommended following an internal audit report279/20 – Should read – By the end of May 2020283/20 – Should read – The biggest areas of concern on statutory maintenance backlog were |
| 381/20 | **Item 6 Matters arising from the previous meeting/action log**1576/19 – Post implementation review of Smoke Free ULHT – Deferred due to Covid-191641 & 1642/19 – Audit Committee to received reports and action plans from NHS Improvement Board observation – Deferred to next Audit Committee1747/19 – Business case review of fires works – Further work ongoing. To be presented to next Finance, Performance and Estates Committee, date to be confirmed.077/20 – Review of Trust Operating Model and governance – Deferred due to Covid-19214/20 – Increase in signage of infection prevention and control – Information had been placed in public areas however as part of the Trust response to Covid- 19 the Trust had now closed to visitors. Complete. 326/20 – Consideration of shortening of medical e-rostering timescale implementation – Director of People and Organisation Development to progress, to advise Board of the position 7 July 2020343/20 – Review staff survey indicator in relation to violence from patients – Deferred due to Covid-19 |
| 382/20383/20384/20385/20386/20387/20388/20389/20390/20391/20392/20393/20 | **Item 7 Chief Executive Verbal Briefing** The Chief Executive provided a verbal update to the Board noting that the current position was a level 4 national emergency, actions being taken by the Trust were in line with the instructions being given nationally.Some information was being learnt from the national press conferences being held daily at 5pm where policy was announced and then escalated through NHS England.Actions were being progressed through the Lincolnshire Local Resilience Forum and there was a strong system coordination role through the Strategic Coordinating Group with full Gold and Silver Command in place across the system.The national policy set was to save lives and reduce harm, in relation to colleagues and the workforce this was about helping staff to stay safe and well and at work. A key part of the national push was that there needed to be capacity within the NHS to meet the expected demand. The message to stay at home to protect the NHS and save lives was not a statement but an action driven through policy that the Trust were following.In order to create capacity the Trust had postponed elective surgery and activity. There had been a push with system colleagues in order to discharge medically safe patients. Arrangements had also been put in place that allowed the NHS to purchase capacity from the independent sector. The current capacity in the Trust was 400 empty beds however this changed daily as a result of huge efforts made across the system to ensure acute beds and intensive care had the capacity to cope with the expected surge in Covid-19 and related respiratory conditions.The situation was fast moving and there was a need for the Board to ensure that the approach taken to changes was clear through the Gold Command structure and adherence to national guidance. There needed to be clarity on the decisions made, how, why and what the impact had been both on the organisation and patients. The Chief Executive was keen to demonstrate that progress was being made with the system action plan that had been as a result of a letter of instruction from NSH England/Improvement. The letter had indicated the actions that should be taken in response to a level 4 emergency. Although the system was not yet in the surge phase there had been some consideration to begin looking at recovery, what this may look like and what issues might be expected. Whilst Covid-19 was a national issue there was also a need to continue work within the Trust to avoid harm to patients and the public and to prioritise other areas of critical care. The Chief Executive reassured the Board that the Executives were sighted on non-Covid-19 work in addition to responding to the pandemic.The Chief Executive thanked all colleagues across the Trust working hard and being flexible at an anxious time for people. Staff were responding magnificently to the situation, the Executive Leadership Team included. Gold Command had been split across the Chief Operating Office, Director of Nursing and Director of Improvement and Integration with the Chief Operating Officer acting as the Incident Commander. Thanks were expressed for the work they were doing.The Chief Executive also thanked the public for the huge emotional and practical support demonstrated through donations including food, equipment and PPE. These donations had been received from both the public and local businesses. In addition the ‘Clap for Carers’ at 8pm on a Thursday had shown the huge public support for all that was being done and it had been humbling to see this in action.The Non-Executives and Dr Prior also offered thanks to staff.The Trust Board:* **Received the update**

*Mrs Dunnett and Director of Improvement and Integration joined the meeting* |
| 394/20395/20396/20397/20398/20399/20400/20401/20402/20403/20404/20405/20406/20407/20408/20409/20410/20411/20412/20413/20414/20 | **Item 8 COVID-19**The Chief Operating Officer presented the report in order to update the Board with regards to the response to COVID-19 acknowledging the rapid change in guidance and national steer.In the seven days since the production of the report there had been significant numbers of further directives and guidance issued from NHS Improvement and professional bodies. The report, although now out of date, described the overall approach being taken.The NHS and the Trust were well prepared to respond to the incident and had a pandemic flu plan in place that was being utilised alongside the major incident plan. Together these plans created the structure of the response. The Chief Operating Officer was acting as the Incident Commander with Gold Command having been established. There was also a Medical Commander in place and cells set up to run the incident management teams working on specific elements of the plan.The Trust had six areas focusing on the overall response which fed back in to the command and control structure. Daily contact was undertaken with local resilience partners and incident command centres are joined via videoconferencing. Primarily Lincolnshire Community Health Services NHS Trust who were the closet partner in the response. A number of measures had been put in place to protect staff and services during the response. There was a need to ensure that there was a maximum number of staff working to respond to the surge whilst protecting those who did not need to be working on site, required shielding, were symptomatic or had other conditions that meant they could not be at work. This was being monitored on a daily basis.The overall surge approach was described in the paper and the modelling and timescale of the expected surge had changed since the production of the report. There was an expectation of a surge for the Easter Bank Holiday Weekend however Lincolnshire was behind other areas in terms of the increase in demand. London and the West Midlands had been significantly affected and had seen a large portion of surge. The county were further behind what had been anticipated in terms of the response. Plans indicated the need to put in place additional capacity for services to keep patients safe. The Chief Operating Officer advised that consideration of the recovery process had commenced. It as acknowledge that this may feel early considering the surge had not yet occurred however the Trust were anticipating the recovery phase to be significant, requiring months of changes to service and capacity. The Trust would need to bring care back in line with national standards, in particular elective waiting times. Resources were being allocated in order to ensure this was well managed.A specific cell had been created to examine the Trusts response and provide intelligence regarding provision of cancer services. The national response to cancer services had been that Covid-19 would receive the maximum attention with critical care aligned to the Covid-19 response. The Trust had examined the guidance with both regional and Cancer Alliance partners and a plan had been prepared in order to protect cancer surgery throughout the Covid-19 incident. Mr Hayward asked if the appropriate arrangements were in place to ensure that learning from the incident was captured and asked how assurances would be provided to the public following recovery that deep clean of clinical areas had been undertaken.The Chief Operating Officer advised that the governance structure in place recorded decision making on a transactional basis including the why, risks, associated benefits and the outcome and impact of the decisions. This involved learning throughout the incident. The Director of Nursing advised that there were clear standards about how and when deep cleans were undertaken and this applied equally to the pandemic. The logistics of deep cleaning would be included within the recovery plan.Mrs Libiszewski requested further assurance on the partial booking waiting list where patients may not be on a cancer pathway. How would the Trust ensure that the data was available to treat patients in the right way as quickly as possible?.The Chief Operating Officer noted that planned care had a cell within the incident centre and this produced daily information in relation to the impact of waiting times for patients that were non-urgent, including cancer and patients on the partial booking waiting list. Within the recovery plan there would be the inclusion of planned care and how the Trust respond and track the implications. Risks assessments were being utilised and there had been the protection of a small degree of capacity for those patients defined clinically as urgent. The Board discussed how the process was working and how this would be reported in to the Quality Governance Committee as part of the Covid-19 report. There was a need for assurances to be received prior to entering the recovery phase. Initial conversations had been undertaken regarding the immediacy of ensuring sight of patient harm and the waiting list position. There was an importance for Quality Impact Assessments to be completed on decisions being made to ensure a clear record.The Chief Operating Officer and Director of Nursing would develop a proposal for reporting to the Quality Governance Committee to demonstrate the completeness of quality impact assessments, harm caused to patients and the impact on the partial booking waiting list due to Covid-19.**Action – Chief Operating Officer/Director of Nursing, 14 April 2020**Mrs Dunnett asked what the impact had been on maternity services and if there had been any changes. The Chief Operating Officer noted that some changes had been made to pathways due to availability of staffing and due to the need for a temporary move of clinics. The Director of People and Organisational Development updated the Board on the Health and Wellbeing offers being made available for staff. Work was being undertaken to ensure that staff were effectively supported and the approach had been developed with system partners and Staff Side representatives. Updates on the offer available to staff was circulated through the SBARs. There had been a focus within the offer of mental health well being for staff including mental health first aiders and counselling. The Trust were looking to ensure staff were aware of regular debriefs and where psychological support could be offered. A national helpline was also in place for staff. The Chief Executive provided the Board with an update on how staff were being engaged throughout the incident including daily Situation Background Assessment Recommendation (SBAR) Report, Facebook live sessions and weekly informal meetings with Staff Side representatives. The approach had offered a way in which to reset the communication with staff and the frequency, the feedback received had been positive. The intention was to maintain the level of communication throughout the incident, recovery and moving forward. The Trust Board:* **Received the report**
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|  | **Item 9 ITEMS FOR INFORMATION** |
| 415/20416/20 | **Item 9.1 Assurance and Risk Report Quality Governance Committee**The Trust Chair noted that the Committee had considered the governance arrangements of the Trust during the Covid-19 response, had provided a good review of the meeting and were wishing to advise the Board of the nature of the proposed Covid-19 governance report.The Chair of the Quality Governance Committee, Mrs Libiszewski noted for the attention of the Board that the NHS Improvement Infection Prevention and Control (IPC) report had been received. The Committee were pleased to hear of the arrangements being put in place to improve IPC, this could not be more important at this time. Work was being undertaken by the Director of Nursing/Director of IPC to ensure staff understood responsibilities for IPC now and in the future.The Trust Board:* **Noted the assurance report**
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| 417/20 | **Item 9.2 Assurance and Risk Report Finance, Performance and Estates Committee**The Trust Chair noted that there had not been any escalations to the Board following the Committee.The Trust Board:* **Noted the assurance report**
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| 418/20 | **Item 9.3 Assurance and Risk Report Workforce and Organisational Development Committee**The Trust Chair noted that there had not been any escalations to the Board following the Committee.The Trust Board:* **Noted the assurance report**
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| 419/20 | **Item 9.4 Assurance Report from Audit and Risk Committee**The Trust Chair noted that there had not been any escalations to the Board following the Committee.The Trust Board:* **Noted the assurance report**
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| 420/20421/20422/20 | **Item 9.5 Integrated Performance Report** The Trust Chair noted that the report contained February data and this had been received by the assurance committees.Mr Hayward noted concerns regarding duty of candour and hoped that this would improve moving forward.The Medical Director noted that the data on duty of candour was disappointing, advising that this had been as a result of the Risk Team taking a less active role during that month. There had been a view that sufficient work had been undertaken to allow the Risk Team to step back the support. It had been clear from the data that the clinical teams were not yet mature enough to take this forward and as such the Risk Team had stepped back in. The Trust Board:* **Noted the report**
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| 423/20424/20425/20426/20427/20428/20429/20430/20431/20432/20 | **Item 9.6 Risk Management Report**The Trust Chair noted that there had been a new risk added to the register in light of the Coivd-19 pandemic, this had been rated at 25. The other top risks had previously been reviewed.The Medical Director advised that the Covid-19 risk remained a work in progress and that this had led to the reconfiguration of the working of the Trust. The risk of harm to patients, staff, finances and estates was very significant making it essential that the Trust reconfigures.Behind the strategic risk were individual operational risks that were being identified and worked through by the Risk Team with the Operational Teams. Decisions were being made in order to capture, understand and mitigate the risks. There were daily decisions being made due to the fast paced situation, oversight of the risks would be required.The Chair indicated that it would be important to see the mitigations and accepted that it would be dynamic. Clarification of where the daily oversight of the new and emerging operational risks and mitigation was sought. The Medical Director confirmed that the Risk Team took responsibility for tracking with oversight taking place at the daily Gold meetings.Further work would be required in order to develop further and capture the oversight by Gold Command that would ensure an audit trail was in place.**Action – Medical Director, 5May 2020**Mrs Libiszewski noted that a number of risks within the register would need to be altered in light of the addition of the Covid-19 risk due to the impact this would have. Refinement of the link between the Covid-19 risk and some of the current risks on the register would be required. The Medical Director would consider in light of the Covid-19 risk the wider impact on existing risks and the requirement to ensure these were updated and reflective of the current situation.**Action – Medical Director, 14 April 2020**Mr Hayward commented on risks 4175 and 4480 regarding capacity to manage emergency demand and the safe management of the Emergency Department. There had been a benefit seen in the public not attending A&E during the Covid-19 pandemic and asked what plans were in place to maintain this going forward.The Chair noted the observation that had been made however suggested that this be deferred to a more appropriate time when the recovery cell was operating. The Director of Improvement and Integration noted that this would be wider than attendances within the Emergency Department and would need to be reviewed in a wider context.The Board noted the risk register and the addition of risk 4458, recognising the impact of this on existing risks within the register that would require review to reflect on the impact of Covid-19.The Trust Board:* **Received the update**
* **Accepted the top risks within the register**
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| 433/20434/20435/20436/20437/20 | **Item 9.7 Board Assurance Framework 2019/20**The Chair noted that the Board Assurance Framework had been reviewed by the Executive Directors but had not been received by all of the Committees.The Trust Secretary advised that work to populate the 2020/21 framework would be difficult to progress in respect of the agreed 2020/21 objectives due to Covid-19 pressures and sought the view of the Board on bringing a framework that was specific to the current situation.The Improvement Director noted that given that a Board Assurance Framework was a dynamic document used to monitor the delivery of objectives then it would be appropriate to focus the framework on the issues surrounding Covid-19. The Board were in agreement that a reduced version of the framework would be a pragmatic approach in ensuring that there was focused objective delivery. The framework would include a separate Covid-19 objective that linked back to the objectives originally set by the Board for 2020/21. The Trust Secretary would develop the framework with the support of the Improvement Director and Committee Chairs.**Action – Trust Secretary/Improvement Director, 14 April 2020**The Committee Chairs would be invited to comment on and review the 2019/20 framework to consider if this was reflective of the position of the Trust considering Covid-19. The final document would be presented back to the Board for year end sign off.**Action – Deputy Trust Secretary, 5 May 2020**The Trust Board:* **Received the Board Assurance Framework**
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| 438/20439/20440/20 | **Item 10 Any Other Notified Items of Urgent Business**The Chair concluded the Board meeting by endorsing the points made by the Chief Executive and thanked the Executives and Chief Executive for the ongoing work to ensure the organisation was prepared and responsive for the current and future situationThe Chair further endorsed the comments with regard to the appreciation to members of the public for the support being offered to the Trust and staff. The Chair expressed a wish to write out to staff on behalf of the Board to recognise the magnitude of the challenges being faced and the effort being undertaken by staff in the organisation.**Action – Chief Executive, 5 May 2020** |
|  | The next meeting will be held on Tuesday 5 May 2020, arrangements to be confirmed taking account of national guidance |

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| **Voting Members** | **2****Apr****2019** | **7****May****2019** | **4****June****2019** | **2** **July 2019** | **6****Aug****2019** | **3** **Sept 2019** | **1****Oct****2019** | **5****Nov****2019** | **3** **Dec 2019** | **4****Feb****2020** | **3****Mar****2020** | **7****Apr****2020** |
| Elaine Baylis | X | X | X | X | X | X | X | X | X | X | X | X |
| Chris Gibson | X | X | X | X | X | X | X | X | X | X | X | X |
| Geoff Hayward | X | A | X | X | X | A | X | X | X | X | X | X |
| Gill Ponder | A | X | X | X | X | A | X | X | X | X | X | X |
| Jan Sobieraj | X | X | X |  |  |  |  |  |  |  |  |  |
| Neill Hepburn | X | X | X | X | X | A | X | X | X | X | X | X |
| Michelle Rhodes | A | X | X | A | A | X |  |  |  |  |  |  |
| Kevin Turner | X | X | X | X | A |  |  |  |  |  |  |  |
| Sarah Dunnett  | X | X | X | X | A | X | X | X | X | X | X | X |
| Elizabeth Libiszewski | X | X | X | X | X | X | A | X | X | X | A | X |
| Paul Matthew | X | X | X | X | A | X | X | X | X | X | X | X |
| Andrew Morgan |  |  |  | X | X | A | X | X | X | X | X | X |
| Victoria Bagshaw |  |  |  |  |  |  | X | X | X | X |  |  |
| Mark Brassington |  |  |  |  |  |  | X | X | X | X | X | X |
| Karen Dunderdale |  |  |  |  |  |  |  |  |  |  | X | X |