PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Wednesday 29 April 2020

Reference Document Pack			
Item		**Lead**	**Paper**
Governance and Assurance			
7	Use of Emergency Powers and COVID-19 Governance Update including Risk Appetite Urgent Decisions Made since the Board of Directors' meeting on 25 March 2020: a) Clinical Ethics Advisory Group; b) Core Skills Framework Changes; c) Emergency Response Plan; d) Deployment Plan; e) Relocation of Oncology Service and Fracture Clinic at the Royal Lancaster Infirmary; f) Service Change Ward 35 Royal Lancaster Infirmary; g) Temporary Suspension of Breast Screening Service	Company Secretary	Attached
Minutes and Updates from Reporting Groups			
11	Assurance Committee Minutes and Chairpersons' Reports	Chairs of the Assurance Committees	Attached

Contact: Paul Jones, Company Secretary
Tel: 01539 716684
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Contact: Paul Jones, Company Secretary
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University Hospitals of Morecambe Bay NHS Foundation Trust

Board of Directors (Standing Order 6.2)

Contact: **Paul Jones**
Telephone: **01539 716684**
Date: 8 April 2020

The Constitution gives delegated authority to the Chief Executive or in his absence the Deputy Chief Executive (or in their absence their nominee) in consultation with the Chair (or in his/her absence the Deputy Chair) and two (2) other non-executive Directors

The need has arisen for an urgent decision in respect of the following:

Subject/Title: Clinical Ethics Advisory Group

The reasons for urgency and emergency powers are as follows:-

The Covid-19 crisis (March 2020 onwards) has seen an unprecedented, increasing demand for medical services, particularly in terms of respiratory support/mechanical ventilation.

Staff at the trust face the very real prospect of having to make rationing decisions to prioritise the general health of a patient, as well as the wider community.

These circumstances present a highly unusual situation and it is important that the decisions made are fair and ethical. In order to support managing clinicians, the medical director, the Trust Board, and the clinical body of the Trust, it is proposed to establish an Ethics Committee for decision making support.

The role of the ethics Committee will be to discuss the relevance of any cases referred to it decision in the context of the impact to the individual, their families and to the wider population and whether it represents a fair or just decision.

The managing clinician will use the Group's advice to help them decide upon their course of action.

The Chair and the following Non-Executive Members have been consulted:
1. Mike Thomas, Chair (by email)
2. Jill Stannard, Chair of Quality Assurance Committee (by email)
3. Liz Sedgley, Non-Executive Director (by email and phone)

Any comments received have been taken into consideration.

Advice has been taken from the following Officers:

1. Medical Director

His comments have been taken into consideration in producing this decision form and any attached information.

This decision is subject to the relevant provisions of the Trust's Constitution.

DECISION

Following consultation with the Chair

That approval be given to establish the Group and for the Terms of Reference and supporting documents at Appendix 1 and 2.

Signed:

Aaron Cummins
Chief Executive

A copy of this decision form and any supporting documentation will be made available to all Members of the Board and will be reported at the next meeting of the Board.

University Hospitals of Morecambe Bay NHS Foundation Trust

CLINICAL ETHICS ADVISORY GROUP

Terms of Reference

CONSTITUTION

1. The Clinical Ethics Advisory Group (the Group) shall report to the Executive Directors Group in the first instance but may later transfer to the Quality Committee.
2. The purpose of the Group is to assist clinicians and managers with ethical issues arising from the COVID-19 pandemic.
4. Many decisions in healthcare are complex problems, where there is no clear solution. Clinicians and executives already make difficult decisions with ethically sound reasoning on a daily basis. The Group is not intended to undermine their current work, nor to require them to seek permission for decisions that would usually be handled within the service, for instance by the on call team.
5. The Group will draw on a range of relevant and up to date frameworks outlining appropriate ethical values and principles to underpin clinical decision making in the face of pandemics and healthcare more broadly.

DUTIES

6. The Group, and allied on call process, will provide a supplementary route for decision making, particularly for decisions that affect more than one patient.
7. The Group will provide advice and support to inform clinical or executive decision makers. It is not a substitute for normal process and it is not required for uncontroversial or routine discussions.
8. The Group may suggest a certain course of action, or offer a range of possible options or decline to favour any particular course of action. This advice is not binding on those to whom it is offered.
9. Issues referred should relate to patient care. Employment, industrial disputes or other concerns are outwith the intended scope of the Group.
10. When there is a need for urgent input into an ethical dilemma in clinical care, resource allocation or other relevant area the Group will endeavour to provide a rapid response via an on call system. Access to the Group shall be via the switchboard.
11. The on-call team shall consist of the Group member contacted by the switchboard and two other persons, including at least two senior clinicians. The second and third persons shall be the clinician/s making the referral and additional members of the Group, contacted by the on call Group member as required.
12. The output from the discussions will be communicated to the relevant party – the responsible consultant for clinical queries or the responsible executive for other issues.
13. The Group will collect data on its activities. All referrals will be logged and any support and advice offered by the Group members will be briefly summarised. The notes will be agreed by all members involved in the referral and will be sent to an agreed dedicated representative of the Group.

    The Group will also collect feedback from those who refer topics for consideration.

MEMBERSHIP

14. The Group shall include the following members:

a. Chair
b. Deputy Chair
c. Senior Nurse
d. Professional manager
e. Legal representative
f. Chaplaincy representative
g. University ethicist
h. At least one GP
i. At least three senior clinicians

15. In the absence of both the Chair and Deputy Chair, a decision will be taken in advance of the meeting as to who will chair the meeting.

ATTENDANCE

16. Additional Members may be co-opted onto the Group or asked to attend on the basis of issues arising or as part of a broader engagement.

RESPONSIBILITY OF MEMBERS AND ATTENDEES

17. Members of the group have a responsibility to:

a. attend meetings having read all papers beforehand, as appropriate
b. act as 'champions', disseminating information and good practice, as appropriate
c. when matters are discussed in confidence at the meeting, to maintain such confidences
d. declare any conflicts of interest in accordance with the University Hospitals of Morecambe Bay NHS Foundation Trust's policies and procedures

QUORUM

18. The quorum for any meeting will be the Chair, Deputy Chair, or nominated deputy, and at least two further staff, including at least two clinically qualified practitioners including the acting Chair.

FREQUENCY

19. The duration of the Group will be limited to six months in the first instance.

20. Meetings will initially take place weekly, with review of frequency at the meeting.

AUTHORITY

21. The Group is authorised by the Executive Directors Group:

a. to carry out any activity within its terms of reference

b. to promote an enquiring and learning organisation and culture, which is open and transparent

22. The Trust's Standing Orders and Standing Financial Instructions apply to the operation of the Group.

DECISION MAKING

23. Wherever possible, members of the Group will seek to make decisions and recommendations based on consensus.

24. Where this is not possible, then the Chair of the meeting will ask for members to vote using a show of hands.

25. In the event of a formal vote, the Chair will clarify what members are being asked to vote on – the 'motion'. Subject to the meeting being quorate, a simple majority of members present will prevail. In the event of a tied vote, the Chair of the meeting may have a second and deciding vote.

26. Only the members of the Group present physically or remotely (telephone, online) at the meeting will be eligible to vote.

REPORTING

27. A report summarising the Group's activities will be produced every 6 months.

REPORTING GROUPS

28. None

ADMINISTRATIVE ARRANGEMENTS

29. The Group will be supported by corporate administrative support from the Medical Director's office.

REVIEW

30. Terms of Reference will normally be reviewed annually, with recommendations on changes submitted to the Group for approval.

Date Approved and issued: 8 April 2020
Version Number: 1.0
Next Review: April 2021
To be reviewed by: Quality Committee
To be approved by: Quality Committee
Responsibility: Chair of the meeting
Author: Head of Legal Services
ID No: This will issued by the policy co-ordinator

(Note: The first draft of the Terms of Reference was approved by the Chief Executive Officer in Consultation with the Chairman of the Board using emergency powers granted to him under the Constitution)

University Hospitals of Morecambe Bay NHS Foundation Trust

Clinical Ethics Advisory Group

A request for a consultation should result from discussion with the referrer's multi-disciplinary team. Teams are not obliged to seek the involvement of the Group, and while the consultation should be taken into consideration, the responsibility for making the decision remains with the responsible clinician, in partnership with the patient or those close to them.

Referral and Response Form

Please note that, while it may be necessary to disclose identifiable details during the course of the consultation, patient details must be anonymised on this referral form.

Reference:	**Referral date and time**:	**Response date and time**:

Referring team contact	
Name:	Job title:
Extension:	Mobile:
Email:	Bleep:

Staff most closely involved in the case	
Name:	Job title:
Name:	Job title:
Name:	Job title:

Has the referral been approved by the Lead Clinician?	Yes	No
Is the patient/their representative aware of the referral?	Yes	No

Details of IMCA or other patient advocate involved	
Name:	Job title:

Referral details		
Include brief, relevant medical history. As appropriate, include chronological details and relevant factors such as the referrer's assessment of the patient's mental capacity, views of MDT members and family and friends of the patient.		
Ethical issue under consideration		
Identify the key ethical concerns. Are there differences of opinion inhibiting achievement of an agreed course of action? Are there firmly held views about what course of action should be taken?		
Clinical Ethics Advisory Group Response		
Clinical Ethics Advisory Group members involved in consideration of the referral		
Name:	Job title:	
Name:	Job title:	
Name:	Job title:	
Declaration of interest		
Does the Group wish to follow up this referral?	Yes	No
If yes, provide details of how follow-up will take place:		

University Hospitals of Morecambe Bay
NHS Foundation Trust

Board of Directors (Standing Order 6.2)

Contact: **Paul Jones**
Telephone: **01539 716684**
Date: 7 April 2020

The Constitution gives delegated authority to the Chief Executive or in his absence the Deputy Chief Executive (or in their absence their nominee) in consultation with the Chair (or in his/her absence the Deputy Chair) and two (2) other non-executive Directors

The need has arisen for an urgent decision in respect of the following:

Subject/Title: Core Skills Framework Changes

The reasons for urgency and emergency powers are as follows:-

As part of the Trust's response to COVID-19, and in line with the national guidance from NHS Employers use of emergencies powers is being sought to implement on an interim basis a revised approach to the delivery and monitoring of Core Skills Framework training and appraisals. Changes are also proposed in respect of corporate induction, revalidation and pay step progression

The Chair and the following Non Executive Members have been consulted:
1. Mike Thomas, Chair (by email)
2. Neil Johnson, Chair of Workforce Assurance Committee (by email)
3. Liz Sedgley, Non – Executive Director (by email and phone)

Any comments received have been taken into consideration.

Advice has been taken from the following Officers:

Director of People and OD

His comments have been taken into consideration in producing this decision form and any attached information.

This decision is subject to the relevant provisions of the Trust's Constitution.

DECISION

Following consultation with the Chair

That on basis of the national guidance from NHS Employers approval be given to the interim revised approach to the delivery and monitoring of Core Skills Framework training and appraisals attached at Appendix 1.

Signed:

Aaron Cummins
Chief Executive

A copy of this decision form and any supporting documentation will be made available to all Members of the Board and will be reported at the next meeting of the Board.

University Hospitals of Morecambe Bay NHS Foundation Trust

INTERIM CHANGES TO CORE SKILLS FRAMEWORK (MANDATORY) TRAINING & APPRAISALS

The current pandemic has put unprecedented pressures on UHMB to deliver clinical services in a vastly different way to previously, such that business-as-usual has had to be stepped down to divert appropriate leadership and people resources to sustaining front-line service delivery.

Whilst there remains an absolute imperative for new and existing colleagues to be safe and competent in their practice during this period, a pragmatic approach to the delivery and monitoring of Core Skills Framework training and appraisals are being adopted across UHMB. This is in line with national guidance from NHS Employers.

The key changes being made are as follows:

- Corporate Induction will take place in a virtual format and includes a video welcome from the CEO. Both the new starter and their manager will receive all induction material with completion of corporate induction recorded on TMS.

- Local Workplace Induction has been reviewed and a shortened, self-certificated version has been made available on TMS from 6th April 2020.

- Core Skills Framework Level 1 (and Level 2 resus) has been reviewed so that:
  - Existing members of staff will have their compliance period extended for 6 months initially
  - Returning members of NHS staff will have their compliance period extended by the refresh period plus 6 months, providing they can provide dated evidence of previous compliance
  - New recruits/those returners with no evidence of previous compliance will be required to complete a prioritised list of Core Skills training within their local induction

- All appraisals will be suspended from 1st April 2020 (unless there are exceptional circumstances agreed by both the appraisee and appraiser) – introduction of pay-step progression will be deferred until 1st April 2021.

- The GMC has deferred revalidation for all doctors that are due to be revalidated by September 2020. As such, all non-urgent or non-essential professional standards activity will be suspended until further notice, including medical appraisal and continuous professional development (CPD).

- The Nursing and Midwifery Council (NMC) is to initially extend the revalidation period for current registered nurses and midwives for an additional 3 months, and is seeking further flexibility from the UK Government for the future.

- The Health Education England (HEE) e-learning package on coronavirus has been made accessible through TMS, with self-certification of compliance.

All of the above will be reviewed on an on-going basis.

David Wilkinson
6th April 2020

University Hospitals of Morecambe Bay
NHS Foundation Trust

Board of Directors (Standing Order 6.2)

Contact: **Paul Jones**
Telephone: **01539 716684**
Date: 3 April 2020

The Constitution gives delegated authority to the Chief Executive or in his absence the Deputy Chief Executive (or in their absence their nominee) in consultation with the Chair (or in his/her absence the Deputy Chair) and two (2) other non-executive Directors

The need has arisen for an urgent decision in respect of the following:

Subject/Title: Covid Response Plan

The reasons for urgency and emergency powers are as follows:-

Approval is sought for UHMB's Emergency Response Plan that details the response of University Hospitals of Morecambe Bay to the COVID-19 emergency. It details the objectives of the response together with the actions that UHMB and partners will take forward.

The Chair and the following Non Executive Members have been consulted:

1. Mike Thomas, Chair (by email)
2. All Non-Executive Directors (by email)

Any comments received have been taken into consideration.

Advice has been taken from the following Officers:

Foluke Ajayi

(Note:- The Plan was agreed with the Incident Management Team, including CCG colleagues)

Her comments have been taken into consideration in producing this decision form and any attached information.

This decision is subject to the relevant provisions of the Trust's Constitution.

DECISION

Following consultation with the Chair

Approval is given to the Covid Response Plan and authority given to its implementation.

Signed:

Aaron Cummins
Chief Executive

A copy of this decision form and any supporting documentation will be made available to all Members of the Board and will be reported at the next meeting of the Board.

University Hospitals of Morecambe Bay NHS Foundation Trust

University Hospitals of Morecambe Bay NHS Foundation Trust

COVID-19

Emergency Response Plan

V7

University Hospitals of Morecambe Bay NHS Foundation Trust

COVID-19: EMERGENCY RESPONSE PLAN

CONTENTS:

University Hospitals of Morecambe Bay NHS Foundation Trust

A. INTRODUCTION:

1. This Emergency Response Plan is a plan detailing the response of University Hospitals of Morecambe Bay to the COVID-19 emergency. It details the objectives of the response together with the actions that UHMB and partners will take forward.

2. The first goal is to reduce excess mortality across the hospital sites;

   - Excess mortality linked to COVID 19
   - Excess indirect mortality caused by disruption to other services (e.g. sepsis, cancers, cardiovascular disease)

   The second goal is to protect staff and the higher risk subgroups within our staff.

3. The purpose of this document is to

   - Clarify the planning assumptions and predicted increased pressure arising from the COVID-19 pandemic on the population of Morecambe Bay;
   - Detail the UHMB and partners response;
   - Outline the streams of work required to deliver the response effectively.

B. STRATEGIC APPROACH:

4. The overarching strategy to meet this increased COVID-19 demand is to

   - Close down and/ or reduce non-essential activity in order to redirect and re-purpose workforce resources towards the expected higher demand of in-patient care;

   - Commission and mobilise additional critical care and acute respiratory in-patient bed and equipment resources on the FGH and RLI sites to support meeting this higher demand;

   - To work with partners to commission and mobilise additional out of hospital in-patient bed and equipment resources across the Morecambe Bay footprint to supplement the acute bed provision;

   - To commission and mobilise existing and additional workforce resources to support the delivery of the additional in-hospital and out of hospital critical care and acute/ non acute bed base;

   - To work with partners to optimise opportunities to avoid acute hospital admissions and to expedite earlier discharge in order to deliver effective patient flow and access to appropriate levels of care, and;

   - To support our staff throughout this unprecedented period

C. PLANNING ASSUMPTIONS:

5. Our planning assumptions for the Morecambe Bay area encompassing South Cumbria and North Lancashire is based on the emergent national modelling. The actual numbers have been plotted to determine which of the scenarios is closest to our population and adjusted plans appropriately.

6. The work in the model has been based on the assumptions in the Imperial College (IC) paper which supported the national response ("Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand", 16th March 2020). The key assumptions are:

- IC estimates of severity by age band have been used and applied to the local population breakdown;
- Bed demand has been calculated using the IC assumption on the duration of stay ie: 8 days if critical care not required and 16 days (with 10 of these days in ICU) if critical care is required;
- The IC paper assumed that 30% of hospitalised care will require critical care. The older profile of our population means that that 34.7% of our population are likely to require critical care (based on the estimates of severity by age band);
- Most of the work used the IC assumption that we will hit peak rate in 3 months. However, we have made an adjustment in light of national evidence that the increase was greater than this and in light of local (albeit limited) actual figures. A peak in mid-April (12th April) is assumed.
- It should be noted that this planning assumption ie 12 April may change in response to the social isolation measures currently in place. As this date shifts back and the curve is flattened this will benefit our emergency response.

7. Three scenarios have been worked up:

- Assumed 80% of the population will be symptomatic (ie the original IC assumption)
- 50% of population is symptomatic
- 20% is symptomatic.

This gives the following bed numbers:

Additional beds:	S1: 80% symptomatic	S2: 50% symptomatic	S3: 20% symptomatic
General	713	**442**	171
ICU	197	**119**	48

8. It is believed that Morecambe Bay is likely to be between the 20% and 50% scenario depending on the impact and timing of national suppression measures. It should be noted that NHSE/I have requested to plan for a seven fold increase in ICU beds which would give an increase from the current baseline of 14 to 98: ie within the 20% to 50% range: The general bed target will be for the 50% scenario: ie 442 additional beds across Bay and for 119 ICU beds – higher than the 7-fold increase.

9. The general flow of patients to our two acute sites is generally: 65% RLI; 35% FGH. When applied to the numbers above this gives the following bed planning numbers:

Additional beds	**Total**	**RLI**	**FGH**
General*	442	287	155
ICU	119	77 (higher than 7-fold request)	42 (as 7-fold request)

NB General beds may mean additional beds created in non-acute settings around the Bay.

10. The plan is therefore based on the 50% attack rate predictions.

11. The 50% attack rate predicts a requirement across bay of an additional 442 general beds and 119 critical care beds.

12. These figures have been analysed by site against a predicted timeline with the peak brought forward to 13 April week and a gap analysis is in the process of being finalised. This illustrates that in the peak weeks each site has shortfalls – up to 125 and 50 acute and 35 and 15 critical care beds on the RLI and FGH sites respectively.

13. The plan is to cohort as many acute beds within the acute footprint as possible and work with external partners ie other independent providers and the Military to close the capacity gap as the following sections describe.

D. MANAGEMENT OF NON-ESSENTIAL ACTIVITY

OUT-PATIENT SERVICES:

14. Since mid-March 2020, all clinic attendances have been reviewed and replaced where possible with telephone conversations in order to reduce face to face contacts and observe social distancing. Urgent appointments including 2-week waits have continued.

15. With the lockdown commenced from 23 March and workforce resources now increasingly required for the in-patient front line, it is necessary now to cancel all routine face to face appointments from the week commencing 6 April 2020 and to cohort only the very urgent cases into smaller clinics. It should be noted that some services e.g. Ophthalmology, due to the close nature of the consultation have already cancelled all activity.

With effect from 6 April 2020 therefore all but the most urgent appointments will be cancelled until further notice.

16. Oncology at the RLI is based in Medical Unit 1 in prime front door space required to re-accommodate the Fracture Clinic in order to release space adjacent to ED. Demand for Oncology has reduced as patients are not starting new treatments at this time - the Lancaster service is therefore planning to move to the Kendal and consolidate provision on the WGH site.

This move occurred on the weekend of 28/29 March 2020.

ELECTIVE ACTIVITY:

17. All routine elective inpatient activity on both the FGH and RLI sites was cancelled with effect from 23 March 2020. Urgent cases including cancer cases continue on each site at this time. All routine elective day case activity is cancelled with effect from 30 March 2020 on both the FGH and RLI sites.

18. It is recognised that the continued provision of urgent surgery on the acute sites may not be sustainable as the COVID-19 in-patient demand increases. The possibility of continuation of urgent elective activity on the WGH site and/ or the BMI site in Lancaster as the pressure deepens on the acute sites is being explored.

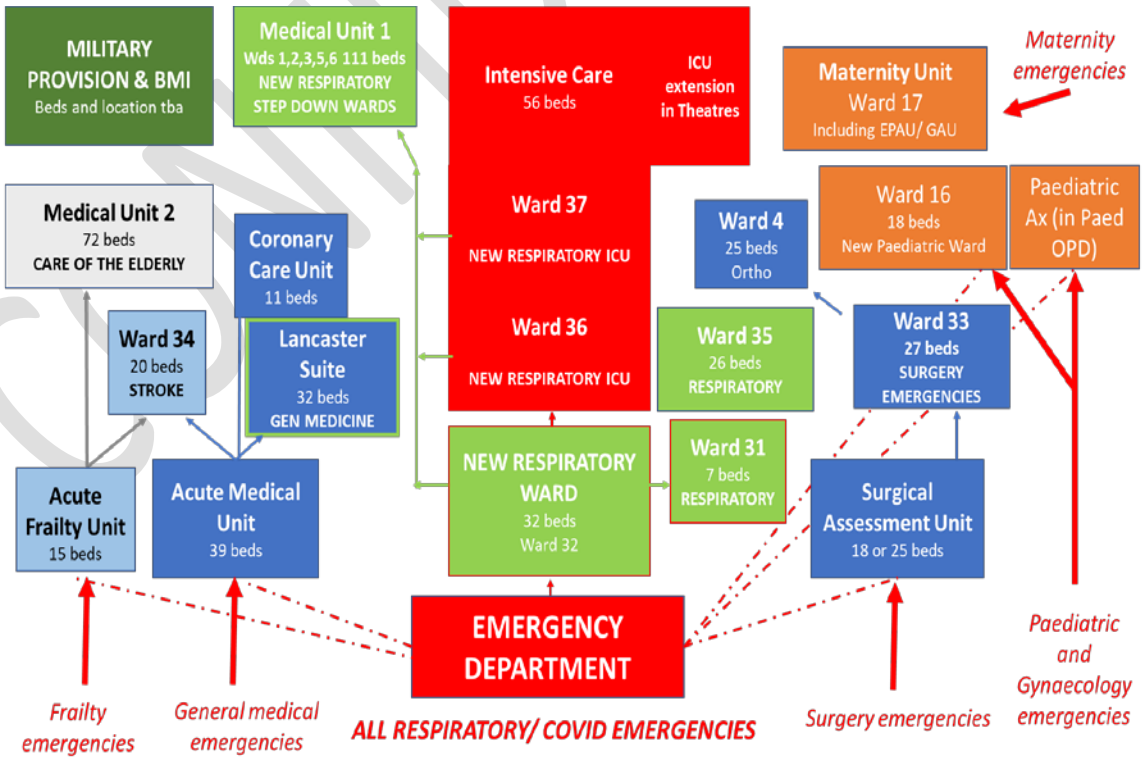
ROLE OF WGH:

It is planned that WGH will remain a non-COVID site with current services continuing plus a number that would be transferred from the acute sites e.g. minor trauma and more day case activity. Plans are continuing to be developed.

E. UHMB BED EXPANSION: RLI

19. The diagram below illustrates the reconfiguration and commissioning of additional bed capacity at the RLI.

RLI planned COVID-19 bed reconfiguration:



RLI Expansion of ICU Critical Care beds:

20. The ask from NHSE/I is to increase critical care capacity by 7-fold ie from 8 to 56 at the RLI. In addition to the existing 8 beds on ICU, this will be delivered through the conversion of –

- 9 beds on ward 37 to provide a further 6 ICU beds;
- Utilisation of 3 main theatres to provide a further 9 ICU beds;
- Utilisation of main theatre recovery to provide a further 3 ICU beds;
- 18 general beds on ward 37 to provide a further 12 ICU beds;
- 28 general beds on ward 36 to provide a further 18 ICU beds.

(Note – this reduces G&A bed stock by 24 beds on ward 37 and 28 beds on ward 36).

17, Provision of 56 ICU beds remains dependent upon a number of factors –

- Confirmation of sufficient oxygen flow on each of these ward areas;
- Provision on additional ventilator and other key equipment;
- Appropriate workforce resources and skills.

Confirmation of these issues is work in progress via the Tactical Planning Group.

RLI Expansion of acute G&A beds:

18. It is proposed that all non-respiratory patients access emergency assessment via the respective acute assessment area ie Acute Medical Assessment (AMU), Acute Frailty Assessment Unit (AFU), Gynaecology Assessment Unit (GAU), Surgical Assessment Unit (SAU). At this point it is proposed that the Medical Ambulatory Care Unit remains as is adjacent to the AMU however consideration is being given to a proposal to re-provide the Surgical Emergency Ambulatory Care Unit off site. This could enable the opening of an additional 7 in-patient beds.

19. The majority of patients therefore accessing care through the ED will be COVID related although resus facilities for non COVID related patients will continue to be provided. The ED requires additional space to operate increased numbers of presentation and to support patients awaiting results. Thus the adjacent Fracture Clinic move to Medical Unit 1.

20. Additional acute in-patient bed capacity and specifically additional respiratory acute in-patient bed capacity will then be provided through a series of reconfigurations –

- The Paediatric Ward – ward 32 – will move and be re-provided on the Gynaecology Ward – ward 16. The Early Pregnancy Assessment service together with the GAU will move temporarily onto ward 17 – Maternity. Any in-patient gynaecology care will be provided on ward 33, reserved for surgical and gynaecology emergencies.

- Ward 31 will be re-designated for respiratory patients – noting isolation facilities.

- Ward 32 will then be re-designated a higher care Respiratory Ward offering CPAP as well as acute respiratory care.

- Ward 33 will remain surgical for surgical and gynaecology emergency care.

- Ward 34 will remain the Stroke ward.
- Ward 35 will be re-designated for respiratory care.
- Ward 36 will be re-designated as level 3 respiratory ICU care (as noted in critical care bed section).
- Ward 37 will be re-designated as level 3 respiratory ICU care (as noted in critical care bed section).
- Lancaster Suite and CCU will remain as currently – designated for general medical and coronary care emergencies respectively.
- The 3 wards on Medical Unit 2 will remain designated for elderly non-COVID care but including contingency for delayed discharges of patients with complex needs, should that be required.
- Re-commissioning of 75 beds on the former nightingale wards on Medical Unit 1. This entails the re-provision of accommodation for a number of services currently occupying this space. This includes –

  - Clinical audit/I3 – moving to Moor Lane Mills/ Library;
  - Bed store – relocated to old Physiotherapy empty space;
  - Clinical Investigations – moving to Ophthalmology;
  - Clinical skills – moved temporarily to Ripley 6th Form College adjacent to the RLI;
  - Diabetes Centre – moved temporarily to Dermatology Department;

  Wards 1, 2 and 3 will be re-purposed for step down respiratory care, ward 4 will be repurposed for Orthopaedic rehabilitation care for the elderly.
- Re-purposing of 45 bed spaces on the Day Care Unit in Medical Unit – with the cancellation of elective day case activity this space will be re-purposed for step down respiratory care.
- As pressure mounts it may be necessary to then convert Lancaster Suite to respiratory in due course.

All subject at this time to workforce resource and appropriate equipment being available.

RLI Timeline:

21. The timeline for the mobilisation is currently as follows:

Week commencing	Ward area available	New additional beds	Respiratory beds	ICU beds	Note
23 March 2020	Theatres/ Recovery	-	-	+12	ICU
	Ward 31	-	+7	-	Acute
30 March 2020	MU1 Ward 4	+25		-	Step down
6 April	Paeds to ward 16	-	-	-	Provisional date
	Ward 35	-	+26	-	
	New ward 32	-	+32	-	Acute respiratory
	Ward 37	-	-	+18	ICU capacity
	MU1 Ward 6	+30	+30	-	Step down
13 April	Ward 36	-	-	+18	ICU capacity
13 April	MU1 Ward 5	+15	+15	-	Step down
	MU1 Ward 1	+18	+18	-	Step down
20 April	MU1 Ward 3	+17	+17	-	Step down
27 April	MU1 Ward 2	+15	+15	-	Step down
Timeline outstanding	SEAC move	+7	-		Provisional
Totals		**+127**	**160**	**56**	**Normally 27 respiratory and 8 ICU**

22. All ward designations may be revisited as required.

23. **Total additional net acute in-patient bed provision is 127 additional acute beds and 48 additional ICU beds. With re-designation of existing beds 160 acute respiratory beds will be available (normally 27 and therefore an increase of 133) for respiratory care together with 56 ICU beds (normally 8 and therefore an increase of 48 ICU).**

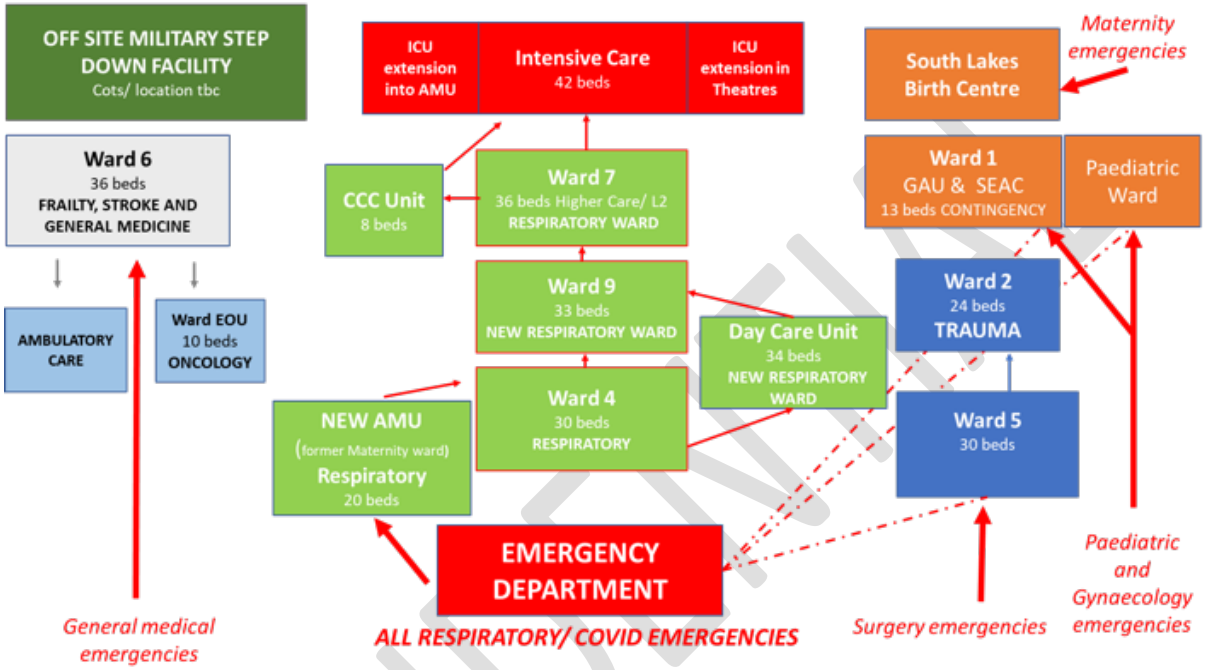
24. A timeline of expected availability of beds v predicted demand/ requirement is currently being undertaken. Early indications are that if the disease follows the 20% attack rate, the hospital will have sufficient beds to accommodate the increases in activity. If however the disease follows a 50% attack rate there will be a gap at the peak of approximately 125 general beds and up to 35 ICU beds. Further analysis is being undertaken and mitigations being considered which include further bed provision out of hospital including military support. This will be concluded by 3 April 2020.

25. It is noted that with a likely peak around mid-April, the mobilisation of wards 2 and 3 will need to be expedited.

F. UHMB BED EXPANSION: FGH

26. The diagram below illustrates the reconfiguration and commissioning of additional bed capacity at the FGH.

FGH planned COVID-19 bed reconfiguration:



FGH Expansion of ICU Critical Care beds:

27. The 7-fold increase requires the existing 6 to increase to 42. In addition to the existing 6 beds on ICU, this will be delivered through –

- Provision of 1 additional bed on the current ICU;
- Utilisation of 4 main theatres to provide a further 12 ICU beds;
- Utilisation of 1 further main theatre (requires urgents to be stepped down) to provide a further 3 ICU beds;
- Utilisation of main theatre recovery to provide a further 7 ICU beds;
- 19 beds on the current AMU to provide a further 13 ICU beds.

(Note – this reduces G&A bed stock by 19 beds on the current AMU).

28. Provision of 42 ICU beds remains dependent upon a number of factors –

- Confirmation of sufficient oxygen flow on each of these ward areas;
- Provision on additional ventilator and other key equipment;
- Appropriate workforce resources and skills.

Confirmation of these issues is work in progress via the Tactical Planning Group.

FGH Expansion of acute G&A beds:

29. It is proposed that all non-respiratory patients access emergency assessment via the respective acute ward area e.g. general medicine to ward 6, surgery to ward 5.

30. The majority of patients therefore accessing care through the ED will be COVID related, although resus facilities for non COVID related patients will continue to be provided.

31. Additional acute in-patient bed capacity and specifically additional respiratory acute in-patient bed capacity will then be provided through a series of reconfigurations –

- With the AMU being re-designated for Intensive Care, the newly developed Hawcoat Ward (the former maternity ward and recently referred to as the D2A ward) will be temporarily designated as a Respiratory Ward with 20 beds;
- Ward 1 accommodates SEAC from Ward 5, retains GAU and serves as a contingency for delayed patients with complex needs with 13 beds;
- Ward 2 continues to provide trauma care;
- Ward 4 is re-designated as a 30 bedded respiratory ward;
- Ward 5 is expanded to 30 beds and will remain surgical for surgical and gynaecology emergency care;
- Ward 6 will remain as currently – designated for general medical, care of the elderly and stroke care emergencies;
- Ward 7 will continue as a 36 bedded respiratory ward;
- Ward 9 will be re-designated as 33 bedded respiratory ward;
- Day Care is re-purposed as 34 bedded respiratory ward;
- The Elective Orthopaedic Unit (EOU) will be re-designated for 10 Oncology beds;
- Paediatrics and Maternity remain unchanged.

FGH Timeline:

32. The timeline for the mobilisation is currently as follows:

Week commencing	Ward area available	New additional beds	Respiratory beds	ICU beds	Note
30 March	Theatres	-	-	+12	Using 4 theatres
	ICU & Recovery	-	-	+1+7	
	Move of Oncology to EOU	-	-	-	
6 April	Ward 4	+6	+30	-	Respiratory
	Ward 5	+14	-	-	Expansion and with SEAC move to ward 1
	Ward 9	-	+33	-	
	Day Care	+34	+34	-	
	Hawcoat ward	+20	+20	-	Repurpose for AMU
	CCCU	-	+8	-	
	Theatres – 5th theatre	-	-	+3	Dependent upon stopping urgent elective surgery
10 April	AMU	-	-	+13	Ventilator dependent for ICU
Totals		**+74**	**125**	**42**	**Normally 36 respiratory and 6 ICU**

33. All ward designations will be revisited as required.

34. **Total additional net acute in-patient bed provision is 74 additional beds. With re-designation of existing beds 125 acute respiratory beds will be available (normally 36 and therefore an increase of 89) for respiratory care together with 42 ICU beds (normally 6 and therefore an increase of 36 ICU).**

35. A timeline of expected availability of beds v predicted demand/ requirement is currently being undertaken. Early indications are that if the disease follows the 20% attack rate, the hospital will have sufficient beds to accommodate the increases in activity. If however the disease follows a 50% attack rate there will be a gap at the peak of approximately 50 general beds and 20 ICU beds. Further analysis is being undertaken and mitigations being considered which include further bed provision out of hospital including military support. This will be concluded by 3 April 2020.

G. ADDITIONAL MILITARY/ EXTERNAL SUPPORT

36. The Army are currently working in the Cumbria “cell” and helping to mobilise a number of “cot” beds in community buildings in the Barrow and Kendal area to support step down/ intermediate care requirements. At this time, they are scoping 250 cots to be available as soon as possible subject to equipment and workforce. (This volume scoped following discussion with UHMB and CCG and the predicted demand).

37. Discussions are starting with the equivalent Lancashire “cell”.

H. CLINICAL SUPPORT SERVICES INCLUDING MORTUARY

38. Plans are in development to acquire additional mortuary facilities during the period. With demand dependent upon the predictions on modelling this is ongoing.

I. WORKFORCE REQUIREMENTS:

39. A workforce cell has been established to pull all available resources – from staff currently at home, from the Care Groups non-essential activity, from volunteers and returning retirees to populate staffing rotas for the new ward areas. This is work in progress and requires staff to work outside of their usual roles and areas. It may also require a number of our staffing protocols and ratios and normal ways of working to be adjusted for the period e.g. nurse staffing ratios on ICU, pooling of junior medical staff across specialties.

J. CLINICAL PATHWAYS

40. With agreement reached on the overall bed expansion plan, work is ongoing now to develop the Royal Liverpool pathway for infection prevention. This will identify different areas as COVID non suspected (white areas), query COVID areas (where patients will await results) (yellow areas) and COVID positive areas (red areas). The bed diagrams earlier in this document do not reflect this colour coding. These pathways will be developed by April 3 for each site and developed into a COVID bed management SOP for Clinical Site Management (and the colour coding reflected in the diagrams for clarity).

K. AVOIDING ADMISSION AND EXPEDITING DISCHARGE

41. Colleagues within primary care have developed a COVID-19 Command Centre – a clinical triage centre working with agreed clinical guidelines for COVID-19 care. This will help direct patients to the appropriate support – in and out of hospital – and will include both health and social care support. The intention is to direct patients to the most appropriate place for the level of care they need, which may not be an acute hospital and will therefore include keeping many patients at home with additional support.

A proposal detailing the pathways will be submitted via the Strategic IMT.

42. With regard to discharge the aim of this stream of work is to implement the Hospital Discharge Service requirements outlined in the guidance on 19th March 2020. The initial areas of focus of the work programme is to secure timely discharge from acute and community hospitals as soon as clinically safe to do so; to 'accelerate' discharge for medically fit for discharge patients including removal of residual delay from current Discharge to Assess pathways.

43. The community emergency response plan which is being developed alongside this acute response plan incorporates the military response i.e. additional beds available within the community so support the acute hospitals with discharges including step down respiratory care where appropriate and also patients with more complex care needs that might be delayed within hospital as care homes and others struggle to keep up with the demand. It is

planned that these beds would be managed within UHMB and supported by primary care medical teams.

L. GOVERNANCE & ASSURANCE

44. The diagram below shows the governance and assurance process; with a brief outline of the roles and responsibilities of each part of the process

45. Day to day operational management, oversight and response is via the Covid-19 Operational Command Centre based at the Royal Lancaster Infirmary. Each Director has a deputy to ensure continuity and sustainability of oversight of Covid-19 is maintained.

46. The Command Centre is led by a (silver level) tactical manager, supported by a clinical manager and assisted by the following functions: medical doctor, senior nursing, infection control, occupational health, People and Organisational Development, communications, procurement and supplies; I3; Estates and facilities; patient liaison; volunteers and emergency preparedness and response.

47. The Command Centre is responsible for coordinating the response of the Trust to the incident and is accountable to the Chief Operating Officer as the Accountable Emergency Officer for the Trust. This responsibility sits alongside responsibility for business continuity plans, which is linked directly to the process outlined within this document.

48. Each Care Group has a cell that is responsible for ensuring that staff and patients receive care and support in line with latest government and professional guidance. The link to Local Authority is via the UHMBT community care group cell. The care group cells escalate and receive information via the Command Centre.

49. The Strategic Incident Management Team Meeting occurs on a daily basis and is chaired by the Chief Operating Officer, supported by the Executive Chief Nurse and Medical Director. Attendees include colleagues from Morecambe Bay CCG.

50. The Strategic Incident Management Team has delegated responsibility for strategic decision making in response to the Covid-19 Incident and is accountable to the Trust Board of Directors.

51. The Executive Management Team maintains visibility of the actions taken and provides advice and support as required to the Strategic Incident Management Team.

52. The Board of Directors are responsible for compliance with relevant principles, systems and standards of corporate governance; codes of conduct; accountability and openness.

53. The role of the Board in Coronavirus is to ensure that the Trust is compliant with the required level of preparedness and response to the Covid-19 Incident.

54. Notwithstanding National Guidance, the Trust will support Governors to ensure that they are able to fulfil their statutory obligations including seeking assurances from the Chair and the Non-Executive Directors regarding safe delivery of services.

Risks:

55. The response to Covid 19 presents a unique set of circumstances that we are operating in. There are emerging risks to this plan that need to be mitigated together with issues that need to be managed. These are summarised below and will be managed through the assurance processes that have been in place.

Risks straddle several areas:

- Workforce: Insufficient staffing, skill mix issues – across both medical and nursing professions; use of volunteers and lack of training; COVID absence/ self-isolation impacting upon substantive numbers; Changes in staffing ratios and change of normal roles; Increased service ask of support services workforce with higher volumes of patients in hospital.
- Estates & Procurement: Work not completed on time/ in time; Contractors speed of working limited by social isolation requirements; procurement of equipment e.g. beds, ventilators, CPAP, syringe drivers, PPE.
- Control of infection: Increased areas of infection are not managed in accordance with protocol.
- Clinical Support services: with increase in number of clinical in-patient areas, insufficient kitchen trolleys, domestic equipment, mortuary facilities.
- Bed modelling and activity modelling: Data not correct; curve trends shift.

56. A series of mitigations are being developed to minimise risks highlighted.

Mitigations to Offset Risk:

57. Throughout this process a number of mitigations have been put in place to offset risk and these are developing and changing as we work through each service change and associated operational requirements.

58. An example is for the critical care expansion the normal nurse to patient ratio is 1 nurse to 2 patients (1:2) and during the anticipated demand for this service in response to Covid this will change, in a stepped way to 1:3, 1:4 and up to 1:6 at the peak of this disease, reflecting the

need for skilled staff to support the patient demand and in line with national guidance. To support this, additional staff will be skilled up to care for patients in critical care facilities, additional support staff will be put in place to enable the Registered Nurses to focus on the technical skills across a greater number of patients. To further support documentation in use will be simplified and pre-printed prescription sheets to include standard treatment for Covid - 19 patients.

59. Through this Strategic Advisory Group a log of emerging risks, issues and mitigations are being developed which will describe responsible officers, how this will be undertaken and assurance around delivery and will complement existing governance arrangements.

Decision Making:

60. During the Covid 19 Pandemic rapid decisions will need to be made and therefore amendments to the way we operate have been agreed through the March Quality Assurance Committee Ward to Board Covid 19 paper and through the March Board.

61. The Constitution gives delegated authority to the Chief Executive in consultation with the Chair (or in his/her absence the Deputy Chair) and two other Non-Executive Directors powers to make emergency decisions on behalf of the Board. Any decisions taken using emergency powers will be shared with members of the Board of Directors and formally reported at the next Board of Directors meeting.

62. The Board have also delegated authority to the Director of Finance authority to vary Standing Financial instructions

63. The powers and duties of the Executive Directors are contained in the Scheme of Delegation and their Job Descriptions. (Note:-careful judgement is required before exercising an individual delegation during a major incident and it might be prudent to escalate issues to the Board).

64. If an urgent decision is required and there is not a planned meeting of the Council of Governors due to take place the there are two possible ways in which the Chairman can proceed:

- Firstly, an emergency meeting of the Council of Governors can be called or;
- Secondly, the Chairman, after consultation with the Head and Deputy Head Governor, is authorised to make urgent decisions and these decisions are reported to the next Council of Governors meeting.

END

University Hospitals of Morecambe Bay NHS Foundation Trust

Board of Directors (Standing Order 6.2)

Contact: **Paul Jones**
Telephone: **01539 716684**
Date: 8 April 2020

The Constitution gives delegated authority to the Chief Executive or in his absence the Deputy Chief Executive (or in their absence their nominee) in consultation with the Chair (or in his/her absence the Deputy Chair) and two (2) other non-executive Directors

The need has arisen for an urgent decision in respect of the following:

Subject/Title: Workforce Cell

The reasons for urgency and emergency powers are as follows:-

As part of the Trust's response to COVID-19, and in line with the Trust's Covid Response Plan, the use of emergencies powers is being sought to approve a governance framework within the Workforce Cell to support the deployment of staff.

The Chair and the following Non Executive Members have been consulted:

1. Mike Thomas, Chair (by email)
2. Neil Johnson, Chair of Workforce Assurance Committee (by email)
3. Liz Sedgley, Non – Executive Director (by email and phone)

Any comments received have been taken into consideration.

Advice has been taken from the following Officers:

Director of People and OD

His comments have been taken into consideration in producing this decision form and any attached information.

This decision is subject to the relevant provisions of the Trust's Constitution.

DECISION

Following consultation with the Chair

That in line with the Trust's Covid Response Plan approval is given to the deployment of the attached operating protocol and supporting schematic attached at Appendix 1.

Signed:

Aaron Cummins
Chief Executive

A copy of this decision form and any supporting documentation will be made available to all Members of the Board and will be reported at the next meeting of the Board.

WORKFORCE CELL – OPERATIONAL PROTOCOL

The core function of the workforce cell is to match demand for clinical and other skills (identified through daily sit reps and forecasts) with supply (volunteers, new recruits, temporary deployment) and to oversee the deployment process. A simplified process overview is attached as Appendix 1.

The Workforce Cell is led by a senior operational manager and is supported by a dedicated People & OD Business Partner, and has been established with a series of sub-cells for medical, nursing, AHP, Facilities, and admin.

Whilst the Workforce Cell will initially focus on long-term rosters for supporting Critical Care (including expansion capacity), in-patient beds (including expansion capacity) and community recovery beds, it's work will be significantly influenced by the daily Workforce SitRep that identifies areas of sickness absence (including self isolation), rota gaps and agency/bank fill rates.

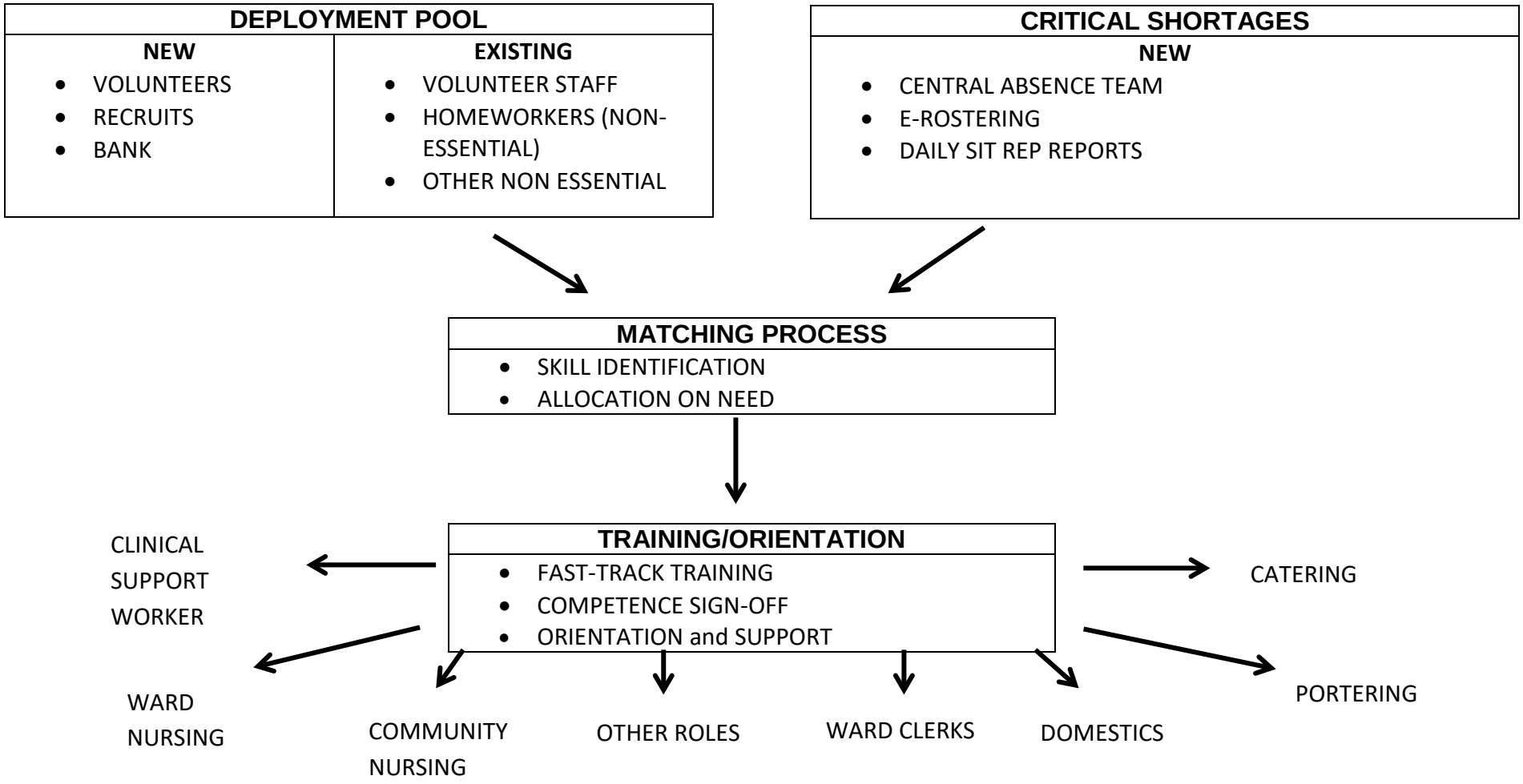
The Workforce Cell will monitor staffing levels and activity needs in order to manage the deployment of people resources into identified areas of need. This will be supported by eRostering and Workforce information to ensure there remains control as to where staff are located and that, if required, new rosters and rotas are developed.

All senior leaders have been asked to complete a schedule by close of play 8th April identifying any individuals that could be released from current activities to support delivery of clinical services (and associated support). Each individual identified will be followed up by a personal contact to ascertain their skills, preferences for deployment and other relevant information (e.g. any restrictions, special circumstances).

Whilst the initial priority would be to utilise volunteers, it may be necessary to instruct all individuals in non-core roles to undertake alternative duties at some point in the pandemic process.

Before commencing in an alternative role, individuals will be provided with a short summary of the role expected and will be given an appropriate (but minimalised) level of training to safely undertake the duties and be signed off as competent.

WORKFORCE CELL



University Hospitals of Morecambe Bay NHS Foundation Trust

Board of Directors (Standing Order 6.2)

Contact: **Paul Jones**
Telephone: **01539 716684**
Date: **29 March 2020**

The Constitution gives delegated authority to the Chief Executive or in his absence the Deputy Chief Executive (or in their absence their nominee) in consultation with the Chair (or in his/her absence the Deputy Chair) and two (2) other non-executive Directors

The need has arisen for an urgent decision in respect of the following:

Subject/Title: >

Relocation of Royal Lancaster Infirmary and the Royal Lancaster Infirmary Fracture Clinic

The reasons for urgency and emergency powers are as follows:-

As part of the Trust's response to COVID-19, use of emergencies powers is being sought to temporarily relocate the Royal Lancaster Infirmary oncology services and the Royal Lancaster Infirmary fracture clinic to enable expansion of the RLI emergency department. (Appendix 1)

The Chair and the following Non Executive Members have been consulted:

(1) Mike Thomas, Chair (by email)
(2) Jill Stannard, Chair of Quality Committee (by email)

(Note:- The Director of Corporate Affairs informed MPs and local Overview and Scrutiny Committee and confirmation of the changes was agreed without formal consultation on grounds of safety).

Any comments received have been taken into consideration.

Advice has been taken from the following Officers:

(1) Chief Operating Officer

Her comments have been taken into consideration in producing this decision form and any attached information.

This decision is subject to the relevant provisions of the Trust's Constitution.

DECISION

Following consultation with the Chair

That as part of the Trust's response to COVID-19, approval be given to temporarily relocate the Royal Lancaster Infirmary oncology services and the Royal Lancaster Infirmary fracture clinic to enable expansion of the RLI emergency department. (Appendix 1)

Signed:

Aaron Cummins
Chief Executive

A copy of this decision form and any supporting documentation will be made available to all Members of the Board and will be reported at the next meeting of the Board.

Appendix 1

Operational Plan Proposal for RLI Oncology Services and Fracture Clinic

The following is the UHMB proposal in relation to the outpatient and day case oncology services and the fracture clinic currently provided at the Royal Lancaster Infirmary as an enabler to facilitate expansion of the emergency department at RLI in response to the COVID-19 outbreak. This relies on making best use of available estate to meet the requirements of national guidelines and improve patient safety in the emergency department. The intention is to implement this plan as a temporary measure with immediate effect for the duration of the COVID-19 major incident.

A. RLI Oncology Services

The oncology service at the RLI is currently provided from Medical Unit 1. It is planned that these services will now be delivered at the Grizedale Unit in Westmorland General Hospital. The Grizedale Unit is a modern and established onology unit providing chemotherapy treatment and care. The Grizedale Unit has sufficient capacity to accommodate the additional patients. All of the patients affected by this change will receive support from our teams to assist them with the change of treatment location.

B. RLI Fracture Clinic

The fracture clinic at the RLI is currently located in accommodation adjacent to the emergency department. It is planned that this service will be transferred to Medical Unit 1 into the accommodation space that is to be vacated by the RLI Oncology Service. The new location for the fracture clinic includes accommodation for a plaster room and is sufficiently close to the satellite radiology unit at the RLI to ensure continued the fracture clinic can be delivered unencumbered.

The temporary relocation of these two facilities for the duration of the COVID-19 major incident, will enable the expansion of the emergency department at the RLI into the space vacated by the fracture clinic, to facilitate the creation of additional capacity to support care of patients requiring emergency care at the RLI. The additional capacity will support the partitioning of individuals who are identified as potential Covid-19 positive patients from other visitors to the department as well as increasing the number of isolation rooms for those people that require it for the duration of time they are in the emergency department; in line with the patient safety guidelines within emergency departments in response to the COVID-19 major incident.

University Hospitals of Morecambe Bay NHS Foundation Trust

Board of Directors (Standing Order 6.2)

Contact: **Paul Jones**
Telephone: **01539 716684**
Date: 1 April 2020

The Constitution gives delegated authority to the Chief Executive or in his absence the Deputy Chief Executive (or in their absence their nominee) in consultation with the Chair (or in his/her absence the Deputy Chair) and two (2) other non-executive Directors

The need has arisen for an urgent decision in respect of the following:

Subject/Title: Service Change Ward 35 Royal Lancaster Infirmary

The reasons for urgency and emergency powers are as follows:-

The plan is to change the purpose of Ward 35 (RLI Centenary) to a Covid respiratory ward, by transferring patients to other wards as appropriate including to the newly refurbished Ward 4 on Medical Unit which will be designated as an Ortho Geriatric Ward.

The move is to enable Ward 35 (currently a surgical ward) situated in the RLI Centenary building to become part of the Covid-19 response as a respiratory ward. This is in line with NHSE/I and Royal College guidelines on the accommodation and appropriate cohorting of Covid-positive, Covid-suspected and Covid-negative in order to help stop the spread of infection.

The Chair and the following Non Executive Members have been consulted:

1. Mike Thomas, Chair (by email)
2. Jill Stannard, Chair of Quality Assurance Committee
3. Stephen Ward, Chair of Finance and Performance, Assurance Committee

Any comments received have been taken into consideration.

Advice has been taken from the following Officers:

Chief Operating Officer

(Note:- The Plan was agreed with the Incident Management Team, including CCG colleagues)

Her comments have been taken into consideration in producing this decision form and any attached information.

This decision is subject to the relevant provisions of the Trust's Constitution.

DECISION

Following consultation with the Chair

Approval is given to the proposal to change the purpose of Ward 35 (RLI Centenary) to a Covid respiratory ward, by transferring patients to other wards as appropriate including to the newly refurbished Ward 4 on Medical Unit which will be designated as an Ortho Geriatric Ward

Signed:

Aaron Cummins
Chief Executive

A copy of this decision form and any supporting documentation will be made available to all Members of the Board and will be reported at the next meeting of the Board.

University Hospitals of Morecambe Bay NHS Foundation Trust

COVID-19 EMERGENCY RESPONSE TEAM

REQUEST FOR KEY DECISION / SERVICE CHANGE

DATE	1ST April 2020
REQUEST	The plan is to change the purpose of Ward 35 (RLI Centenary) to a Covid respiratory ward, by transferring patients to other wards as appropriate including to the newly refurbished Ward 4 on MU1 as which will be designated as an Ortho Geriatric Ward.

RATIONALE	The move is to enable Ward 35 (currently a surgical ward) situated in the RLI Centenary building to become part of the Covid-19 response as a respiratory ward. This is in line with NHSE/I and Royal College guidelines on the accommodation and appropriate cohorting of Covid-positive, Covid-suspected and Covid-negative in order to help stop the spread of infection.

PROPOSED DATE OF CHANGE	**Effective from 1st April 2020**
QIA	**Scott Bremner**
RESPONSIBLE OFFICER	**Joann Morse**
CARE GROUP NOTIFIED/INVOLVED	**SURGERY: Deepak Herleker, Jane Kenny Danny Bakey**
TACTICAL GROUP AUTHORISATION	**Lynne Wyre, Kate Maynard**

AUTHORISATION

DATE:	
APPROVED / NOT APPROVED	
EXECUTIVE:	

University Hospitals of Morecambe Bay NHS Foundation Trust

Board of Directors (Standing Order 6.2)

Contact: **Paul Jones**
Telephone: **01539 716684**
Date: **26 March 2020**

The Constitution gives delegated authority to the Chief Executive or in his absence the Deputy Chief Executive (or in their absence their nominee) in consultation with the Chair (or in his/her absence the Deputy Chair) and two (2) other non-executive Directors

The need has arisen for an urgent decision in respect of the following:

Subject/Title: Temporary Suspension of Breast Screening Service

The reasons for urgency and emergency powers are as follows:-

As part of the Trust's response to COVID-19, and in line with the national advice received from Public Health England regarding pausing breast screening activity, use of emergencies powers is being sought to pause breast screening activity. (Appendix 1)

The Chair and the following Non Executive Members have been consulted:
1. Mike Thomas, Chair (by email)
2. Jill Stannard, Chair of Quality Committee (by email)

Any comments received have been taken into consideration.

Advice has been taken from the following Officers:
1. Chief Operating Officer

Her comments have been taken into consideration in producing this decision form and any attached information.

This decision is subject to the relevant provisions of the Trust's Constitution.

DECISION

Following consultation with the Chair

(1) That on basis of the national advice received from Public Health England that approval be given to the summary actions recommended by Public Health England at Appendix 2
(2) That approval be given to the additional actions set out in the advice from Public Health England in Appendix 3

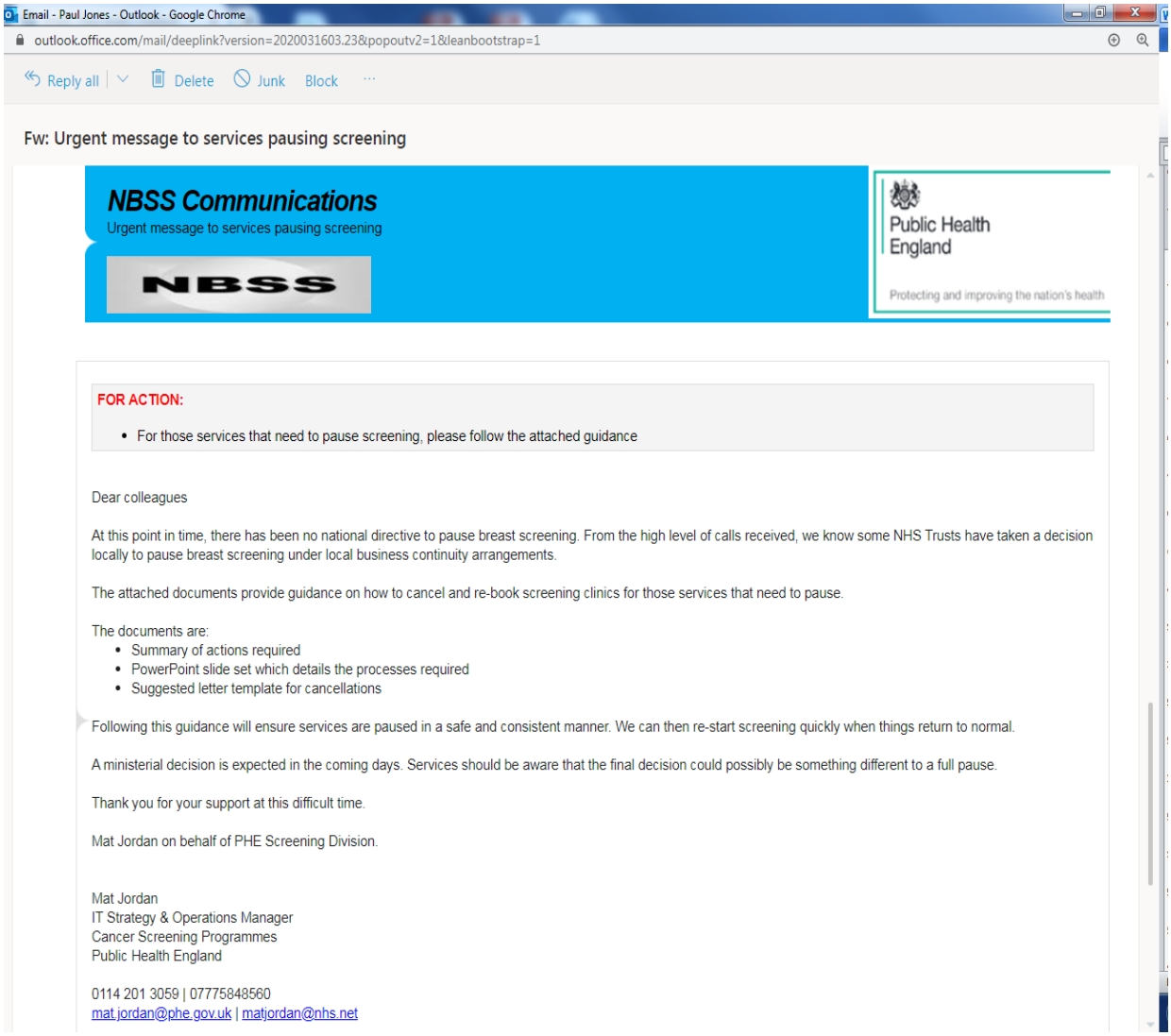
Signed:

Aaron Cummins
Chief Executive

A copy of this decision form and any supporting documentation will be made available to all Members of the Board and will be reported at the next meeting of the Board.

Appendix 1

Temporary Suspension of Breast Screening Service



Email - Paul Jones - Outlook - Google Chrome

outlook.office.com/mail/deeplink?version=2020031603.23&popoutv2=1&leanbootstrap=1

Reply all | Delete | Junk | Block | ...

Fw: Urgent message to services pausing screening

NBSS Communications

Urgent message to services pausing screening

NBSS

Public Health England

Protecting and improving the nation's health

FOR ACTION:

- For those services that need to pause screening, please follow the attached guidance

Dear colleagues

At this point in time, there has been no national directive to pause breast screening. From the high level of calls received, we know some NHS Trusts have taken a decision locally to pause breast screening under local business continuity arrangements.

The attached documents provide guidance on how to cancel and re-book screening clinics for those services that need to pause.

The documents are:

- Summary of actions required
- PowerPoint slide set which details the processes required
- Suggested letter template for cancellations

Following this guidance will ensure services are paused in a safe and consistent manner. We can then re-start screening quickly when things return to normal.

A ministerial decision is expected in the coming days. Services should be aware that the final decision could possibly be something different to a full pause.

Thank you for your support at this difficult time.

Mat Jordan on behalf of PHE Screening Division.

Mat Jordan
IT Strategy & Operations Manager
Cancer Screening Programmes
Public Health England

0114 201 3059 | 07775848560
mat.jordan@phe.gov.uk | matjordan@nhs.net

Appendix 2

Summary Actions

Immediate action required to stop screening and cancel appointments

Group 1: Women who have had their invitation letters issued but not yet screened

- Cancel the scheduled appointments, by rebooking into a newly created dummy / holding clinic. This will allow appointments to be changed in bulk from one date into another future date
- The dummy / holding clinic should be set up with at least the same number of time slots as the clinic being cancelled
- Using this method will auto generate a cancellation letter (Rebook.rpt – sample wording)
- At this point in time it is not known when a new appointment can be issued. Using this method will allow all women to be easily identified at a later stage
- Consideration should be given to notice period. Telephone cancellations may be required if notice period is insufficient to allow for a letter to be sent. Where appointments are cancelled via telephone, a confirmation letter should be sent as soon as possible
- Local processes for the issuing of letters will need to be followed dependent on whether letters are generated in-house or via an outsourcing company. It is anticipated that the in-house printing of letters will be the most timely option
    - If the service are intending to ask an outsourcing company, such as Synertec, to send out these letters then there will be an inevitable time delay for these letters to be generated. Services who use an outsourcing company are requested to let their customer services advisor know what processes they will follow for sending out these letters
- Any women who were included in the original clinic, who have contacted the service and cancelled their appointment in advance will not be included in this exercise as their episode will now be closed

Group 2: Women who have had their invitation booked but no letters issued and not yet invited

- Cancel the scheduled appointments, by rebooking into a newly created dummy / holding clinic. This will allow appointments to be changed in bulk from one date into another future date
- The dummy / holding clinic should be set up with at least the same number of time slots as the clinic being cancelled
- No rebook letter should be generated for this group of women

- At this point in time it is not known when a new appointment can be issued. Using this method will allow all women to be easily identified at a later stage
- Consideration should be given as to whether these women are to be sent a cancellation letter

Group 3: Batches which have been part booked within NBSS

- The remaining women in batches which have been part booked need to booked (auto appointed) into an appointment slot within a dummy / holding clinic in NBSS if possible
- Consideration should be given as to whether these women are to be sent a cancellation letter
- Where it is not possible to book the remaining women, no further action should be taken with this group. Guidance will be provided at a later stage

Group 4: Batches selected in BS Select and with a status B (being processed) in NBSS

- No further action should be taken with this group at the moment. Guidance will be provided at a later stage

Group 5: Batches specified in NBSS, but not yet selected BS Select

- No further action should be taken with this group at the moment. Guidance will be provided at a later stage

Group 6: For women who have been invited but have not attended or chosen to cancel and had their NBSS episodes closed

- Do not re-appoint at this time. Suspend second timed appointments
- Services may have closed these episodes in a number of different ways. Any further cancellations for women not attending these episodes should be closed as OT (Opted-out) with the comment ‘Covid-19’ in the appointment cancellation comment

For any other scenario not covered in the above, please raise a helpdesk call with Hitachi for advice.

How to cancel clinics and create cancellation letters using rebooking

Maintain locations

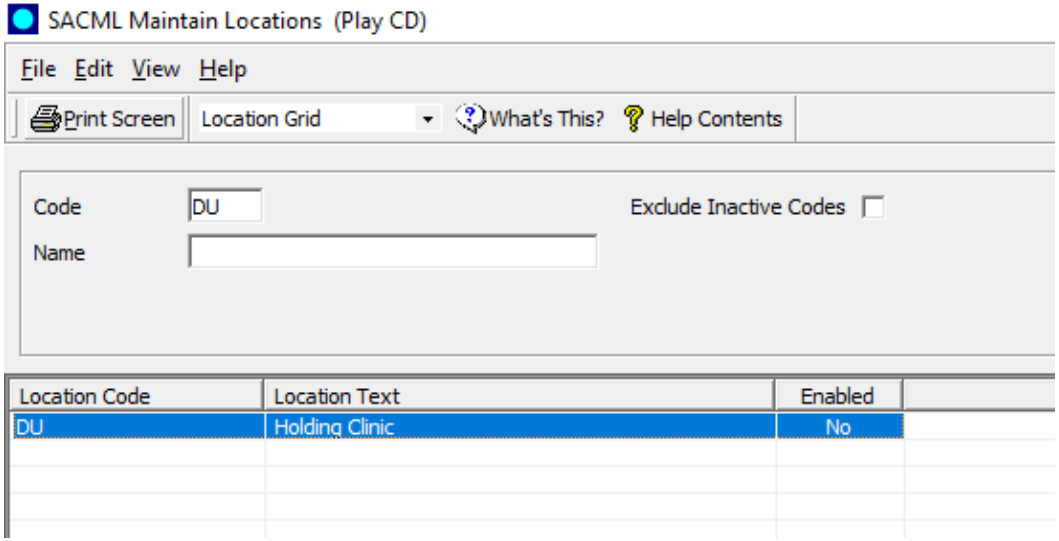
SAD – Administrative details menu

SACM – code dictionary maintenance

Select SACML maintain locations to set up ‘Dummy’ location (DU)

Quick step- type SACML into Menu code bar

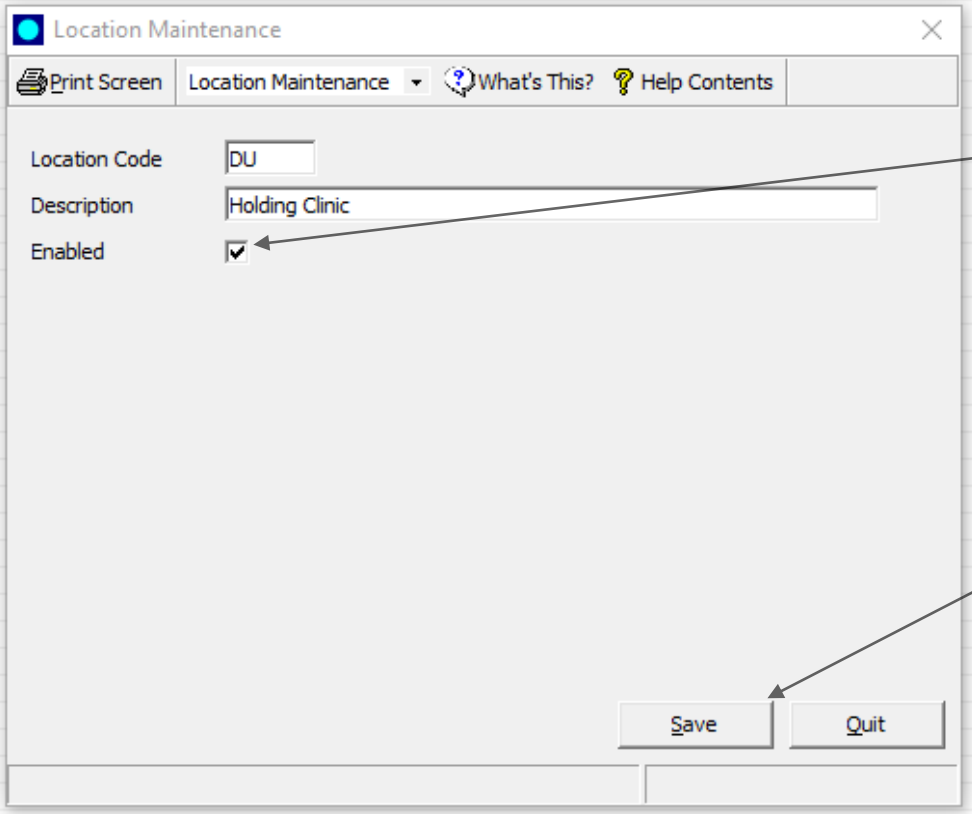
Find / create DU location



You may already have a Dummy clinic location on your system, Search for DU location, select.

If not create a new location with the code

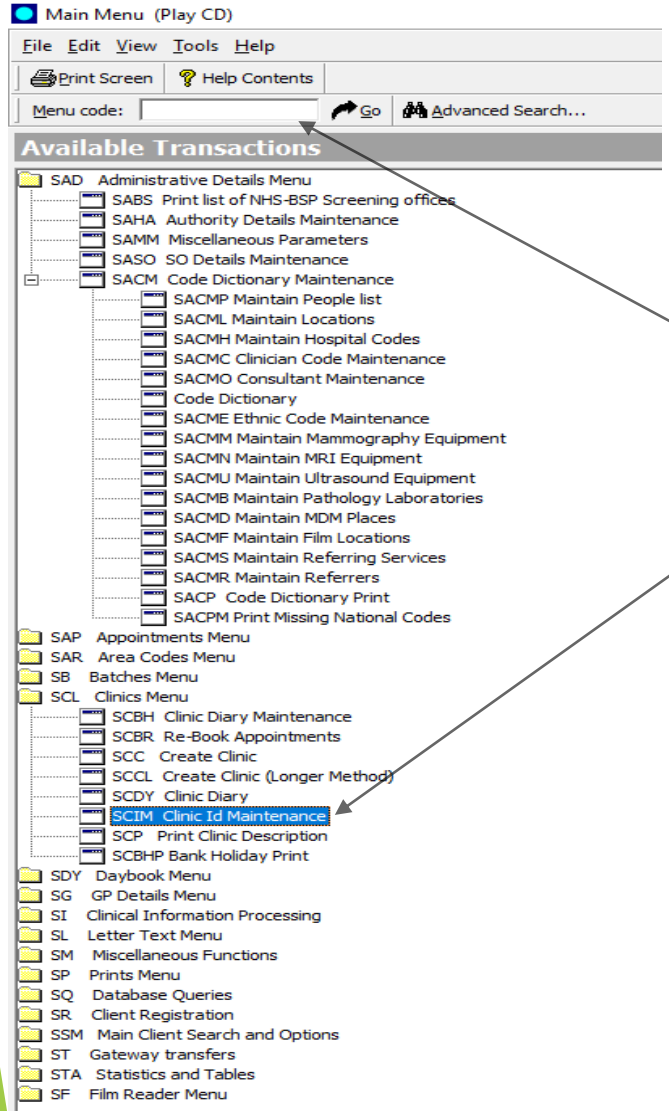
Enable the DU location



Enable the location by ticking ‘Enabled’ box

Save

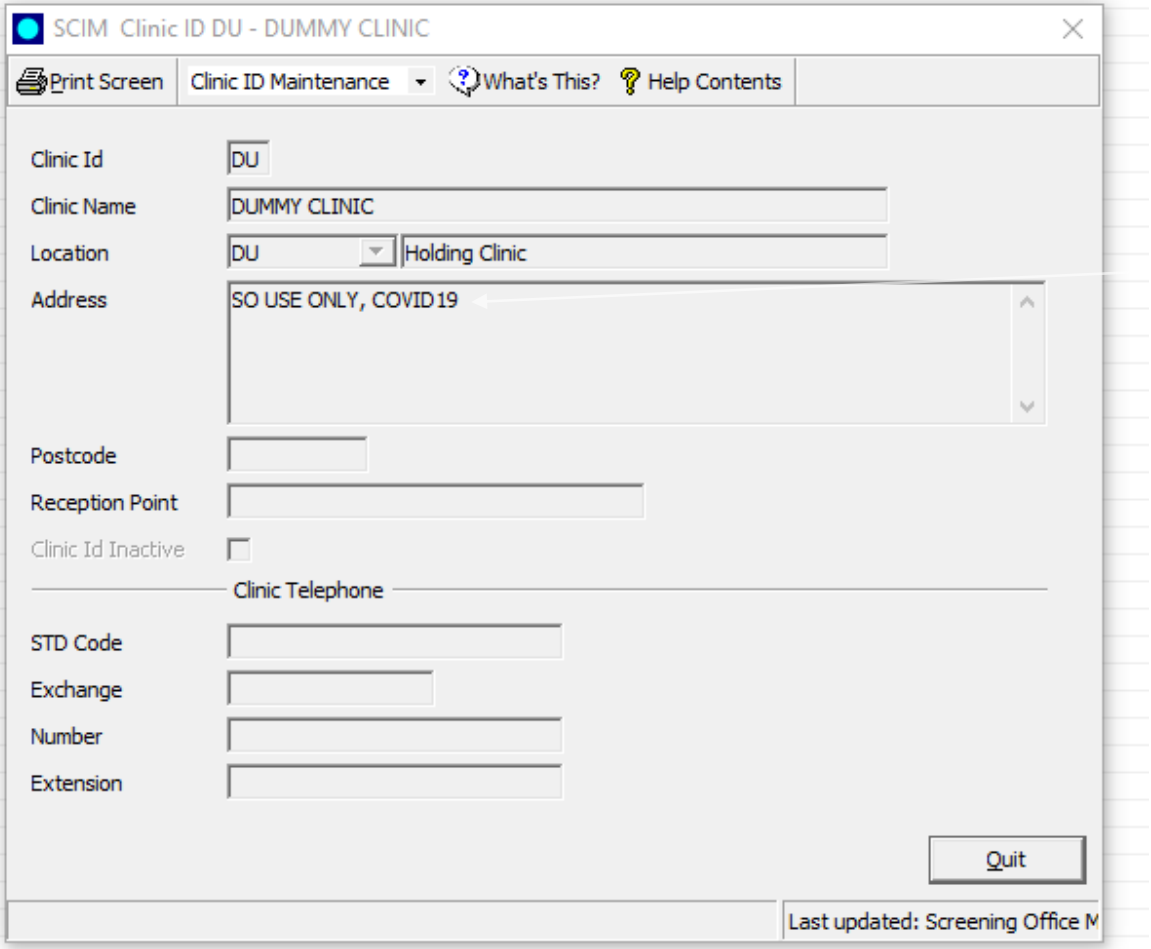
SCIM- clinic Id Maintenance



SCL – Clinics menu

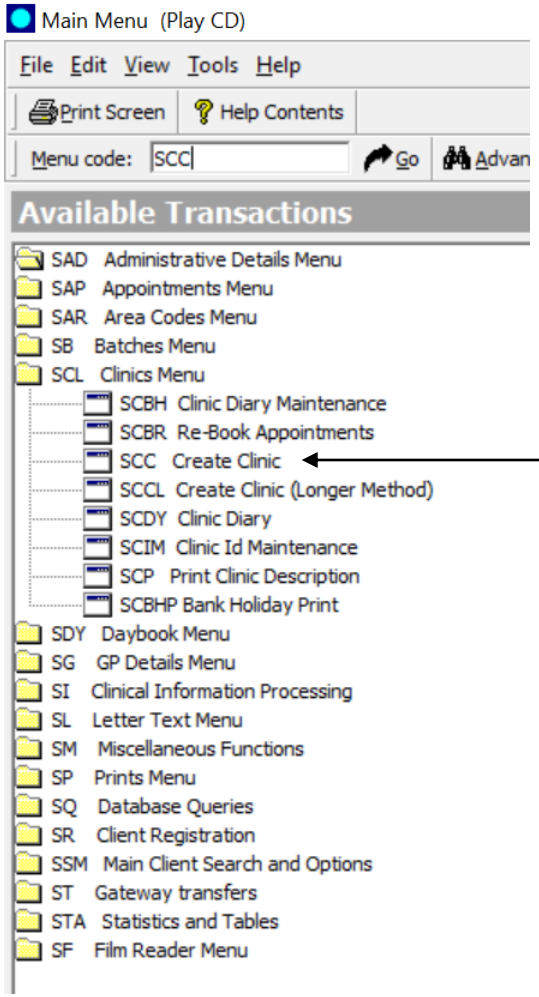
SCIM – clinic Id maintenance

Create ‘DU’ Clinic Id



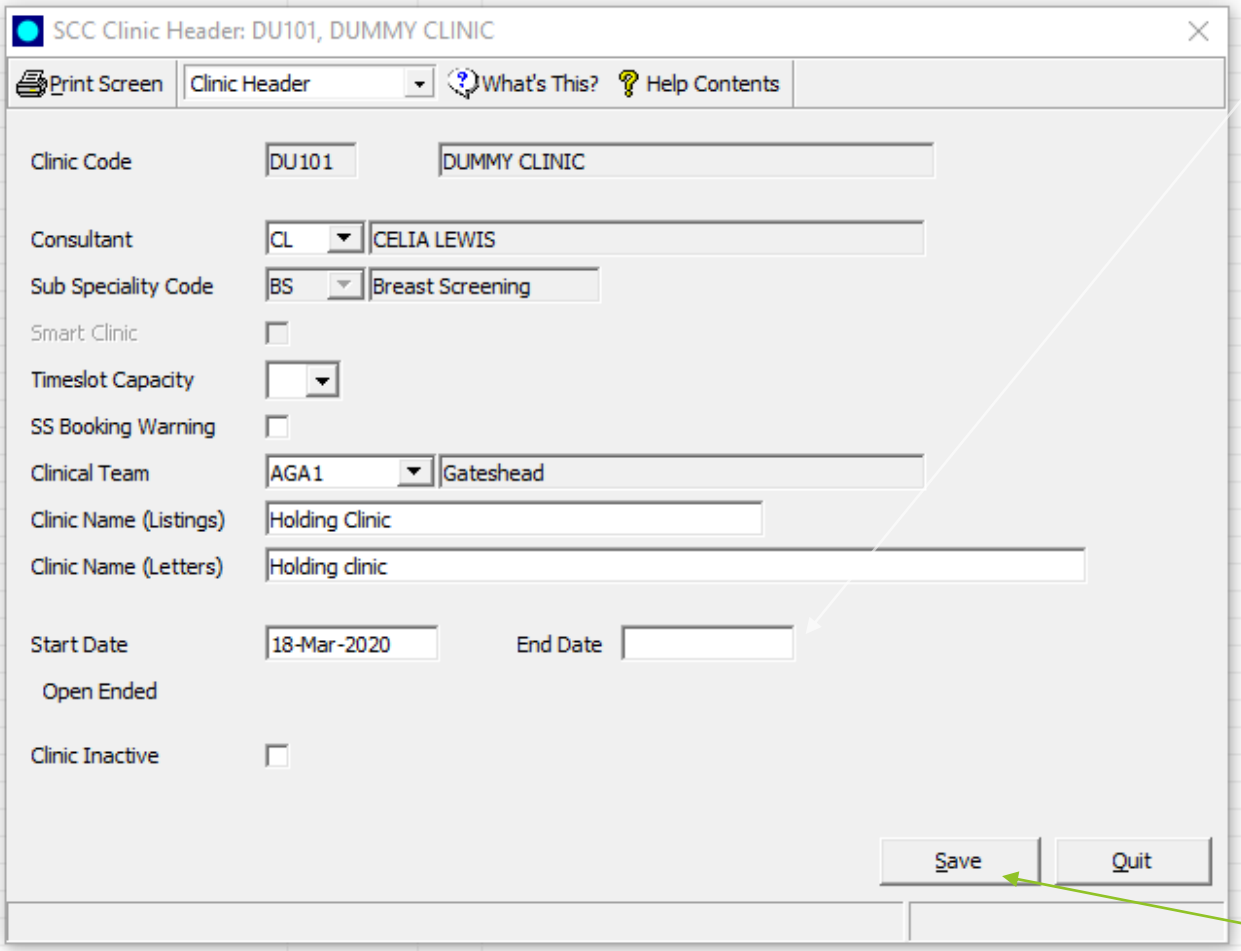
Create DU clinic Id and save, if you already have the location code setup you may want to add information for BSO use

Create Dummy Clinic



Select SCC create clinic and double click to open

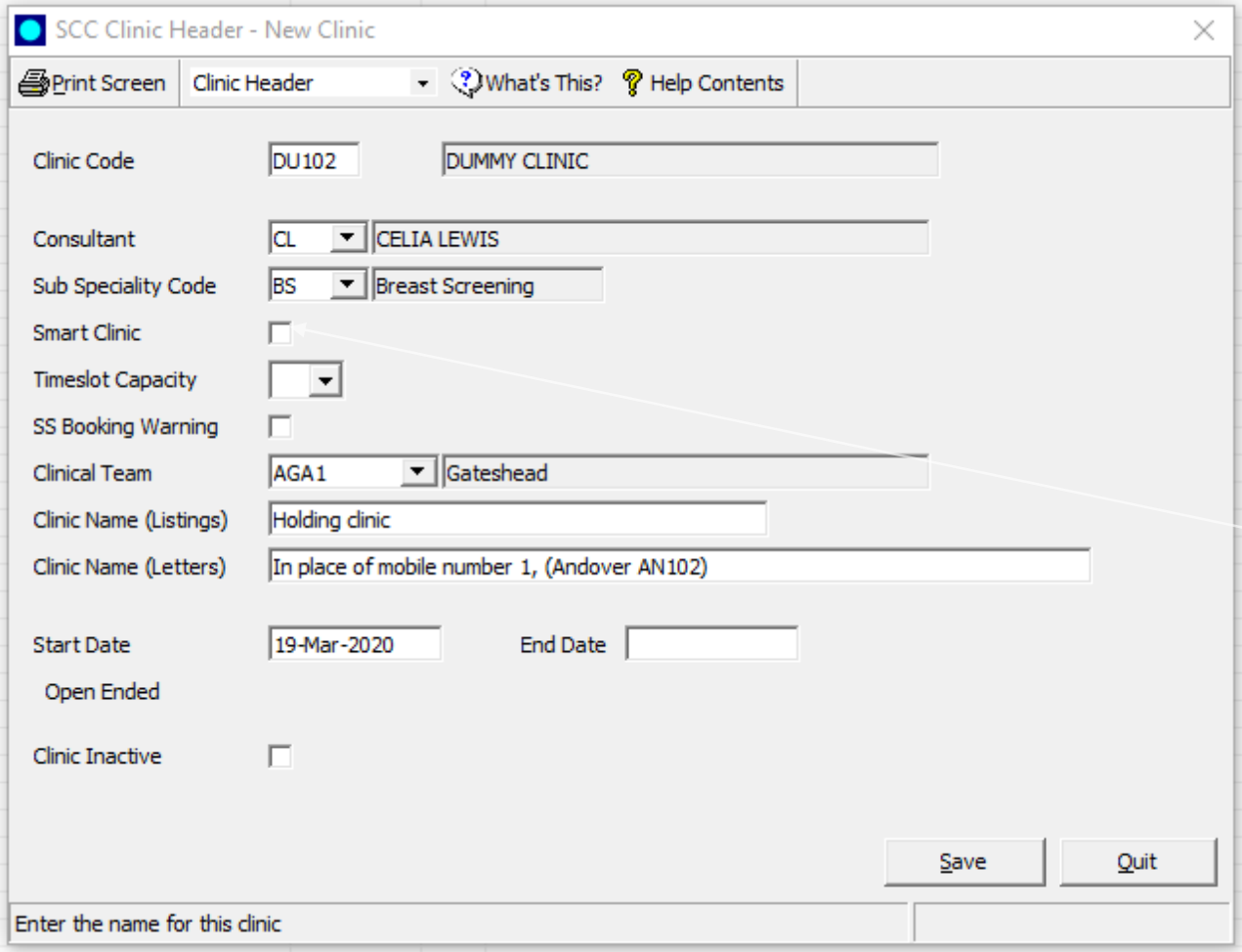
Enter details for ‘Dummy’



The start date is automatically generated and does not need amending. Do **not** enter a End date

Enter all the relevant details for the clinic. You will need to create a clinic for each mobile site and base screening site. Select save when you have entered all the details

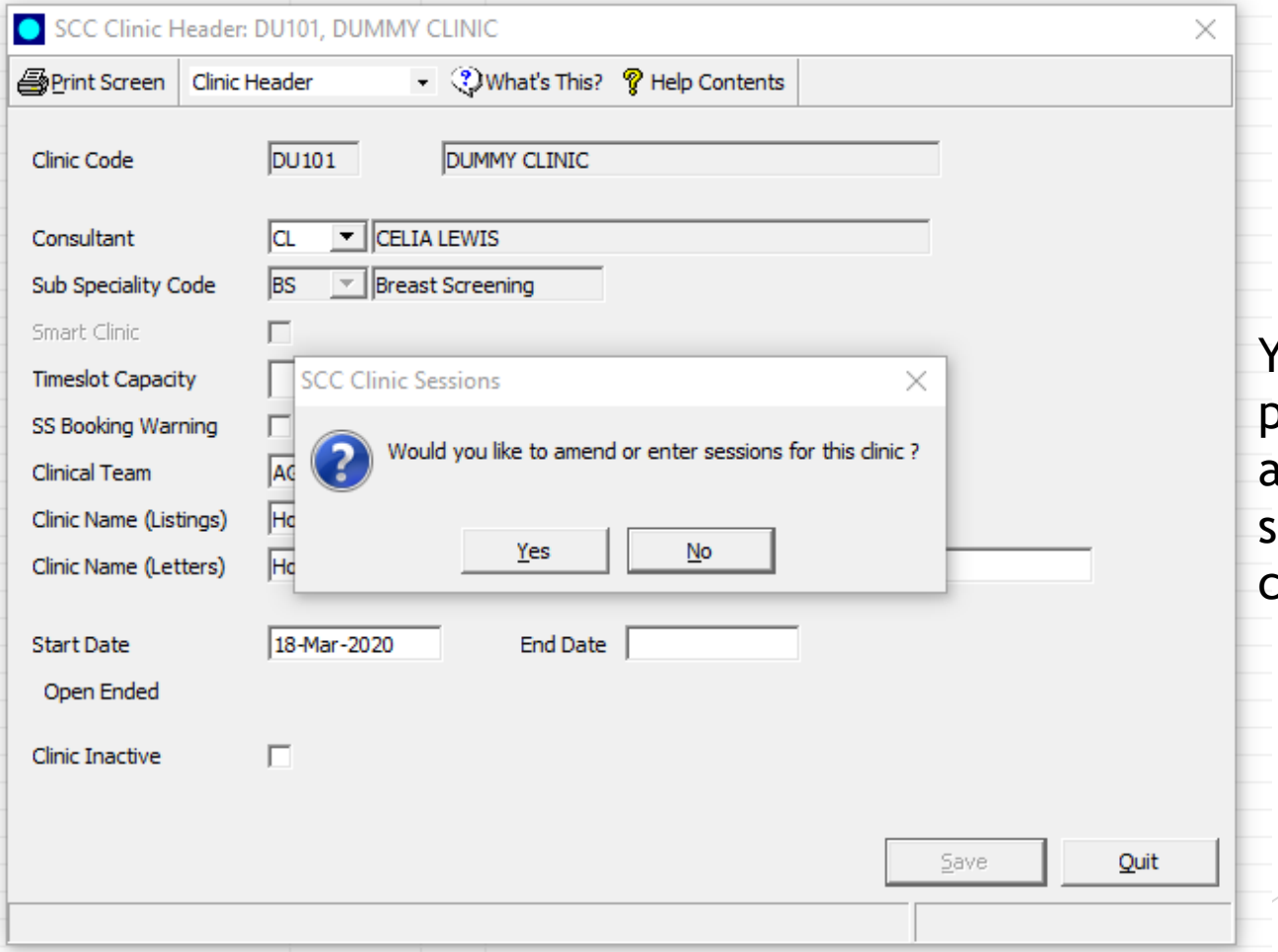
An example of a DU clinic



There will need to be enough information within each clinic so that you can easily find which clinic you are rebooking

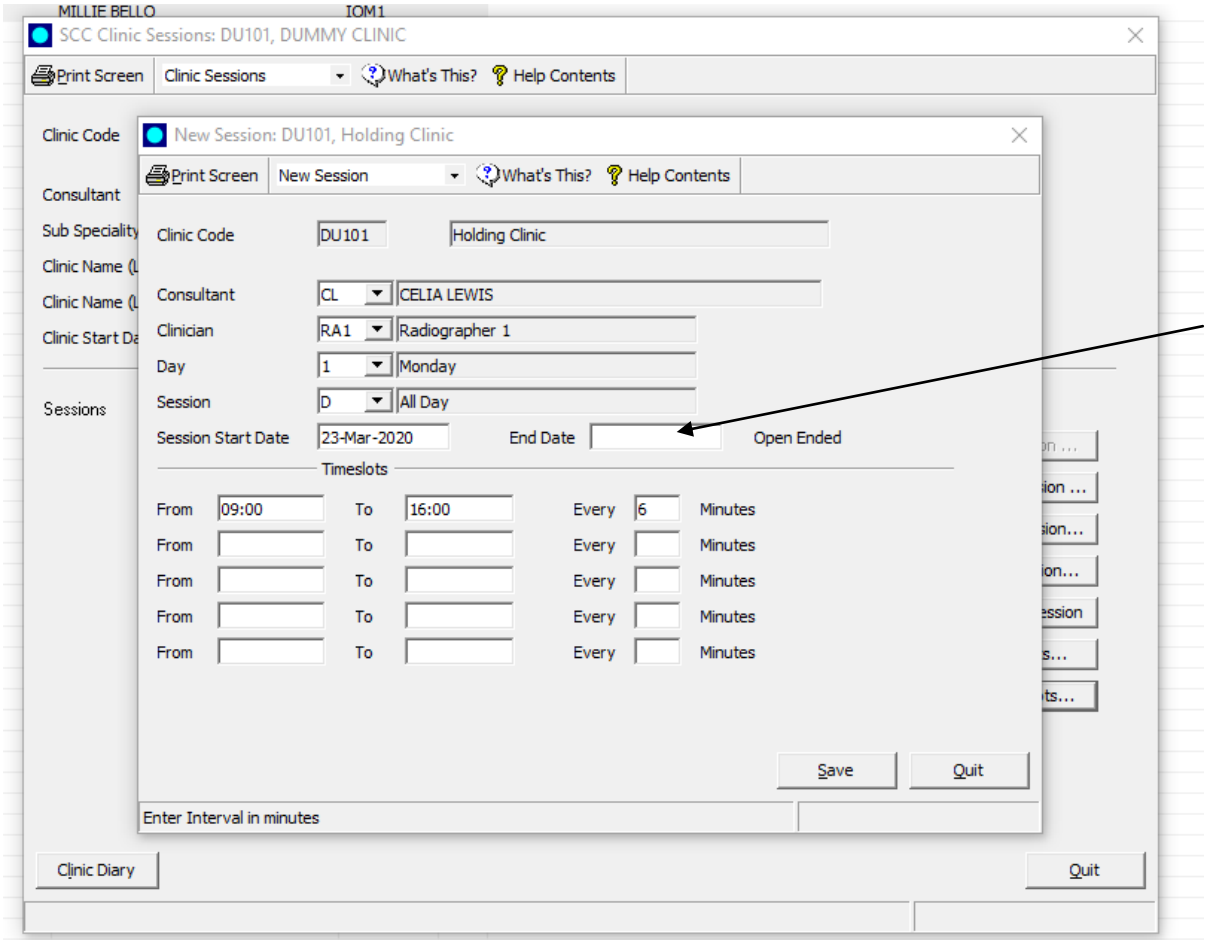
Be aware if you are rebooking a smart clinic you must create the dummy clinic as a smart clinic

Amend or enter sessions for the clinic



You will be prompted to amend or enter sessions for the clinic

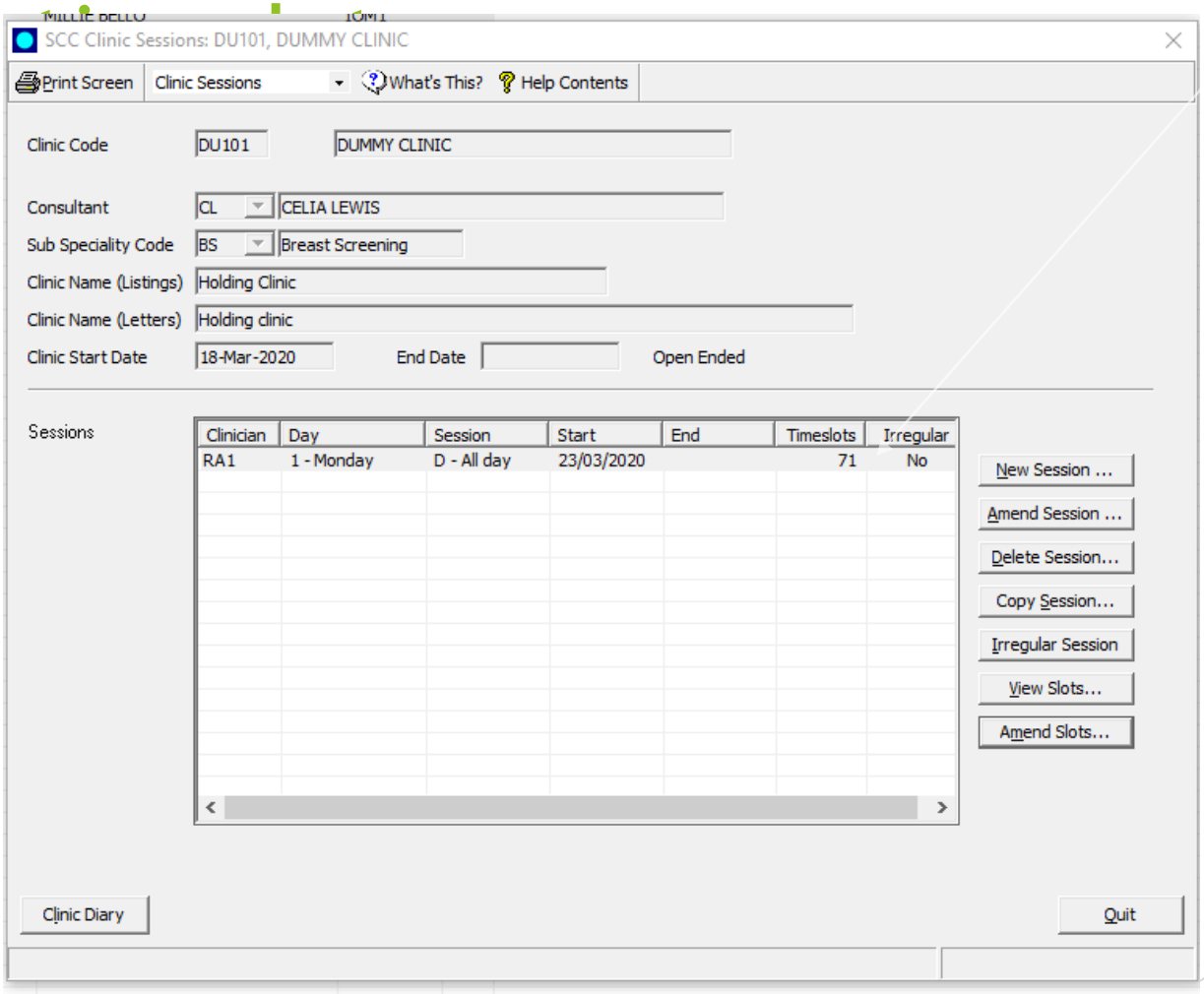
Create sessions



Enter the start and end time of your clinic to make sure that enough slots are created.

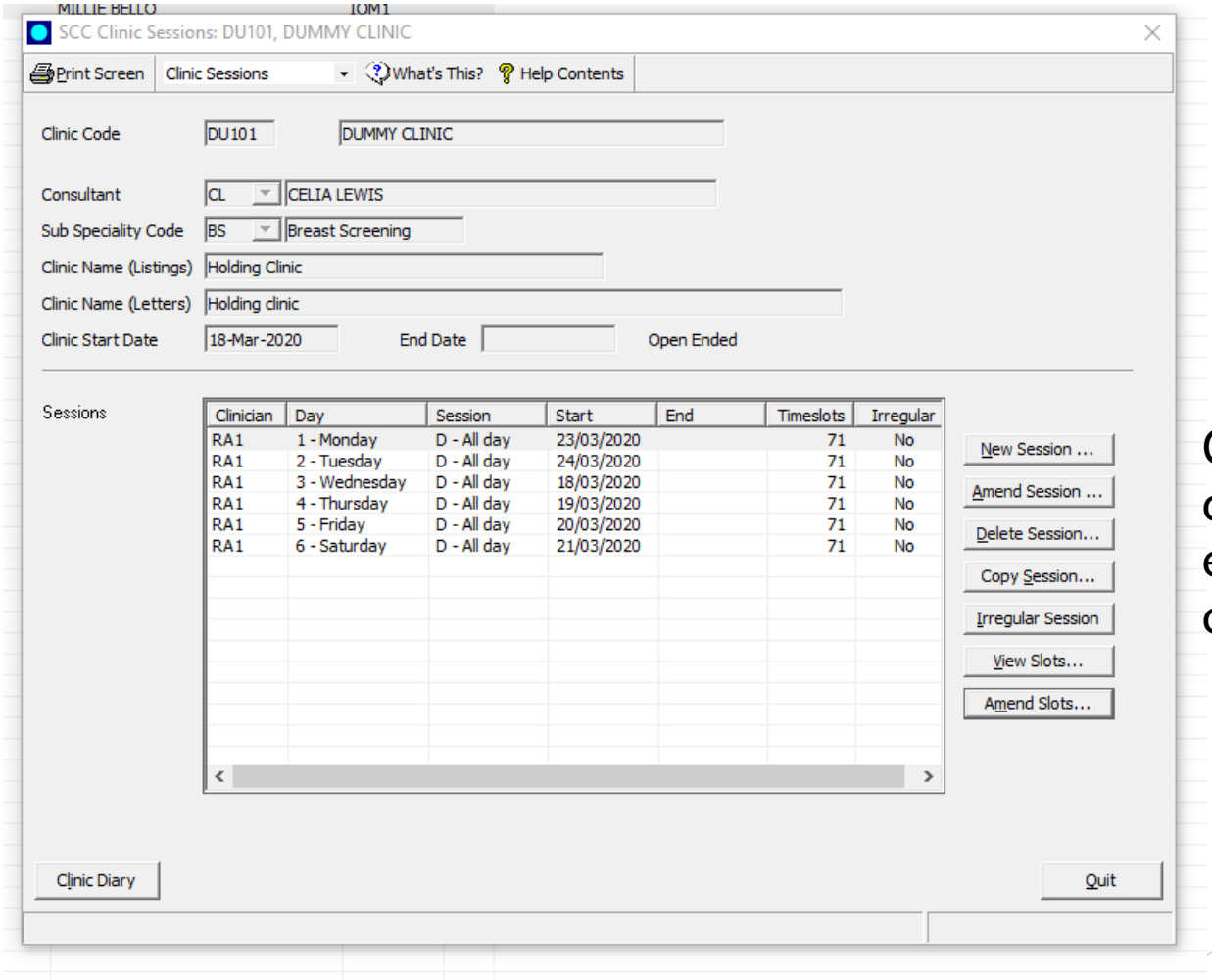
It is not necessary to include break times etc as the most important thing is that you have enough slots to rebook into

Review number of clinic



Review the number of clinic timeslots to make sure that the Dummy clinic has at least as many timeslots as the original clinic

Copy the sessions



Copy the session to create and cover every day that the clinic runs

crystal report letter

REBOOK v6.rpt

Example of wording for cancellation letter

Mrs Eileen Grace Peugeot-Talbot
Angel House
Boot Street
Snowtown
Yorkshire
GL33 2NR

EXAMPLE

Date as postmark
Ref:**KAY002028**
NHS No: 962 826 6446

Dear Mrs Peugeot-Talbot,

Re: Pause to our breast screening service

Due to the current COVID19 risk we have regrettably paused breast screening.

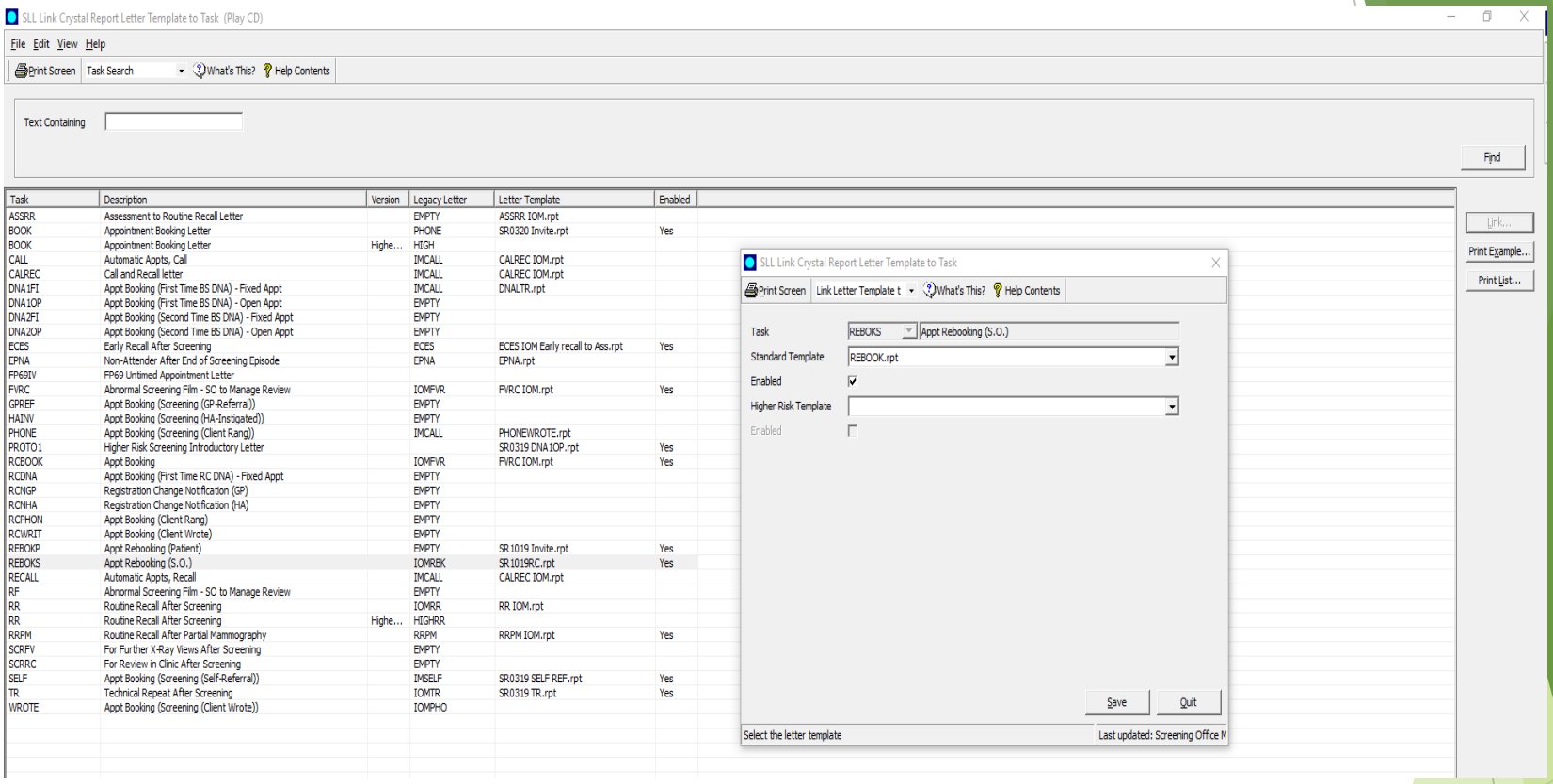
If you have a booked appointment or are expecting an appointment please be aware that breast screening will not be taking place.

During this time staffing levels may be low, therefore there will be a delay getting through to the breast screening office. In the meantime, if you have any changes in your breast or symptoms that are causing you concern, please contact your General Practitioner (GP).

Yours sincerely,

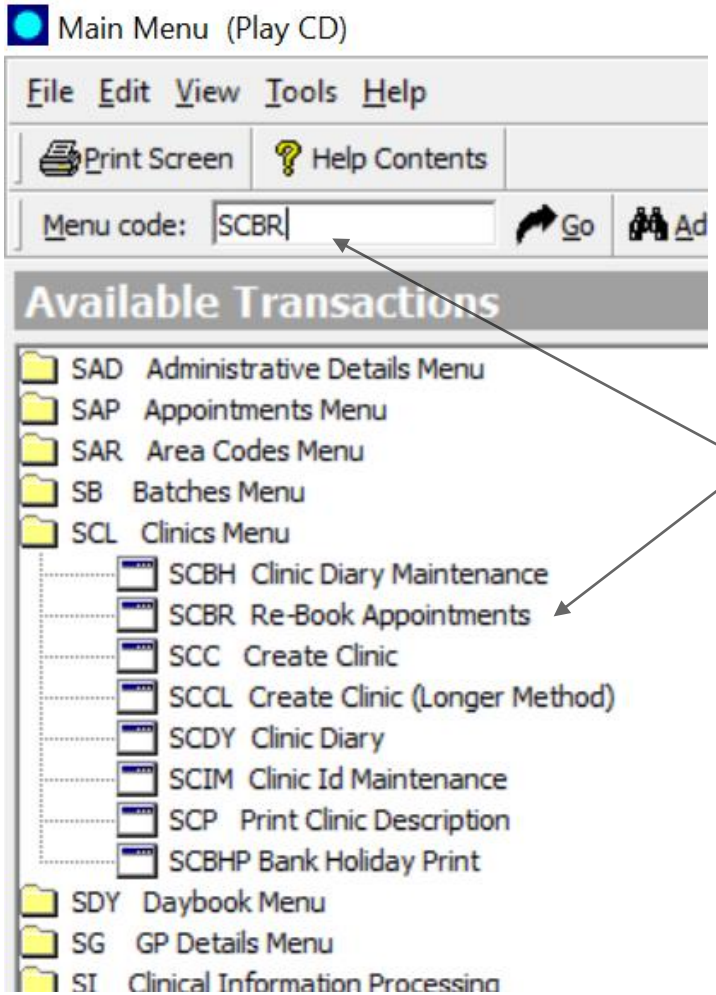
Insert name
Director of Screening

SLL link - Rebook letter



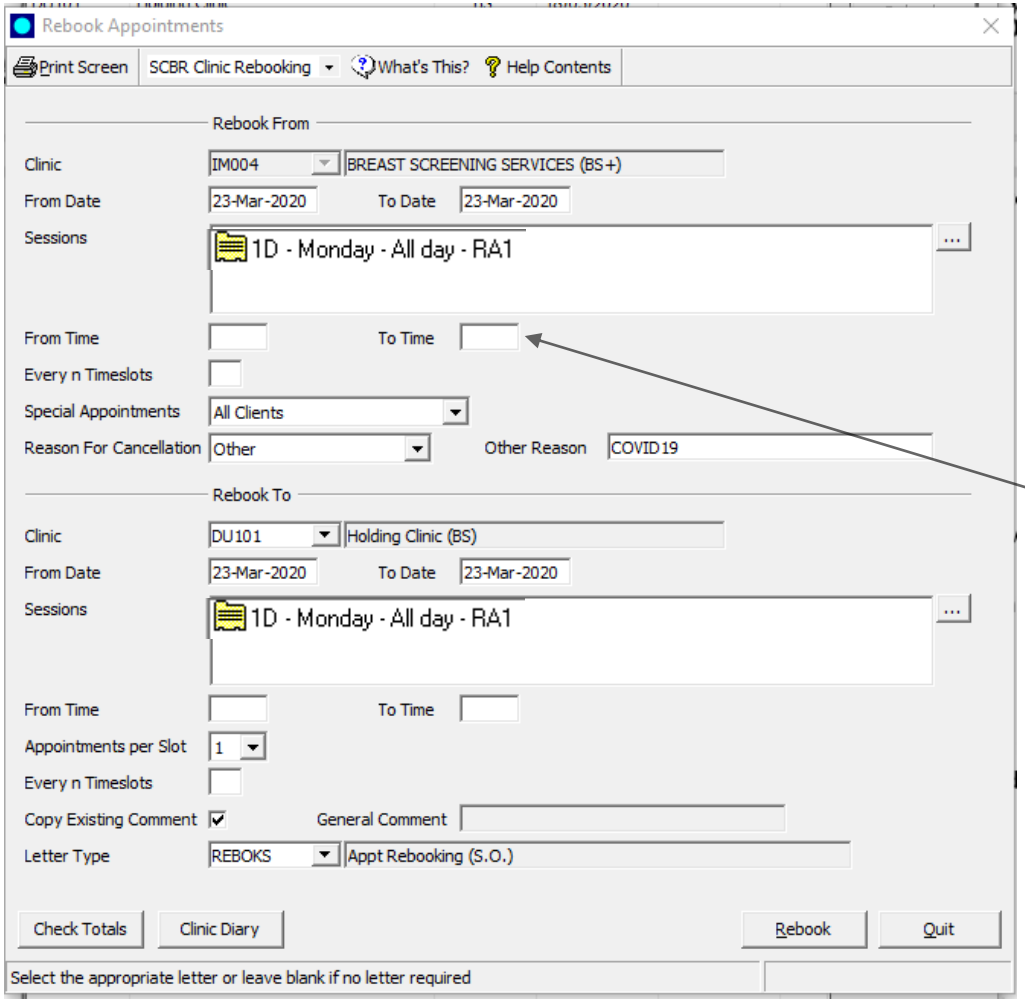
Save the template REBOOK crystal rpt. letter to your letters drive and link to the task of REBOKS in SLL, make sure that it is enabled

Rebook appointments



Select SCBR Re-book Appointments

Rebook Form



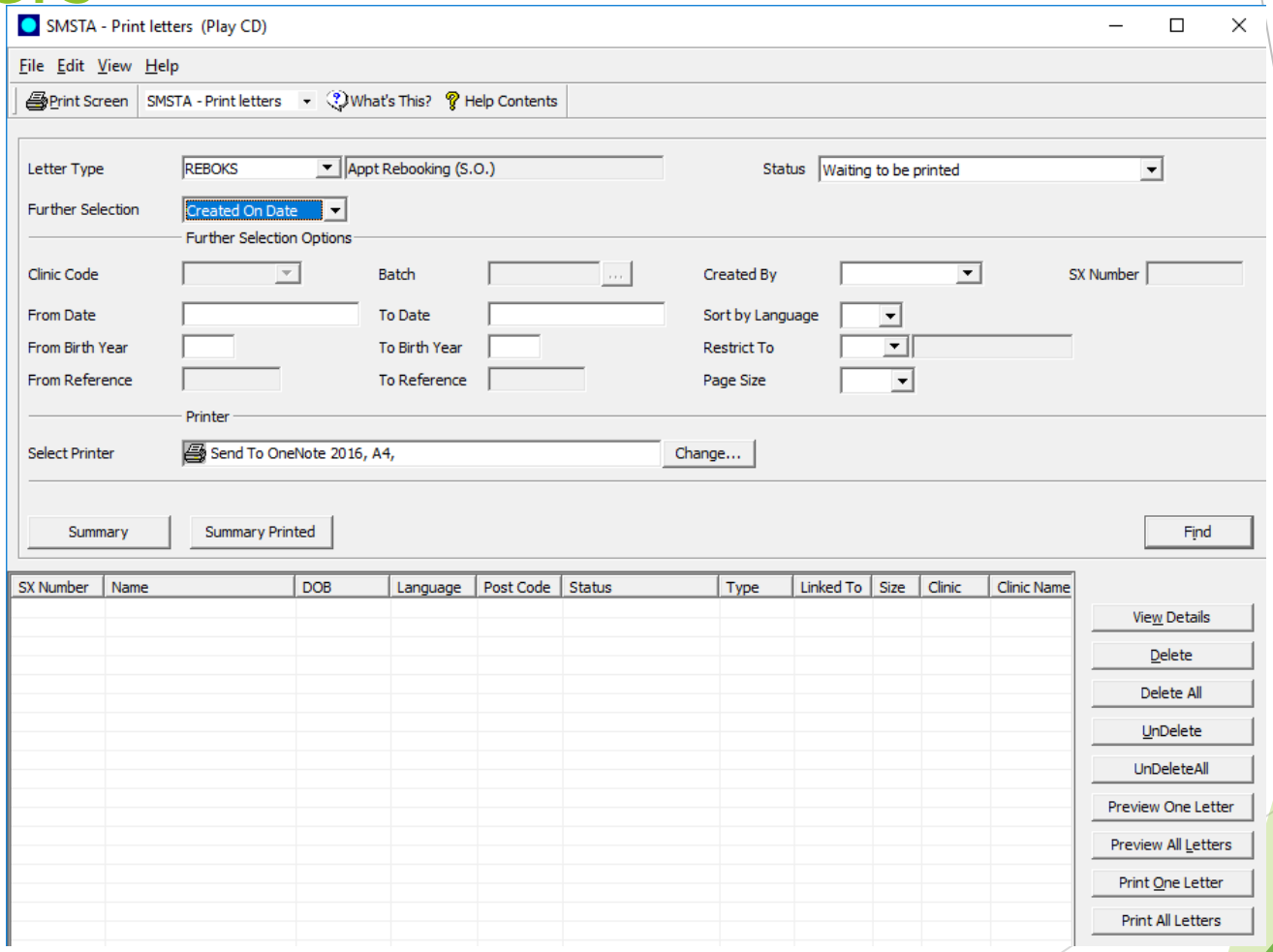
Rebook all your clinics for women that have received invitations, it will be necessary to do this individually for each DU clinic on a day by day basis.

Continue until all women that have received an invitation are rebooked

There is no requirement to add the From time and To time

This example is showing one day to rebook, this will make sure that the women are moved on a day by day basis

Follow your local process for printing / generating letters letters



Women that have a booked appointment but have not been sent an invitation should also be sent the templated letter, follow the previously described process

Batch Management

Batches

- The remaining women in the batches that you have part booked if possible should be auto appointed (booked) into the DU clinic
- Complete block rebooking before completing auto appointments for the batch

Do nothing and await further guidance regarding;

- the remaining women in the batches that you have part booked if it is not possible to appoint leave unbooked
- batches that have a status on NBSS as ‘B’ being processed
- batches with a status ‘C’ completed on NBSS but do not have any women booked

Minutes of the Audit Committee held on Wednesday 8 January 2020 in the Board Room, Westmorland General Hospital, Burton Road, Kendal LA9 7RG

Present:	Liz Sedgley	Non-Executive Director (Chair)
	Bruce Jassi	Non-Executive Director
	Neil Johnson	Non-Executive Director
	Adrian Leather	Non-Executive Director
	Jill Stannard	Non-Executive Director
	Stephen Ward	Non-Executive Director
In Attendance:	David Alford	Anti-Fraud Specialist Mersey Internal Audit Agency
	Nicola Barnes	Trust Board Administrator
	Sandra Cudlip	Assistant Director – Assurance Mersey Internal Audit Agency
	Keith Griffiths	Director of Finance Company Secretary
	Paul Jones	Engagement Lead
	Gareth Kelly	Grant Thornton Head of Financial Services
	Jane Stanley	Internal Audit Manager
	Lisa Warner	Mersey Internal Audit Agency Engagement Manager
	Jamie Wright	Grant Thornton

19/74 Welcome and Introductions

Apologies

Apologies were received from Sue Smith.

Declarations of Conflicts of Interest

Neil Johnson: Neil explained a small change to his declarations of interest had been made as his Term of Office on the Lancaster University Council had finished and, therefore, that particular declaration had been removed.

19/75 Minutes of the Audit Committee held on 9 October 2020

Decision: That the Minutes of the meeting held on 9 October 2020 be agreed as an accurate record.

19/76 Action Sheet and Matters Arising from the Minutes of the Audit Committee held on 9 October 2020

Decision: The Committee considered the action sheet and noted the actions taken.

19/77 External Audit

External Audit Update Report

Consideration was given to a report presented by Jamie Wright.

The following points were made in discussion:

1. An outline of the work that would be undertaken by the auditors during the final quarter of 2019/20.
2. The report outlined the proposed change in external audit fees for 2019/20 due to new external audit provisions. The fee reflected the detailed audit work that would be required in order to deliver a high quality audit that met all the regulatory standards.
3. Details of emerging national issues and developments were included in the report for the Committee to note, which included a report on the deteriorating state of NHS estates and the impact this had on patient care.

During deliberation of this item the following points were considered:

1. A discussion took place regarding the link between financial resilience and capital funding to address productivity and the Trust's ageing estate. A report would be prepared for the private Board of Directors' meeting in February 2020 to present a suite of options for the Board to consider.

External Audit Plan 2019/20

Consideration was given to a report presented by Gareth Kelly.

The following points were made in discussion:

1. There were no changes to the 2019/20 audit plan.
2. The report outlined the significant risks, materiality and Value for Money arrangements.
3. It was anticipated that the Value for Money conclusion for 2019/20 would be an adverse opinion for 2019/20. The auditors recognised the work the Trust had undertaken during 2019/20 to improve the financial situation and close the gap of £3 million. Delivery of the Trust's control total for 2019/20 in the last quarter remained critical to the Trust's Value for Money conclusion. Gareth explained that an agreed plan in place which brought the Trust into financial balance in the medium term would have a positive and significant impact on the Value for Money conclusion for 2019/20.
4. The report highlighted where the additional audit fees would be incurred in delivery of the 2019/20 audit. Gareth confirmed the new audit protocols would incur more rigour and challenge to deliver a high quality audit which met all the regulatory requirements.

During deliberation of this item the following points were considered:

1. Jane Stanley explained that in relation to the valuation of land and buildings, it had been suggested a full valuation was not required for this year. A further discussion with Jane and the auditors would take place out with the meeting.
2. In response to Steve Ward's question regarding the additional workload, Gareth explained that discussions had begun with the Trust's finance team. The drive on quality would increase the level of testing and fieldwork to be carried out. The level of scrutiny and detail had increased. The level of audit investment would be shared at the private meeting of the Audit Committee at

the close of the Audit Committee.

3. The Committee acknowledged the proposed Value for Money adverse opinion for 2019/20, given the amount of work carried out to meet the control total for 2019/20. The Committee requested details of those Trusts who had met their control total and received an adverse opinion.

Decision: That the reports be noted.

19/78 Internal Audit

Internal Audit Progress Report

Consideration was given to a report presented by Lisa Warner.

The following points were made in discussion:

1. Two final reports had been issued (CQC action plan part 1 and payroll overpayments) and one follow up report.
2. Delivery of the audit plan was on track and the auditors were confident the plan would be delivered ahead of the Audit Opinion.
3. The report outlined the amendments proposed to the audit plan. Following discussion with Sue Smith, it was proposed the audit plan would include an audit of payments made to consultants. This audit would review payments made to consultants for additional waiting list activity and on call. This would replace two reviews; quality and assurance assessment scheme and compliance with standard financial instructions and Scheme of Reservation and Delegation.
4. The governance review had been postponed until the end of quarter 4.
5. Work had begun on the audit plan for 2020/21.
6. The auditors would like to include the views of the Non-Executive Directors in the audit plan for 2020/21 and this would be discussed at the private meeting of the Audit Committee.
7. The overall objective of the CQC action plan part 1 review was outlined. Overall the Trust had responded comprehensively to the CQC. The review had confirmed effective reporting mechanisms were in place. The auditors awarded a Substantial assurance level for this review.
8. The overall objective of the payroll overpayments review was outlined. The payroll services had transferred to ELFS from SBS, which meant the auditors were unable to carry out full testing of the process. It was, therefore, not appropriate to provide an assurance rating on this piece of work but several recommendations had been suggested. All recommendations had been accepted and would be implemented.

During deliberation of this item the following points were considered:

1. Keith Griffiths explained that he had requested the payroll services audit report to provide evidence of the issues with SBS and the errors made in relation to the overpayments. The findings of the report had been accepted. A final meeting with SBS had been arranged. Keith explained he would keep the Committee informed on the outcome of the meeting.
2. The Finance and Performance Committee would continue to monitor the overpayments issue and ensure this was on schedule.
3. A meeting with David Wilkinson, Shahedal Bari and Foluke Ajayi had taken place to discuss the scope of the review of the payments made to consultants. The overall scope and objective of the review was agreed which included a

review of the policy to ensure the policy had been followed, a review of the claims that had been submitted by consultants to ensure they were appropriately authorised and paid at the correct rate, and a review of on call payments received by consultants to ensure they were in line with the approved job rota and processes were in place to report any issues, ie a consultant was on call but they did not respond. Discussions had included the value of the auditors reviewing and exploring previous claims. It was agreed the auditors would review the response, review the protocols in place and spend the time expanding the sample size to drill down into particular care groups.

4. The Committee agreed with the scope and objectives of the review to provide assurance on the processes.
5. The Committee requested a review of the particular on-call allegations made by Peter Duffy. Keith Griffiths agreed to discuss with the internal auditors and counter-fraud specialist on how to proceed to explore and address the specific on-call allegations.

Insight Audit Committee Update

1. The Committee noted the update.

Anti-Fraud Report

Consideration was given to a report presented by Dave Alford.

The following points were made in discussion:

1. The report set out the work undertaken during October to December 2019.
2. Work continued with the Trust to enhance the treatment of fraud risks within the Trust's Risk Management Strategy. This included a review of risks identified by the anti-fraud specialist and the Trust, rating those risks and if appropriate and in line with policy including them within the relevant Trust Risk Register.
3. The number of investigations received to date during 2019/20 matched those received in the whole of the previous year. The complex nature of some cases had resulted in a requirement for significant resource / time input by the anti-fraud specialist.
4. An outline of the anti-fraud plan was presented. The anti-fraud specialist had reviewed the activity planned to be completed during quarter that could be removed from the plan or reduced in scope to release time for investigation activity without affecting the formal requirements as dictated by NHS CFA. The anti-fraud specialist recommended the proposed work to be removed and reduced during 2019/20. The Committee agreed to the recommendations.

During deliberation of this item the following points were considered:

1. The Committee sought assurance on why there had been an increase in enquiries to the anti-fraud specialist. Paul Jones explained that the visibility of the anti-fraud specialist, workshops and briefings would be reflected in the anti-fraud plan for 2020/21.

Decision:

1. That the reports be noted; and
2. Keith Griffiths agreed to discuss with the internal auditors and counter-fraud

specialist on how to proceed to explore and address the specific on-call allegations.

19/79 Receivable and Payables Outstanding at 30 November 2019

Consideration was given to a report presented by Jane Stanley.

The following points were made in discussion:

1. The report provided information about receivables and payables balances in excess of six months old which exceed £5,000.
2. At the last meeting, Jane reported that a review of the NHS items would be undertaken and it was anticipated these would be resolved within the next two to three months. The report provided detail of NHS receivables. Resolution with North Cumbria Integrated Care had been delayed as this Trust had only been formed on 1 October 2019. Discussions continued with the Trust to resolve payment of these items.

Decision: That the report be noted.

19/80 Losses and Special Payments

Consideration was given to a report presented by Jane Stanley.

The following points were made in discussion:

1. The report provided detail on losses and special payments made / incurred by the Trust for the period 1 October 2019 to 23 December 2019.
2. There were 39 items reported in this period amounting to £92,403.62.
3. The sum of £20,000.00 had been recorded as a loss associated with damage to the MRI scanner at Furness General Hospital following conclusion of the insurance claim for this item. The Trust received payment from NHS Resolution in settlement of the claim but was required to stand the insurance excess on the policy.
4. A total of 9 bad debts had been written off during the period amounting to £2,198.68. These related to a variety of old outstanding items including a private patient, accommodation, catering, computer salary sacrifice and a court case where the Judge had concluded that the Trust had not suffered a loss leaving no alternative but to write this debt off.
5. The report provided details of the employer / public liability cases since January 2019.

Decision: That the report be noted.

19/81 Waivers of Standing Financial Instructions

Consideration was given to a report presented by Jane Stanley.

The Committee noted the report.

Decision: That the report be noted.

19/82 Preparations for the Annual Report and the Quality Account 2019/20

Consideration was given to a report presented by Paul Jones.

The following points were made in discussion:

1. Paul explained the Annual Reporting Manual had not been published. It was anticipated the timetable for production of the Annual Report would be in line with the reporting deadlines of 2018/19.
2. Once the Annual Reporting Manual had been published, the timetable would be updated to reflect any new reporting requirements.
3. In line with the 2018/19 reporting requirements, it was recommended that the Annual Report and Accounts 2019/20 was presented at an additional meeting on 22 May 2020 to enable the Trust to meet the anticipated deadline date for the submission of the approved Annual Report and Accounts on 27 May 2020.
4. Liz shared an update following attendance at a recent conference facilitated by Grant Thornton which referenced the new external audit provisions as outlined by Gareth Kelly.

Decision: That the report be noted.

19/83 Managing Conflicts of Interest Update

Consideration was given to a report presented by Paul Jones.

The following points were made in discussion:

1. The report set out the history and review of managing conflicts of interest by the internal auditors.
2. The review had been divided into two parts with an initial review to ensure the deployment of MES Declare helped to ensure a strong process for the recording and publishing of conflicts of interests in accordance with the Conflicts of Interest Policy and a further review once the Trust had had the opportunity to fully deploy MES Declare and to carry out additional testing to provide assurance on how conflicts of interest are being managed. This was likely to cover procurement decisions including capital, training, manager authorisation and identifying and managing non-compliance.
3. The report provided an update on the findings of the internal audit review.
4. For the current financial year, the overall number of declarations made by staff was lower than anticipated despite an increase in the number of staff recording declarations. Targeted work in quarter four would be carried out to address this. It was recommended that managing conflicts of interest would be included in the appraisal timetable, which was being explored with the workforce team.
5. Before Christmas several alerts were sent out to increase publicity. Consequently a lot of advice was sought pre-Christmas from staff.
6. Work continued with the workforce team to ensure the Trust's HR records mirrored those staff on MES Declare; the digital solution for managing conflicts of interest.
7. Declaration of conflicts of interest had now been included on all Board and Assurance Committees agendas as a standard item at the start of each meeting; an extract from the Register would be included on all agendas.
8. There was no training available nationally for managing conflicts of interests for provider organisations. Work had begun to discuss how the Trust could provide training for staff.

During deliberation of this item the following points were considered:

1. The Committee discussed the importance of ensuring staff were educated on managing conflicts of interest and welcomed the approach being taken in relation to the provision of in-house training for staff.

Decision: That the report be noted.

19/84 Review of the Trust's Approach to Risk

Consideration was given to a report presented by Paul Jones.

The following points were made in discussion:

1. Previous reports to the Board and the Assurance Committees highlighted the need to improve the identification and escalation of risk from Ward to Board to ensure risk drove the business of the Trust.
2. During 2019/20, a new approach to the Board Assurance Framework had been deployed and Assurance Committees had undertaken deep dives on longstanding risks and risks scored more than 20.
3. Paul thanked Liz Sedgley and Steve Ward who had shared best practice processes, which had been reflected in the Trust's future approach to risk. The report outlined the five key risk ambitions.
4. Paul gave a presentation on the Trust's risk appetite, the risk appetite framework, the changing approach to risk and risk treatment and reporting. The presentation also included details of the tool used to keep an overview of risk management practices called BowTie. BowTie had found utility in many high-risk sectors from oil and gas, chemical safety and mining through to the rail industry and aviation sector. This approach to managing risk was being adopted in the NHS.

During deliberation of this item the following points were considered:

1. The Committee were supportive of this approach, but would like to hold further discussions with all Board members. It was suggested that the Board Development Session on 3 March 2020 could include a discussion on managing risk. Paul agreed to discuss with the Chief Executive and Deputy Chief Executive on next steps to adopt this approach from 2020/21.

Decision:

1. That the report be noted; and
2. Paul Jones agreed to discuss with the Chief Executive and Deputy Chief Executive on next steps to adopt this approach from 2020/21.

19/85 Review of Audit Committee Terms of Reference and Schedule of Business 2020/21

Consideration was given to a report presented by Paul Jones.

The following points were made in discussion:

1. The purpose of this report was to provide members of the Committee with an opportunity to review the current Terms of Reference and Schedule of Business for 2020/21.

2. There were no changes suggested to the current Terms of Reference or Schedule of Business.
3. A benchmarking exercise had been undertaken to ensure the Terms of Reference were compliant with HFMA best practice.
4. It was agreed the internal auditor would provide feedback which would be reflected in the revised Terms of Reference and Schedule of Business for 2020/21. These would be shared with the Committee for final approval by the end of February 2020 to ensure they were recommended for approval by the Committee to the Board of Directors at their meeting on 25 March 2020.

Decision:
1. That the report be noted;
2. The Terms of Reference and Schedule of Business for 2020/21 would be revised to include feedback received from the internal auditors; and
3. The revised Terms of Reference and Schedule of Business for 2020/21 would be shared with the Committee for final approval by 25 March 2020.

19/86 Items to be recommended for decision or discussion by the Board or other Committees

Decision: The following items would be referred to the Board of Directors:
1. The audit of payments made to consultants. This audit would review payments made to consultants for additional waiting list activity and on call.
2. The recommended approach to risk management.
3. The anticipated Value for Money conclusion of adverse opinion for 2019/20.
4. The new audit provision which would incur more rigour and challenge to deliver a high quality audit which met all the regulatory requirements.

19/87 Schedule of Business

Noted.

19/88 Attendance Monitoring Register

Noted.

19/89 Urgent business

None.

19/90 Date and time of next meeting:

It was noted that the next meeting of the Audit Committee would be held on Thursday 16 April 2020 at 9am in the Board Room, Westmorland General Hospital, Kendal LA9 7RG

CHAIRPERSON'S REPORT

Chairperson's Name	Steve Ward
Committee Name	Finance & Performance Committee
Date of Meeting	24 February 2020
Name of Receiving Committee	Board of Directors
Date of Receiving Committee Meeting	29 April 2020
Strategic Items for Referral to Trust Board	Yes – see below

Items for escalation?		
Yes ☒	No ☐	If yes, to which Committee: Board and Quality - Reduce scope of TOR to allow deeper dives into key areas - Consider moving assurance of performance alongside quality

Please indicate attendance at the meeting							
Excellent	☐	Acceptable with some apologies	☒	Unacceptable and quorate	☐	Unacceptable and non-quorate	☐

Please detail the key successes or achievements discussed at the meeting
1. Some improvement in RTT performance
2. Care Groups report lots of good data produced this year to challenge productivity
3. First high level comparatives from 2018/19 model hospital data presented
Please detail the risks identified during the course of the meeting
1. £4m risk to year end control total, pay overspend continues and over 70% of CIP achieved is non-recurring
2. Continuing difficulty capturing savings identified through medical productivity work
3. Failure to tackle structural and cultural issues underlying the 'effective use of people' still the largest opportunity for productivity improvement (reference model hospital national and peer comparisons)

Was the agenda fit for purpose and reflective of the Committee's Terms of Reference?	
Yes ☐	No ☒
If No, please give further details: Committee was unable to challenge the contents of the draft Estates Strategy and draft 20/21 Operational Plan as detail was not available. No I3 report presented.	

Agreed actions from the meeting	**Name of the Lead for the actions**
1. March meeting to concentrate on review of 20/21 plan including CIP	KG, MK, AW
2. Executive summary of Estates Strategy to explain how proposed strategy addresses strategic objectives and risk management priorities	FA, TR, SH
3.	
Areas to highlight to the Council of Governors	**Name of the Lead for the actions**
1.	
2.	

Minutes of the Finance and Performance Committee held on Monday 23 March 2020 in the Boardroom, Westmorland General Hospital, Kendal LA9 7RG

Present:	Steve Ward	Chair
	Keith Griffiths	Director of Finance
	Liz Sedgley	Non-Executive Director
	Bruce Jassi	Non-Executive Director (via teleconference)
In attendance:	Aurelius Wright	Minute Secretary
	Suzanne Hargreaves	Associate Director of Strategy & Transformation
	Neil Swindlehurst	Contract Manager
	Janet Higgs	Deputy Director of Finance
	Fiona Pickett	Programme Manager
	Aaron Cummins	Chief Executive Officer
Apologies:	Foluke Ajayi	Chief Operating Officer
	Andrea Willimott	Director of Governance
	Martin Kinley	Director of Transformation and PMO
	David Wilkinson	Director of People and OD
	Shahedal Bari	Medical Director & Consultant
	Sue Smith	Executive Chief Nurse & Deputy Chief Executive

20/194 Welcome and Introductions

The Chair welcomed everyone to the meeting, particularly Fiona Pickett, Programme Manager, attending on behalf of Martin Kinley. The Chair acknowledged additional pressures the system faces and extended further support where appropriate on-behalf of NEDs.

Apologies for Absence

Apologies for absence as noted above.

Declarations of Conflicts of Interest

None.

20/195 Minutes of the previous meeting

The Minutes of the meeting held on 24 February 2020 were agreed as an accurate record.

20/196 Action Sheet and Matters Arising from the Finance Committee held on 24 February 2020

Action Tracker was noted.

20/197 Update Month 11 Operational and Financial Performance Reports

Suzanne Hargreaves presented the Month 11 Operational Performance Report, noting improvement across several metrics, including 4 Hours RTT, 52 Week Waits, and IRD however performance remained below national standards on many others. Under the urgent care recovery plan work was being undertaken across the system to make progress. Suzanne noted the Trust experienced significant cancer performance challenges in December due to medical capacity and specific issues within breast services. Nevertheless, an improvement in February's metric had been recorded and the Trust has decided to make cancer a priority during the upcoming months.

Aaron informed the Committee that as part of the Trust's emergency pandemic response, the Board has made changes to its governance, decision-making, and activity delivery, and has taken additional actions regarding outpatient and elective activities which will have an impact on performance over the upcoming months. Aaron noted the importance of the Committee recognising other areas such as cancer and diagnostics related activities which are being maintained, and improvement in performance is expected. Aaron reminded the Committee that following new guidance additional funding had been released within local authorities as it relates to urgent care, MFFD, and detox, and follow-up meetings had been scheduled with Cumbria County Council and Lancashire County Council to discuss additional mitigating plans. Steve made the point that some of the additional actions and changes being introduced by the Trust to address the pandemic could lead to long-term performance benefits.

Liz questioned whether scheduling the breast cancer drive in the summer months rather than in October might have been better. Liz queried whether self-isolation directives given by the Government will delay treatment commencement dates and asked if there any plans to address patients' fears. Suzanne noted cancer treatments would continue unless patients are Covid-19 symptomatic and additional communications had been established to reassure patients. Aaron noted well-defined specialty specific guidance had been issued directly to patients and Trusts particularly regarding transfusion, biologics, and chemotherapy patients, and that an ICS cell was being established to coordinate treatment for high-risk patients in the event that staff capacity was limited.

Keith Griffiths presented the Month 11 Financial Performance Report, noting a forecast result of £1.5m above the control total, an improvement from January and February. However, he noted plans are in place with the CCG to achieve the year end financial target.

Steve and Liz applauded the achievements made by the Trust this year. Aaron commended the effort and innovation by the Finance team in these

achievements.

Decision:	The Committee received noted the reports.

20/198 20/21 Financial Forecast

Keith informed that Committee that there was an expectation that the Trust would achieve targets set in the Planning Guidance. The CEOs / AOs meeting decided that every provider would submit their plans to NHSI with the assumption that not every action required by the Planning Guidance thereby highlighting the additional cost of meeting that Guidance. This would put the Trust £30m away from its control total, £20m associated with added pressure built into next year and issues carried forward from 2019/20 and £11m being associated with the Guidance. Keith noted 20/21 planning has now been deferred to the end of the year.

Steve recommended a 19/20 CIP Lessons Learnt Review to be presented to the Committee to clearly identify the structural problems which prevent recurring savings being made, particularly effective use of people and medical productivity. Steve noted the importance of not losing sight of these. Aaron noted the Board will continue to have oversight on additional measures put in place to address Covid-19 that are having a positive effect on overall performance. Suzanne highlighted outpatient video-consultation as an example which Trusts across the country had been driving to implement prior to Covid-19 without much success.

Liz asked whether theatre work at RLI and work to move patients out of the old building into the new space would continue. Keith confirmed that the proposed works will continue; building the 2 temporary theatres is currently on track, the use of the Education Centre at WGH is under discussion are ongoing and a number of estate projects to increase capacity across Trust's sites are being considered. Aaron recommended an update paper for the next scheduled Committee meeting and Board, outlining estate projects previously proposed for 20/21 along with any changes due to Covid-19.

Decision:	The Committee received noted the report.

20/199 20/21 Business Planning including CIP

Suzanne highlighted the Trust's activity assumptions. Growth of 1% was applied across each service. Outputs of service review deep dives were incorporated within the plan. It was assumed that improvements would be seen against the 4-hour target, but performance remained under the 95% standard. RTT was assumed to improve to 85% acknowledging room for further improvement. The maximum 26 week wait target was to be achieved by all specialties by June 2020 apart from T&O, general surgery, and pain.

A workforce of 5,783 whole time equivalent staff was assumed. However, deep dives completed within each specialty saw an overall increase of 29.45. Steve queried the assumption for staff sickness. Suzanne informed the Committee of trajectory improvement of 1% and noted that there is a 3-year plan to reduce staff sickness to 4%. Aaron noted non-attendance was currently 11%.

Aaron queried whether the financial outcomes of the planning process completed prior to Covid-19, comprises of £30m worth of projects to be completed, CIP, and operational productivity changes which would allow the Trust to absorbed long-term plan activity targets. Keith noted the Trust has not promised to deliver the asked of the planning guidance. However, the Trust's aim is to deliver and improve specific activities such as length of stay, bed occupancy, and waiting list. Keith noted clinically and operationally, in the absent of Covid-19, the teams had come to an understanding to support the planning process.

Steve noted from an assurance point-of-view, learning from the previous year, there was a low level of assurance regarding the CIP delivery.

Decision:	The Committee received noted the report.

20/200 **Month 11 Programme Management Office Cost Improvement Programme Report**

Fiona Pickett highlighted the overall £20m achieved by the CIP programmes at the end of month 11 and the projected year-end savings of £22m but noted £250k high risk. Steve noted this as a remarkable achievement and commended the work accomplished for CIP particularly in procurement.

Decision:	The Committee received noted the report.

20/201 **Contact and Commissioning Update**

Neil informed the Committee of the likely suspension of CQUINS for the remainder of the year due to Covid-19 pressures.

Decision:	The Committee received and noted the report.

20/202 **Cost Control Board Minutes – 06.02.2020**

Decision:	The Committee noted the minutes.

20/203 CQC Improvement Plan Update

Steve highlighted that additional actions had been allocated to the Committee as a result of the most recent inspection and noted the continued challenges which remain. Aaron informed the Committee that communications had been received that all remaining CQC inspections had been suspended for the remainder for the year. However, the Trust will make sure appropriate actions are taken where quality and safety issues have been raised.

Decision:	The Committee received noted the report

20/204 Attendance Monitoring Register

Noted.

20/205 Urgent Business – Covid-19

Keith urged the Committee to be mindful of the additional pressures caused by Covid-19 especially on the workforce. Liz noted it was reassuring that the acceleration of some plans to improve performance will benefit procedures and structure post Covid-19.

Janet Higgs updated the Committee regarding new procedures and guidance being actioned to add relief to the way in which contracts are processed and cash accessed by the Trust. Block payments are also being reviewed but specific guidance will be given in the upcoming weeks. Liz questioned whether there was any guidance on loan repayments within the next 6-9 months. Janet noted that while guidance had not been issued yet it was apparent that this was being progressed and assured the Committee that this would be followed-up if no guidance is given in the upcoming weeks.

Aaron informed the Committee that the Trust's Business Continuity & Emergency Response Plans include the continuity of core functions. The ICS is currently discussing a region-wide infrastructure to mitigate the absence of key colleagues, particularly those in payroll and clinical roles. Steve questioned whether the continuity arrangements of outsourced payroll providers have been reviewed. Keith confirmed this had been actioned by the Finance team. Liz asked whether public service audits are being suspended or whether deadlines will be extended. Keith confirmed deadlines were extended. Janet noted national guidance had been provided but will complete a follow-up as she was unsure what the specifics were.

Steve reiterated that NEDs were available for additional assurance support.

Items to be escalated to the Board or Other Committees

The Committee to recommend that the Quality Committee consider the quality impact of extending elective waiting lists.

Date, Time and Venue of Next Meeting

It was noted that the next meeting would be on Monday 27 April 2020 at 10am in the Board Room, Westmorland General Hospital, Kendal LA9 7RG.

CHAIRPERSON'S REPORT

Chairperson's Name	Jill Stannard
Committee Name	Quality Committee
Date of Meeting	20th April 2020
Name of Receiving Committee	Board of Directors
Date of Receiving Committee Meeting	29th April 2020
Strategic Items for Referral to Trust Board	

Items for escalation?		
Yes ☐	No ☒	If yes, to which Committee:

Please indicate attendance at the meeting							
Excellent	☐	Acceptable with some apologies	☒	Unacceptable and quorate	☐	Unacceptable and non-quorate	☐

Please detail the key successes or achievements discussed at the meeting

The committee received an update on Covid 19 governance assurance from ward to board. The executive shared their major concerns and outlined how they were being managed prioritising safety of staff and patients. All present expressed their thanks to staff and said how proud they were to see the way all staff worked together to provide the services needed to save lives.
The York review was received which had examined how the trust implemented the action plan following the 15/16 Royal College of Surgeons review of Urology services. The committee were assured to see that the review had identified many positive ways in which the action plan had been implemented and the progress made. The committee discussed the recommendations and will be continuing to monitor the action plan.
Presentations were received on the Bowel Screening programme and the IRD action plan. It was acknowledged that both of these were being impacted by Covid 19 resulting in further delays for patients. Mitigation's and further actions were discussed.

Was the agenda fit for purpose and reflective of the Committee's Terms of Reference?	
Yes ☒	No ☐
If No, please give further details:	
Agreed actions from the meeting	**Name of the Lead for the actions**
1.Action tracker to be reviewed	Sue Smith, Andrea Willimott, Stuart Bates
2.Urology action plan updates to remain open on the action tracker to ensure continued oversight by the Committee	Jill Stannard (Chair)
3.A full update of Bowel Screening Harms to be brought to the Quality Committee in six months	Leanne Cooper/Manal Atwan
4.Quartererly updates of progress in IRD to be brought to the Quality Committee for continued oversight	Kate Maynard/Leanne Cooper
Areas to highlight to the Board of Directors	**Name of the Lead for the actions**
1.Positive highlights from the York report	Jill Stannard
2.	
3.	