



Trust Board (Open)

Meeting held on 8th April 2020 at 9.30 am to 11:05 am
 Via Microsoft Teams

MINUTES OF MEETING

Attended	Apologies / Deputy Sent	Apologies
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Voting Members:			A	M	J	J	A	O	N	D	J	F	M
Mr D Wakefield	DW	Chairman (Chair)											
Mr P Akid	PA	Non-Executive Director											
Ms S Belfield	SB	Non-Executive Director											
Mr P Bytheway	PB	Chief Operating Officer											
Mrs T Bullock	TB	Chief Executive											
Prof G Crowe	GC	Non-Executive Director											
Dr L Griffin	LG	Non-Executive Director											
Prof A Hassell	AH	Non-Executive Director											
Mr M Oldham	MO	Chief Financial Officer											
Dr J Oxtoby	JO	Medical Director											
Mrs M Rhodes	MR	Chief Nurse											
Mr I Smith	IS	Non-Executive Director											
Mrs R Vaughan	RV	Director of Human Resources											

Non-Voting Members:			A	M	J	J	A	O	N	D	J	F	M
Ms H Ashley	HA	Director of Strategy & Transformation											
Mr M Bostock	MB	Director of IM&T											
Mrs J Dickson	JD	Interim Director of Communications											
Miss C Rylands	CR	Associate Director of Corporate Governance											
Mrs F Taylor	FT	NeXT Non-Executive Director											
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI											

In Attendance:		
Mrs N Hassall	NH	Deputy Associate Director of Corporate Governance (minutes)

No.	Agenda Item	Action
1.	Chair's Welcome, Apologies & Confirmation of Quoracy	
052/2020	<p>Mr Wakefield welcomed members of the Board to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate.</p> <p>Mr Wakefield provided his thanks to staff on behalf of the Board, to all those involved at the present time, in addition to sending his sympathies to those who had become ill and those who had lost their lives, to their friends and families. He stated that the Board meeting was utilising new technology therefore it was unclear at this stage how to make the meeting public, although he was aware that members of the public were keen to continue observing the meeting and he remained keen to facilitate this going forwards and noted that the feasibility and practicality of this was being looked into. He highlighted that the Trust was following the same process as the vast majority of Trust Boards across the Country and noted the papers had been published on the website and the minutes</p>	

	<p>would also published. In addition, members of the public continued to have the opportunity to ask questions in relation to items on the agenda, in the usual way.</p> <p>Mr Wakefield stated that in terms of governance, the agenda had been driven by needing to do things differently, in line with other Trust's in the UK, and was to focus on various important issues although Covid-19 had overtaken things.</p> <p>Mrs Bullock referred to the meeting being the first virtual meeting for the Board, and that the items on the agenda had been included because the papers were ready, she stated that going forwards the agenda may need to be reduced to essential business and issues in relation to Covid.</p> <p>Mr Wakefield recognised that a generous donation had been received from the Coates Foundation and stated that this would be covered later in the meeting.</p>	
2.	Declarations of Interest	
053/2020	The standing declarations were noted.	
3.	Minutes of the Meeting Held 11th March 2020	
054/2020	The minutes of the meeting held on 11 th March 2020 were approved as a true and accurate record.	
4.	Matters Arising via the Post Meeting Action Log	
055/2020	<p>PTB/422 – Mr Wakefield stated that the action in relation to reviewing future meetings in light of Covid-19 had taken place and changes had been made.</p> <p>PTB/427 – Mr Wakefield confirmed that Chair's action had been taken regarding the Microsoft Windows 10 Business Case and this had been approved.</p> <p>PTB/426 - Dr Griffin queried the progress made in removing the Section 31 notices and questioned whether the Care Quality Commission (CQC) had clarified the requirements during the Covid-19 pandemic, in terms of whether weekly reports continued to be required. Mrs Rhodes stated that she had spoken to the CQC and it had been agreed to provide updates every two weeks during Covid-19. In addition, Mrs Bullock and Mrs Rhodes had been involved with teleconferences with the CQC.</p> <p>Mrs Rhodes stated that in respect of the Section 31 notices, a letter had been prepared which was due to be issued last week although she was unsure if this had been sent and agreed to confirm.</p> <p>Mrs Rhodes added that a number of her actions had since been completed and agreed to provide an update to Miss Rylands.</p> <p>PTB/403 – Mrs Rhodes stated that she had met with the Trauma ward and a process had been set up for the team to meet with the family and explain what actions were being taken. She stated that a meeting was due to take place to discuss the issues surrounding meals although this had been delayed due to the current situation. She added that the team were pleased to receive the feedback and practice had been changed in trauma and Intensive Care following the story.</p>	<p>MR</p> <p>MR</p>

5.	Chief Executive's Report	
056/2020	<p>Mrs Bullock highlighted the following:</p> <ul style="list-style-type: none"> • She welcomed Mrs Dickson to the Board meeting in her capacity as Interim Director of Communications. She explained that Lisa Thompson was expected to join the Trust in the substantive role in July 2020. • In respect of Covid-19, arrangements had been put in place to keep the Non-Executive's updated. This included providing a daily dashboard of metrics, information on the daily executive huddle's and gold meeting, and a weekly virtual meeting between the Non-Executive Directors, herself and Miss Rylands. It was agreed that Miss Rylands acting as a single point of access was working well. <p>Dr Griffin raised a question regarding whether cancer services and surgery was continuing. Ms Ashley stated that the guidance was clear that cancer surgery should continue to operate as much as possible. As such, the Trust had safeguarded some capacity internally in order to treat complex cancer patients and had dedicated 4 theatres for urgent, emergency surgery and cancer surgery to take place. She stated that less complex patients had been moved to the independent sector, including Breast cancer patients and other specialties being moved to The Nuffield and Rowley Hall. The Trust was continuing to maintain oversight of patient waits and two week waits and Mr Bytheway added that the 4 theatres being used were operating 24/7, with the anaesthetists and surgeons working shifts to allow operating 24/7 for both emergency and elective work.</p> <p>Mrs Taylor queried whether chemotherapy and radiotherapy were continuing to take place and Mr Bytheway confirmed that daycase chemotherapy continued to be provided at UHNM in addition to radiotherapy. It was noted that the haematology and oncology ward was moving to the independent sector.</p> <ul style="list-style-type: none"> • Mrs Bullock noted that in terms of the decisions being made, a log of these was being kept, a summary of which had been provided, although Non-Executive Directors continued to be informed via the channels outlined above. <p>Mr Smith queried how well the Emergency Department was working with Covid-19 and non-Covid-19 patients and Mr Bytheway stated that a pragmatic approach had been taken, in order to split the Department two weeks ago with Personal Protective Equipment (PPE) split between the areas and doors put into the 'red' area to completely isolate single bays. He added that the 'green' area was working with Vocare in order to treat ambulatory patients and minor injuries had been moved to the Haywood and other Minor Injury Units.</p> <ul style="list-style-type: none"> • Mrs Bullock referred to the summary of key risks, and highlighted the mechanisms in place to identify and respond to risks at a divisional and corporate level. <p>Mr Wakefield queried how staff were bearing up given the current circumstances and queried how the Trust were communicating any changes to services, with members of the public.</p> <p>Mrs Bullock stated that there had been a lot of camaraderie between staff and they were supporting each other, doing things to keep morale up, but there were staff who were anxious and concerned, and they were raising this with their teams</p>	

which was positive. She stated that the Executive team were going out to ward areas as much as possible to alleviate any concerns from staff.

Mrs Vaughan referred to the actions being taken to address staff wellbeing and referred to the work with system partners to provide support to staff for their physical, emotional and psychological wellbeing. This included a number of tools and advice made being available, in addition to facilities for accommodation. Work continued to be taken with the national team and with local authorities and a helpline had also been put in place for staff to access individually. In addition clinical psychological support was being provided as required, and requirements were continually being reviewed. It was noted that in line with national guidance, the Trust was providing free car parking, and also free snack boxes to support staff in addition to keeping normal lines of communications open, such as the Freedom to Speak Up route.

Mrs Dickson referred to the communications with stakeholders and stated that a dedicated space had been utilised on the website, which outlined the changes made as part of the response to Covid-19 i.e. cancellation of non-urgent appointments and changes to minor injuries. In addition social media was being utilised as well as directly contacting patients and working with colleagues across the system to share communications on all channels. She added that weekly stakeholder updates were being provided to outline any changes, and this was also being sent to local Members of Parliament.

Ms Ashley stated that GP referrals continued to be sent to the Trust, and work was being undertaken with primary care and CCG colleagues to review the routine referrals and forward any urgent referrals to the Trust, this was the same for cancer referrals.

- Mrs Bullock referred to the Nightingale Hospital in Birmingham which the Trust would not be sending patients to unless all local system capacity was full, which she felt was the right decision for the local population. She stated that alternative arrangements were being put in place between the Stoke on Trent and Staffordshire system and the Shropshire system to enable management of the local populations for the duration of the outbreak. Discussions had taken place with Shrewsbury and Telford NHS Trust (SaTH) and colleagues from UHNM had visited SaTH to consider the support required for both organisations. Next steps included getting to a position of establishing the collective capacity available in hospital, out of hospital capacity, modelling and timings of when additional capacity may be required.

Professor Crowe requested assurance that the leadership team was not overstretching itself in supporting SaTH and Mrs Bullock stated that the same level of input would be required if the Trust was working with the Nightingale option. She stated that leadership support was being maintained at the present time, but the team were solely focussing on Covid related issues.

- The Trust was in the process of mobilising out of hospital beds for patients who were Covid positive. The locations for this care would utilise bed capacity at Haywood, Harplands, Bradwell, Cheadle and Leek. A number of these facilities were expected to be ready by the end of the week, although staffing was required for Bradwell, Cheadle and Leek, for which Mrs Vaughan was linking in with Midlands Partnership NHS Foundation Trust (MPFT). It was noted that capacity would only be opened as required and the main piece of work related to identifying what type of patients the facilities would be used for

	<p>and then determining the appropriate staffing model.</p> <p>Mr Wakefield summarised that he felt the arrangements would stretch the workforce and management capacity and queried whether this could be managed. Mrs Bullock stated that it would be a challenge but the staffing required would not just be that from UHNM but also that of system partners and the volunteers and retired staff returning to support the NHS.</p> <p>Mrs Rhodes described the workforce model put in place and the development of 'team around the patient', given that the Trust was expecting to have more patients and less staff, resulting in the recommended staff ratios being not able to be maintained. She stated that this had been highlighted by Ruth May, Chief Nurse of NHS England, the Nursing and Midwifery Council and the CQC, who have recognised that things would need to be done differently, utilising different staff and had written to staff in this regard. It was noted that the team of staff around each patient would comprise of trained nursing staff, other registered nurses, healthcare support workers and volunteers and this would be the case in both critical care and on the wards. Mrs Rhodes stated that she was pleased to see the camaraderie regarding this and the ways in which staff were working to keep patients and staff as safe as possible.</p> <p>The Trust Board received and noted the report and approved the following E-REAF:</p> <ul style="list-style-type: none"> • Pharmacy Dispensing Service for Ambulatory Patients - Drug Costs (REAF 3435) – Extension 	
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PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES

6.	Quality Governance Committee Assurance Report	
057/2020	<p>It was noted that papers in relation to the Quality Governance Committee had been circulated to members of the Committee for assurance and information, in the absence of an actual meeting taking place.</p> <p>The Trust Board received and noted the assurance report.</p>	

ENSURE EFFICIENT USE OF RESOURCES

7.	Performance and Finance Committee Assurance Report	
058/2020	<p>Mr Akid highlighted the following:</p> <ul style="list-style-type: none"> • The Trust had reached a strong position for the end of the year • Cost improvements were slightly behind plan • Good progress had been made on the IM&T strategy although it was recognised that there may be some delays due to Covid-19 • Good progress had been made on the PFI contract • The Committee approved two business cases <p>The Trust Board received and noted the assurance report.</p>	
8.	Financial Performance Report – Month 11	
059/2020	<p>Mr Oldham highlighted the following:</p> <ul style="list-style-type: none"> • For the month 11 position, good performance had been made for February, with the position being £8.5 m better than planned, and a surplus of £4.9 m 	

year to date.

- The run rates for pay and non-pay had continued in line with previous periods and Health Education England had unexpectedly provided £1 m to the Trust, which was related to the tariff for services provided to students on site.
- The Trust continued to forecast £5 m surplus at the end of the year and a meeting was due to take place to finalise the year end position
- Capital was challenging and slightly behind, but this was to be reviewed and it was anticipated that the Trust would achieve the Capital Resource Limit (CRL) by the end of the year.
- In terms of cash, the Trust was in a strong position, with £8 m better than planned. All TSA monies had been received from the Department of Health and CCG in addition to the Financial Recovery Fund (FRF).

Mr Wakefield requested an update in terms of the impact on the Trust of the national buy out of loans.

Mr Oldham stated that the national guidance had been received and all working capital and temporary loans would be converted to Public Dividend Capital (PDC) by 30th September, the net impact of which was £0.3 m of additional costs which would be covered by adjustments to the reimbursement of Covid-19 costs or the 2020/21 FRF payment, resulting in nil impact on the accounts for 2020/21. It was noted that the dividend rate for PDC was less than that of some of the interest rates on the loans.

- Mr Oldham referred to the costs incurred due to Covid-19 and the regular guidance being received. He stated that one submission had been made in relation to £1 m of revenue costs incurred for 2019/20 including elements in relation to more IT equipment being required to facilitate home working and additional PPE, cleaning. He referred to the processes in place to capture and escalate costs and stated that the impact on contract income where activity had been reduced would not be funded centrally as this would be offset by savings in CCG's and therefore for local systems to resolve.

Professor Crowe queried whether the year end audit would be delayed and Mr Oldham stated that the auditors were reviewing the scope and the adaptations to be made. He stated people coming in to do stock takes had been stopped and communicated with the auditors and the timetable for the annual accounts had been put back slightly and that audit committee dates had been altered to accommodate.

Mr Wakefield summarised that for the period, the Trust finished as it had anticipated, a process was in place to collect and recover Covid-19 costs, and the audit process was in hand.

- Mr Oldham referred to the impact on the 2020/21 planning and that up to the end of July the Trust would be provided with a block contract value based on month 9 2019/20, topped up to the actual run rate over winter, in addition to capturing additional Covid-19 costs. The impact of this was that the contract should equal the costs incurred for the first period. It was noted that two payments had been made in April therefore challenges to cash flow were not expected and ongoing discussions and guidance was expected.

The Trust Board received and noted the report.

9. IM&T Strategy Progress Report

060/2020	<p>The report was taken as read as this had been presented to the Performance and Finance Committee, with questions received and responded to.</p> <p>Mr Wakefield queried how Covid-19 may impact on any projects scheduled for quarter 1. It was noted that the majority of funding in regards to the delivery plan was central funding and discussions were ongoing as to whether this would be extended. It was agreed that any issues as a result of this would be provided to the Performance and Finance Committee.</p> <p>Professor Hassell queried if the progress with the e-prescribing system had been impacted and Mr Bostock stated that as the Trust was following the global digital exemplar, assurance received by NHS England was that the £2 m would not be time limited and the contract with the supplier would not be impacted.</p> <p>Mr Wakefield welcomed the comprehensiveness of the report and the work being undertaken by the IM&T Team.</p> <p>The Trust Board received and noted the report.</p>	
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ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH

10.	Transformation and People (TAP) Committee Assurance Report	
061/2020	<p>Professor Crowe highlighted that in the absence of an actual meeting, key papers were circulated for assurance and comments. He stated that the Committee were assured of the Month 11 position and acknowledged the work undertaken to understand the impact of Covid-19 and what was being put on hold.</p> <p>The Trust Board received and noted the assurance report.</p>	

ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS

11.	Integrated Performance Report - Month 11	
062/2020	<p><u>Operational Performance</u></p> <p>Mr Bytheway highlighted the following in relation to urgent care performance:</p> <ul style="list-style-type: none"> • There had been positive changes between January and February in terms of 4 hour performance and cancer performance, although performance from March had become more challenged due to the impact of taking swabs, restrictions on moving patients etc. While performance continued to be monitored, cancer had become the main area of focus to ensure clinically urgent patients continued to be seen and operated on. • It was highlighted that there had been 30, 12 hour breaches in March which was mainly due to the changes in processing patients and guidance; it was believed these were not ongoing issues. <p>Mr Wakefield queried how the Emergency Department had been impacted by Covid-19 and queried how patients were being kept safe. Mr Bytheway stated that pragmatic action had been taken early on to segregate the Department which ensured the safety of patients. He stated that further changes continued to be made and the 'red' areas had been made into cubicles, with doors etc so that patients could be separated. He added that there had been a reduction in attendances to the Department, to approximately 300 attendances a day.</p>	

Mr Wakefield queried the processes in place to continue with elective work and Mr Bytheway stated that waiting lists were being reviewed and routes of escalation were being identified.

Mr Bytheway continued:

- He referred to the critical care capacity which had been enhanced and changes split into 4 phases. It was noted that the Trust was in phase 2, which was the process to increase equipment and PPE/Ventilators, via liaison with the Incident Control Centre (ICC), Regional ICC and National ICC.
- It was noted that critical care capacity was presently in a good position, and critical care capacity and oxygenating care capacity was being modelled twice a week, which was being triangulated with other models in order to establish the anticipated trajectory.
- It was noted that there were presently 8 empty wards across both sites and planning had been undertaken to create more side rooms, with more space being available to move patients through the system.
- In terms of mortuary space, there were over 200 spaces and work was being undertaken with the system to consider additional space if required and all emergency portals had been split into 'red' and 'green' areas.
- The work undertaken by the pathology team in testing swabs on site whereby numbers were increasing week by week, was particularly positive.
- In terms of oxygen supply, a lot of work had been undertaken to deliver a clear line of sight for this, and all Covid beds could provide high flow oxygen in various forms. Mrs Whitehead stated that the Trust had one of the biggest oxygen tanks in the country and no issues had been identified. There had been some national shortages of cylinders but the Trust was not relying upon these, with the plan to provide piped oxygen for wards. She added that telemetry was being read by the hour and levels were being topped to 80%.
- The number of medically fit for discharge (MFFD) patients had been reduced across the organisation; at Royal Stoke there were 34 in hospital and 9 at County Hospital, which had reduced by 100, when compared to the previous month. In addition work was being undertaken to ensure that patients were discharged on the day they had been declared MFFD and this needed to continue once the outbreak had finished.

Mr Smith queried if the Trust was nearing capacity for its mortuary provision and Mrs Rhodes stated that this was not the case and capacity was being managed through the usual processes. She added that there was capability for pop up spaces if required.

Mrs Rhodes referred to care of the dying, and that Covid-19 positive patients for palliative care were being treated as any other patients, although the biggest difference was that nurses and doctors were being the family member as well as the carer which brought its own challenges.

Caring and Safety

Professor Crowe requested clarification of the new c difficile reporting and Mrs Rhodes stated that the Trust was 23 above trajectory for the end of February and by the end of the year she expected the Trust to be above the trajectory. She explained that there had been a change in the definitions earlier in the year to include the numbers of patients who had been discharged and got c difficile in the following 28 days and this was the main contributor.

Mrs Rhodes highlighted that she expected an increase in mixed sex breaches to be reported going forwards; this was due to older couples who were both Covid-

19 positive, being admitted to hospital at the same time and a decision being made to allow the couples to remain in a bay together rather than separating them. Mrs Bullock stated that nationally it was expected that there would be some breaches due to this.

Financial Rating

Mr Oldham referred to the £10 m grant received by the Coates Foundation and stated that the donation would be provided to the UHNM Charity; the Foundation had already been given an outline of the things the Trust were considering as appropriate. The Trust was required to issue formal proposals to the Foundation outlining the purpose of the spend, benefits and costs which would be taken to their grants committee. Following this the Trust would receive an acceptance letter outlining some of the conditions and once signed the cash would be released.

Mr Oldham stated that it was imperative that the governance was correct in terms of spending the monies and approval was required to be obtained from the Charity Committee before taking proposals to the Foundation. He highlighted that two bids were to be progressed quickly which included a bid for some IT equipment and software and another bid for a Vocera communications system in the Emergency Department and Critical Care, to enable staff to respond more quickly and obtain help where required. Mr Oldham stated that he would share this with Dr Griffin, as Chair of the Charity Committee in anticipation of obtaining Chairs action. The Trust Board agreed with this approach.

Mr Oldham explained that discussions were also required as to how the donation would be utilised for strategic projects which was welcomed by the Board.

Organisational Health

No questions were raised.

The Trust Board received and noted the report.

CLOSING MATTERS

12.	Review of Meeting Effectiveness / Business Cycle Forward Look	
063/2020	It was noted that going forwards items on the business cycle may need to be deferred due to the current circumstances and the reasons for this would be noted and tracked on a monthly basis.	
13.	Questions from the Public	
064/2020	<p>Mr Syme provided the following questions by email prior to the meeting:</p> <p><u>UHNM Services</u> Mr Syme queried how UHNM along with the whole care economy ensured that the message that UHNM as an acute unit and a Major Tertiary Hospital, was still open to provide acute services for a whole range of conditions as well as having to deal with the increasing clinical care demands of the very dangerous virulent Covid-19 illness.</p> <p>It was noted that capacity had been safeguarded to continue with urgent, emergency and cancer surgery. This involved utilising the independent sector and</p>	

operating 4 theatres on a 24/7 basis. It was noted that regular communications were made to stakeholders and on social media in respect of continuing with business as usual, particularly any changes to appointments, the cancellation of non-urgent appointments and changes to minor injuries.

In addition, Mr Syme queried how UHNM was ensuring that it would maintain its standards of quality and safe delivery to the entirety of its patients?

Dr Oxtoby stated that governance mechanisms continued to be in place with regards to quality and safety, which had and been bolstered by additional processes during Covid, including ways in which clinicians could raise any concerns.

Infection Control: Staff and Patient Safety

Mr Syme queried whether UHNM had obtained specified standards PPE in such quantities that all those who have or likely to have contact with Covid-19 have sufficient PPE to help safeguard themselves and inhibit cross infection to others who are not Covid-19 infected? He queried whether PPE had been fully distributed to the above staff and queried if UHNM had the necessary volume/numbers of goggles of specified standards to ensure that employees could 'safely' deliver care to those infected by Covid-19.

Mrs Rhodes stated that the Trust had all the PPE it needed for the time being, although as the number of patients increased, it may become more difficult to ensure stock levels were maintained. She stated that in terms of goggles and face visors, supplies were in place and more had been ordered. In addition UHNM's prosthetics department acted innovatively to produce visors internally via 3D printing.

Mr Syme queried if it was policy to swab test the entirety of UHNM staff and queried what the situation was regarding those employed by Sodexo and others on UHNM sites regarding testing as they do come into contact with patients and staff?

Mrs Bullock stated that it was not appropriate to test all staff but noted that the Trust had sufficient capacity in place to test staff who were either symptomatic or index cases and this included Sodexo staff. Mr Bullock also added that UHNM were able to offer capacity to organisations within the system and potentially to neighbouring Trusts.

Cross Infection

Mr Syme stated that as Covid-19 spreads there would be concentrations of the illness in acute hospital settings. He added that there were numerous instances nationally attested to by senior clinicians of non Covid-19 inpatients acquiring Covid-19 in hospitals and sadly dying. He questioned what extra infection prevention and control strategies and actions UHNM was taking to minimise this and negate the cross infection from Covid-19 patients to both inpatients and other staff at UHNM.

Mrs Bullock stated that additional procedures were in place which followed national guidance for PPE requirements. Mrs Rhodes stated that there were a number of wards where known Covid-19 positive patients were, and extra precautions had been taken by the Trust in following the guidance on PPE. She added that the Trusts position was to assume all patients were Covid-19 positive, therefore ensuring maximum safety precautions and noted the PPE worn by staff reflected that.

	Mr Wakefield reiterated his thanks to all the staff for their work and dedication at the present time and that the Board was very grateful.	
DATE AND TIME OF NEXT MEETING		
14.	Wednesday 6 th May 2020, 9.30 am – 12.30 pm	

DRAFT