

# minutes

## Item 6

### Board of Directors – Part 1 (for publication)

#### Minutes of the Meeting of the Board of Directors held on 31<sup>st</sup> March 2020

|                        |  |  |
|------------------------|--|--|
| Present :              | Neil Large<br>Nicholas Brooks<br>Bob Burgoyne<br>Julian Farmer<br>Mark Jones<br>Frankie Morris<br>Karen O'Hagan<br>Sue Pemberton<br>Jane Tomkinson | Chair<br>Non-Executive Director<br>Non-Executive Director<br>Non-Executive Director / Deputy Chair<br>Non-Executive Director<br>Acting Chief Finance Officer<br>Non-Executive Director<br>Director of Nursing and Quality<br>Chief Executive |
| In Attendance:         | Hayley Kendall<br>Lucy Lavan<br>Robin Wiggs<br>Vicki Wilson  | Chief Operating Officer<br>Director of Corporate Affairs<br>Deputy Director of Strategy<br>Head of Human Resources   |
| Apologies for absence: | Jonathan Develing<br>Sue Hodgkinson<br>Marga Perez-Casal<br>Raphael Perry  | Director of Strategic Partnerships<br>Interim Director of People and Culture<br>Director of Research and Innovation<br>Medical Director / Deputy Chief Executive   |

#### Action

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#### Opening Matters

In accordance with the Trust's response to Covid-19, it was decided that face to face meetings were to be limited and therefore the Board meeting was conducted remotely via video conferencing to maintain social distancing. In order to conduct this meeting efficiently, the papers were produced as usual and in accordance with the business cycle and distributed on 26<sup>th</sup> March 2020 by e-mail. A number of scheduled items that were not

Chair's  
Initials

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'business critical' were removed from the planned agenda and the concept of a 'Parking Lot' introduced to log these items for review at a future date (to be determined). This approach was supported by all Board members.

A template was produced for each meeting participant to complete individually. This required each participant to record comments and questions as they reviewed each paper, and where a decision was needed, to record whether or not they supported the recommendation. The responses were collated and summarised by the Director of Corporate Affairs in advance of the virtual meeting. This pre-work enabled the Board meeting to be conducted swiftly and facilitated the production of a minute for each agenda item, supplemented by discussion and clarification via the video conferencing call.

#### **1.1 Apologies for Absence**

Apologies for absence were received from Dr Raph Perry, Jonathan Develing and Sue Hodgkinson who were all unwell and from Marga Perez-Casal who was on annual leave.

Robin Wiggs, Deputy Director of Strategy attended on behalf of Jonathan Develing.

Vicki Wilson, Head of HR attended on behalf of Sue Hodgkinson.

#### **1.2 Declaration of interests relating to agenda items**

All meeting participants were asked to declare any interests in respect of items listed on the agenda. All participants declared that they had no interests.

#### **1.3 Chair's Briefing**

The Chair provided feedback from the North West Chair's meeting (31.3.20) highlighting the command and control arrangements in place to support the system's response to the Covid-19 pandemic. Critical care bed occupancy was currently at around 65% as hospitals had ceased elective activity, with 29% currently occupied by COVID patients. Demand for critical care beds was expected to reach a peak in mid- April. National modelling had indicated a need at this time for 2,200 critical care beds, four times the normal capacity available. Surge modelling suggested that hospitals could potentially manage this peak, subject to the availability of sufficient ventilators, other kit and staff. Modelling had been based upon 21% staff absence although this figure could be prove to be higher. Expediting of staff testing and the resolution of supply chain issues were key priorities. The Nightingale Hospital facility in Manchester would provide up to 1,000 additional beds and operate as a step-down facility for the whole of the north west. It would be supported as far as possible by community-based staff in order to retain maximum critical care capacity within the established hospital sites.

### **Covid-19 Update**

The Chief Executive briefed the Board on the command and control arrangements set up within the Trust; and also the status of COVID testing in relation to both patients and staff, noting a significant improvement in turnaround times for results reporting. Staff testing was being undertaken by a private provider at a cost of £65 per test, but there was evident benefit with staff being able to return to work much more quickly. Staff absence due to COVID symptoms / isolation was currently 12% whilst total absence including isolation due to vulnerability or pregnancy, other sickness and annual leave was at around 28%. Whilst some Trusts had implemented compulsory bans on annual leave for clinical staff, this had not as yet been put in place at LHCH but would be kept under review.

The supply of Personal Protective Equipment had improved in recent days and provision expanded to all staff whose work necessitated clinical contact within 2 metres of patients. This decision had been made in response to levels of anxiety expressed by staff and whilst there were significant stocks on site it was likely that supplies would be utilised quickly and therefore the position would be reviewed daily.

The Board heard of the significant number of initiatives in place to support staff health and wellbeing, including accessible rest areas, free meals and snacks, facilities for showering and washing uniforms where needed, COVID testing, carer support and help with transport where public services had been cut. These initiatives would be communicated regularly to staff.

In relation to the local healthcare system, it was noted that the Royal was currently treating 136 COVID positive patients and had 2,500 staff absent. It was being considered whether additional surgical capacity could be provided within the New Royal, via acceleration of the opening of the Clatterbridge Cancer Centre which could provide step down beds to supplement those being commissioned from the independent hospital sector. Whilst these initiatives would create further beds, staffing would be a key challenge.

It was noted that a proposal had been put to the regional team that LHCH become the designated emergency cardiothoracic centre for the North west, with the option to utilise LHCH respiratory teams in other areas. It had since been confirmed that LHCH would be asked to provide emergency cardiac services and to provide ventilator capacity for a cohort of COVID patients. Work was ongoing to firm up the plans and to determine the staffing models to best support a revised configuration of services.

Nicholas Brooks asked about medical trainees and heard that training had been deferred and rotations suspended. In relation to working directives and potential pressure for doctors to exceed their contracted hours, it was noted that the hospital was

currently quiet due to the suspension of elective work, but if activity surged the Trust would record all hours worked and remunerate individuals appropriately. There had not yet been any guidance from the Deanery regarding management of excess hours.

A discussion followed in relation to the national call for recently retired clinical staff to return to the front line and it was noted that whilst at least two retired LHCH anaesthetists were known to have come forward, the exercise was being coordinated nationally and retirees deployed according to areas at most need.

The Board went on to discuss testing protocols and noted also that all primary PCI admissions were being treated as suspected COVID positive and cohorted until tested. Any other patients displaying symptoms were similarly cohorted and tested. Gold Command would keep the testing protocols under close review.

In relation to patient and family experience, visiting had been suspended and arrangements had been made for designated nurses to liaise and communicate regularly with families. An end of life area was to be designated and supported by specialist nurses.

It was felt that staff morale was generally positive and much time had been given to communication. A daily meeting of key leaders at 7.30am was followed by Gold Command and safety huddle. All meetings were now convened in the conference room to enable participants to maintain social distancing. A Staff App was due to be launched imminently. The Silver Command Team was operating out of the designated incident room (Boardroom) and responding quickly to all issues.

The main concerns raised by staff involved the availability of personal protective equipment (PPE) and staff testing. Private provision had been made for staff testing and as yet there was no limit on volumes, but it was not possible to utilise this same private company for patient testing (and thus improve turnaround times) because the facility was not yet formally accredited. It was noted that nationally the limiting factor in relation to COVID testing was the supply of the necessary chemical reagents. In relation to PPE, national stocks were available but there remained some issues with the logistics, which were expected to be overcome in the coming days.

The Board discussed the need for urgent decision making in respect of the Trust's response to COVID 19 and approved a recommendation that authority for all urgent decisions be delegated to Gold Command for the duration of the COVID crisis. This meant that where necessary, the Trust's Scheme of Reservation and Delegation and Standing Financial Instructions could be waived.

**2.1 LHCH Monthly Staffing for Reporting Period: January and February 2020**

The Board noted the report.

**2.2 Patient Led Assessments of the Care Environment (PLACE) Report**

The Board noted the report.

**3 Strategy and Development**

**3.1 Financial Plan 2020/21**

The Acting Chief Finance Officer presented the draft financial plan that had been submitted to NHSE/I on 5<sup>th</sup> March 2020 but noted that new guidance had now been issued advising that the 2020/21 operational planning process had been temporarily suspended in light of the COVID-19 pandemic. A revised plan would be developed in accordance with the new guidance.

The Board noted and approved the draft plan as submitted, whilst recognising this had been superseded by events and new guidance. In particular it was noted that Commissioners would pay for services for Months 1-4 of 2020/21 on the basis of a block value aligned to 2019/20 average spend plus inflation. This would enable resources to be reprioritised to support the response to COVID-19. All elective activity had been suspended.

The 2019/20 financial position was secure in that the Trust would meet the Control Total, with an underspent capital position linked to reprioritisation of resources in response to COVID-19.

The Board noted that the timetable for audit of the 2019/20 annual report and accounts had been extended with submission now due on 25<sup>th</sup> June 2020. The dates set in May for Committee review and Board approval would be rescheduled accordingly. There had been some changes to annual reporting requirements including removal of the need for a Quality Report and a limitation of the audit scope as auditors would not be completing stock checks. The Acting Chief Finance Officer confirmed that her team were currently on track to complete the accounts.

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**3.2 Sustainability Strategy and Plan for 2020/21**

The Board noted the report and acknowledged that priorities and timing for implementation of individual schemes would be reprioritised in light of COVID-19. Further work was needed to develop the detail of plans and to quantify the resources needed to deliver each scheme and expected benefits. It would also be important to complete Quality Impact Assessments and Equality Assessments, where appropriate. Progression of this work would be allocated to the 'Parking Lot' and an update provided to the Board later in the year. It was also noted that the learnings from the COVID-19 response, including improved use of technology for telemedicine and remote working might further inform the Trust's sustainability plans.

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**4 Targets and Financial Performance**

|      |   |       |
|------|---|-------|
| 4.1  | <b>Board Dashboard period ended 29<sup>th</sup> February 2020</b>   |       |
|      | <p>The Board noted the report and acknowledged that at Month 11, the diagnostic performance was in line with the improvement trajectory agreed with NHSE/I and that activity had significantly improved and was back in line with plan. Work was underway to improve staff attendance, although this would now be impacted significantly by the COVID crisis.</p> <p>It was noted that many indicators were likely to deteriorate in the coming weeks and months as a result of the COVID crisis. It was agreed that a weekly COVID dashboard be produced to track key indicators including staff absence and numbers of patients and staff testing positive, and also the impact of COVID on activity and waiting times. This would be produced for the Executive Team meeting each Wednesday and then circulated to the full Board for information.</p> | HK    |
| 4.2  | <b>Board Dashboard 2020/21-KPI Definitions and Performance Thresholds</b>   |       |
|      | <p>The Board discussed the report, noting that the Board dashboards for 2020/21 had been streamlined with fewer indicators. The Chief Operating Officer confirmed that all existing indicators would continue to be monitored with assurance provided by the Assurance Committees and escalated to the Board as appropriate.</p> <p>The Board approved the approach outlined including the use of SPC methodology but noted that full implementation would likely be delayed due to the need to focus time and resources on the COVID crisis.</p> <p>Refresher training for the Board in use of SPC methodology would be provided as part of the 2020/21 Board Development Programme.</p>   | HK/LL |
| 4.3* | <b><i>Cancer 28 Day Faster Diagnosis Standard*</i></b>  |       |
|      | <p>The Board noted the report.</p>  |       |
| 5    | <b>Governance and Assurance</b>   |       |
| 5.1  | <b>Consultant Appointments</b>  |       |
|      | <p>The Board ratified the following consultant appointments:</p> <ul style="list-style-type: none"> <li>• Dr Gimeo – Consultant Radiologist</li> <li>• Dr Amy Hill – Consultant Anaesthetist</li> <li>• Dr Owen Chambers – Consultant Anaesthetist</li> <li>• Dr Matthew Khan – Consultant Cardiologist with special interest in devices</li> <li>• Ms Joyce Thekkudan – Locum Consultant – Thoracic Surgery</li> </ul>   |       |
| 5.2  | <b>Going Concern Report</b>   |       |
|      | <p>The Acting Chief Finance Officer presented the report, demonstrating the range of evidence used to assess the Trust's position as a Going Concern. The Board of Directors confirmed its reasonable expectation that the Trust had adequate resources</p>   |       |

to continue in operational existence for the foreseeable future; also that there were no material uncertainties that cast doubt on the Trust's ability to continue as going concern that required disclosure. It was noted that the impact of COVID-19 was not expected to impact on the Trust's ability to remain a Going Concern and that the Trust's cash position was strong.

### **5.3 Ratification of Use of Trust Seal**

The Board ratified application of the Trust seal in respect of the two transactions detailed in the report.

### **5.4 Annual Review of Directors Disclosures**

The Board noted that all Directors had been formally requested to review their declarations of interest.

The Board reviewed the updated Register of Directors' interests and confirmed that there were no material conflicts with the business of the Trust.

The Board received evidence that all Non-executive directors (NEDs) had recently reviewed their self-declarations of NED independence and determined the continued independence of all NEDs.

The Board noted that Neil Large was in his eleventh year of service as Chair and that careful consideration to his circumstances had been a key part of the recent re-appointment process.

The Board determined that he continued to be independent based on (but not limited to) the following points:

- No material conflicts of interest;
- Clear boundaries maintained between professional and personal relationships;
- No involvement in Audit Committee or Board Assurance committees;
- No involvement in Operational Board, Executive or management forums.

The steady turnover of NEDs had brought independence and fresh perspective to the collective Board and there continued to be strong evidence of constructive challenge as evidenced in the documentation of Board meetings, and endorsed through the CQC's assessment of leadership as 'outstanding'.

The Board received evidence that all Board Directors (voting and non-voting) had completed unqualified self-declarations in respect of the fit and proper persons criteria set out in Regulation 5 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and as required by the Trust's Fit and Proper Persons Policy.

### **5.5 Code of Governance: Compliance Review and Disclosure Statement 2019/20**

The Board noted the report and approved the proposed disclosure (at Appendix 2) for the 2019/20 annual report. This related to departure from the provisions of the Code in two areas – length of tenure of the Chair; and the Board’s decision not to commission a further independent review of Board leadership in 2019/20.

**5.6\* Gender Pay Gap Disclosure\***

The Board noted the report.

**6 Board Assurance**

**6.1 BAF Key Issues Reports and Approved Minutes of Assurance Committee Meetings:**

**6.1.1 People Committee  
BAF Key Issues**

The Board noted the report.

**Approved Minutes for Meeting held on 10<sup>th</sup> December 2019**

The Board received and noted the approved minutes of the People Committee meeting held on 10<sup>th</sup> December 2019.

**7 Minutes of the Board of Directors Meeting held on 28<sup>th</sup> January 2020 (in public)**

The minutes of the meeting of the Board of Directors held on 28<sup>th</sup> January 2020 (in public) were reviewed for accuracy and approved by the Board.

**8 Action Log (private) from previous meeting**

The action log was reviewed and updated as follows:

Actions 1 and 2: completed and closed

Actions 3, 4, 7 and 8: deferred to ‘Parking Lot’, with review date to be determined.

All actions not listed above would carry forward per designated review dates.

**9 Legality of Board Documentation and Decisions**

Board members confirmed that the conduct of the meeting and decisions made by the Board, to the best of their knowledge, complied with the law. Board members confirmed they were satisfied with the format of the meeting.

**10 Date and Time of Next Meeting:**

Tuesday 28<sup>th</sup> April 2020.