

**Board of Directors (in Public)**  
**Item 1.3**

## minutes

**Minutes of the Meeting of the Board of Directors held on 28<sup>th</sup> November 2022**

<b>Present:</b>	<b>Val Davies</b>	<b>Chair</b>
	<b>Jane Tomkinson</b>	<b>Chief Executive</b>
	<b>Bob Burgoyne</b>	<b>Non-Executive Director</b>
	<b>Margaret Carney</b>	<b>Non-Executive Director</b>
	<b>Jonathan Mathews</b>	<b>Chief Operating Officer</b>
	<b>Sue Pemberton</b>	<b>Director of Nursing, Quality &amp; Safety</b>
	<b>Kate Warriner</b>	<b>Chief Digital &amp; Information Officer</b>
	<b>Jonathan Develing</b>	<b>Director of Strategic Partnerships</b>
	<b>Karen Nightingall</b>	<b>Chief People Officer</b>
	<b>Karan Wheatcroft</b>	<b>Director of Risk &amp; Improvement</b>
	<b>Raphael Perry</b>	<b>Medical Director</b>
	<b>Karen Edge</b>	<b>Chief Finance Officer</b>
	<b>Julian Farmer</b>	<b>Non-Executive Director / Deputy Chair</b>
	<b>Nick Brooks</b>	<b>Non-Executive Director</b>
	<b>Louise Robson</b>	<b>Non-Executive Director</b>
<b>In Attendance:</b>	<b>Nusaiba Hannan</b>	<b>Executive Office Manager &amp; Governance Lead</b>
	<b>Helen Martin</b>	<b>FTSU Guardian (Item 5.2)</b>
	<b>Christian Ottensmeier</b>	<b>Consultant Cardiologist (Item 1.5)</b>
	<b>Serena Chee</b>	<b>Consultant Cardiologist (Item 1.5)</b>
	<b>Michael Shackloth</b>	<b>Consultant Cardiologist (Item 1.5)</b>
	<b>Phil Jones</b>	<b>HR Manager (item 1.7)</b>
<b>Observers- Governors/ Staff/ Members of the Public:</b>	<b>Allan Pemberton</b>	<b>Public Governor- Cheshire</b>
	<b>Trevor Wooding</b>	<b>Senior Public Governor- Merseyside</b>
	<b>Michelle Beaver</b>	<b>Staff Governor – Nurse</b>
	<b>Stephen Storey</b>	<b>Public Governor - Cheshire</b>
	<b>Joan Burgen</b>	<b>Public Governor – North Wales</b>
	<b>Ray Davis</b>	<b>Public Governor - Cheshire</b>
	<b>Neil French</b>	<b>Nominated Governor – University of Liverpool</b>
	<b>Dorothy Burgess</b>	<b>Public Governor - Merseyside</b>
<b>Apologies for absence:</b>	<b>Jay Wright</b>	<b>Director of Research</b>

**1 Opening Matters**

**1.1 Apologies for Absence**

Apologies for absence were received from Jay Wright.

**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.

LR declared her ongoing consultancy role with a number of provider collaboratives. It was important that this declaration was noted but agreed that this did not preclude LR from discussions as her insights would be helpful in understanding the national picture.

Other participants confirmed that they had no interests to declare.

**1.3 Minutes of the Board of Directors Meeting held (in public) on 27<sup>th</sup> September 2022 – for approval**

The minutes of the meeting of the Board of Directors held on the 27<sup>th</sup> September 2022 (in public) were reviewed for accuracy and **approved** by the Board.

**1.4 Action Log (Public) from Previous Meeting**

The action log was reviewed, with confirmation that the following actions had been completed and could be removed:

- Scoping of the Institute
- Health inequalities deep dive
- People Strategy 2022-2025 (including WRES and WDES update)
- Board dashboard, SOF and KPI narrative to be added to reports
- Ockenden report update
- Estates Strategy

The remaining actions were in progress and due later in the year.

**1.5 Targeted Lung and Cancer**

Christian Ottensmeier, Serena Chee, and Mike Shackloth delivered a presentation on the programme of immune-oncology research in thoracic cancers. Local context and statistics were shared and an increased focus on collaborative working for patient benefit was discussed. CO set out a detailed overview of the clinical trials in progress and the plans for the next 5 years.

The Board asked questions with regards to the trials and the CEO thanked the team for their impressive work in this field.

1.6

### **Patient Story**

The Director of Nursing, Quality and Safety shared a story via video regarding a patient with learning difficulties. The patient's mother shared her son's surgical story of repairing two heart lesions, which he was born with and the implant of a pacemaker. The mother expressed how wonderfully she was treated and supported whilst she stayed in intensive care with her son post-operatively. All staff across the board were friendly, professional, empathetic and she was kept well informed throughout the stay. She felt like they were part of a big family and had a huge impact on their experience.

1.7

### **Staff Story**

The Chief People Officer invited Phil Jones, HR Manager to share his story. Phil started his journey at LHCH as a patient in 2021 following a heart attack. He fondly described his experience as a '3 night all inclusive stay' and commended how well he was cared for and supported throughout his stay. Post-operatively he underwent 6 weeks of cardiac physio and was back to work 8 weeks after the heart attack.

Phil knew he wanted to pay back the hospital in some way so when he saw the role of HR advertised by LHCH, he jumped at the opportunity. He was offered the job and within 9 weeks of joining the Trust he was promoted the HR manager. He thanked the Trust for their great belief in him and felt it a privilege to work in the place that saved his life.

The Board thanked him for sharing his heartwarming story.

1.8

### **Chair's Briefing**

The Chair noted that there were several starred items on the agenda but encouraged the Board to discuss and challenge if they felt there was not sufficient assurance.

The Chair congratulated the HR Team on their achievement at the Personnel Today awards.

The Chair had recently attended two ICB meetings and highlighted that these meetings were open to everyone to attend virtually. An update was also provided on the recent Healthcare Partnership and CMAST Chair's meeting.

It was noted that there would be a CMAST NEDs meeting tomorrow, and the frequency of these meetings had been amended from quarterly to twice a year with robust communication in between. The Chair had also reached out to the Chair of the Welsh Health Board and Chair of the IOM Hospital Directorate to establish a relationship with Wales and the Isle of Man. The outcome of these meetings would be reported back to the Board. A visit to the Liverpool Women's Hospital had also been scheduled for 7<sup>th</sup> December 2022.

Further updates on CMAST and system developments would be provided by the CEO.

## 1.9 **CEO's Report**

The CEO report provided an update on a range of issues. The report was taken as read and the following points were highlighted including any additions since the writing of the paper.

The Cheshire and Merseyside financial position was forecasting a significant overspend of £60million. JT provided an update on a recent C&M CEOs workshop with aim to provide a full understanding of organisation and system wide pressures. There was focus on three key areas:

- How to hold systems accountable?
- How to incentivise systems?
- What factors are blocking progress?

Following the Liverpool Clinical Services Review, the two key priority areas were:

- Improving emergency care pathway
- Improving pathways for Women's services

Attention was drawn to the updated guidance for patients who decline dates and the Trust RTT access policy had been updated to reflect this, and will remain under review.

The PACs business case had been approved at the Operational Board held on the 25<sup>th</sup> November 2022.

JT confirmed that Royal College of Nursing (RCN) strike dates had been confirmed for the 15<sup>th</sup> and 20<sup>th</sup> December 2022. This is being managed through Silver Command and contingency plans were in place.

The Board **noted** the update.

## 2 **Safety and Quality**

### 2.1\* **IPC BAF and Update**

There had been no further national updates to the IPC BAF since the last Board meeting. A further update to guidance has been released to address wider IPC and not just focussing on Covid 19. This extensive update/ change of emphasis is being addressed by the IPC team and Silver Command. A full update will be presented to the Board of Directors.

The Board **noted** the report and IPC BAF.

### 2.2 **Learning from Death Quarterly Report**

The Medical Director shared a paper providing an update on learnings from deaths this quarter. Further details would be provided in the Private Board.

**RAP**

The Board **noted** the report and dashboard data.

**2.3      Excellent, Efficient, Compassionate Safe Assessments**

The Director of Nursing, Quality and Safety gave an outline of the EECS assessment of the medicine division, along with the positive overall findings and some areas for action. The review included governance. Action plans will be followed through the Divisional Board.

JF queried if there was any update on future CQC visits and there was no further update at this time.

LR mentioned that the Equipment issue was triangulated through the NED walkabout to Medical engineering and it was good to see this picked up in the EECS review.

The Board received assurance and **noted** the report.

**2.4      National Inpatient Survey Results**

The Director of Nursing, Quality and Safety set out the excellent response rate, along with being top in the North West and 4th nationally overall. The Trust also came top across a number of questions.

Areas for continued improvement included feedback on quality of care, which is a challenge nationally and we are looking for other options to help patients understand how we are asking for this. There was also reference to a recent face to face patient listening event which was really useful.

The paper set out 4 areas for focus including equipment in patients homes, own medication for inpatients (albeit there are challenges in different medications needed during their stay), food out of hours and as above seeking the feedback on quality of care.

NEDs were keen to see if we can reintroduce patient listening events out in the community.

The Chair noted the excellent results overall and the Board **noted** the report.

**2.5\*      *LHCH Monthly Nurse Staffing Report for Period: September and October 2022***

The Director of Nursing, Quality and Safety shared the monthly staffing reports to provide assurance on safe staffing number in September and October 2022. The paper was taken as read.

The Board **noted** the report.

**2.6\*      *Guardian of Safe Working-Quarterly Exception Report***

The paper set out the Trust's compliance with working hours 2016 contract. There were no exceptions to report. The paper was taken as read.

The Board **noted** the report.

2.7\*

***Deprivation of Liberty and Safeguarding (DoLs)***

The paper updated the Board on the number of applications made for quarter two in relation to the Deprivation of Liberty Safeguards.

The Chair asked about the rising trend of mental illness and increase in requests, and whether we had reviewed capacity of the team. SP confirmed that this is a team approach and can be managed. LR also recognised that the Trust works across a number of local authorities and SP confirmed this is working well.

The Board **noted** the report.

2.8\*

***DIPC Quarterly Report***

The paper provided an update on infection prevention and control issues for the 2<sup>nd</sup> quarter of this financial year.

NB asked a question regarding surgical site infections (SSIs) and in particular deep sternum infections which seemed to have significantly increased. RAP confirmed that we have improved the reporting of SSIs, and this is important in helping to focus the work of the SSI Group. SP confirmed that the Executive Team and Operational Board are also focused on this and have seen the detailed action plan from the SSI Group. This will continue to be reported through the Quality Committee.

The Board **noted** the report.

3

**Strategy and Development**

3.1\*

***Strategic Objective KPIs Quarterly Update***

The paper provided an update on the progress against strategic objectives in Q2. Each strategic goal has several objectives with an identified lead Director responsible for delivery.

The Board **noted** the progress update.

3.2

**Scoping of the Institute**

JD provided an overview of the paper on the scoping of the institute. This was a high level paper focused on scope and considering other institutes across the country to help to develop our thinking on the approach. The papers included the context of the financial and capital constraints.

KE added that the capital funding regime does impact our ambitions for an institute but keen to hear different approaches taken nationally. JD confirmed the intent is to ensure we have a case that can be developed if the opportunity arises. LR mentioned a paper on the accreditation of institutes and would share this with JD.

LR

The Board **noted** the report.

**3.3\***

**Quality Strategy Update**

The Quality and Safety Strategy annual assurance report was shared, detailing an overview of progress against strategy objectives, along with next steps.

The Board **noted** the report and received assurance of progress being made against the Trust's quality and safety priorities.

**3.4\***

**Digital Excellence Report**

The Chief Digital Officer provided a digital update including national direction of travel and local Digital Excellence progress.

Key headlines include:

- Cheshire and Merseyside ICS and Liverpool Place – Digital Strategies
- Good progress with Digital Excellence delivery
- Good progress with digital clinical improvements
- Excellence in Informatics Level 3 Accreditation and National Partnership Award

The Board **noted** the report and good progress to date.

**3.5**

**Estates Strategy**

Adam Hope, Head of Estates provided an introduction to the strategy including the time with the Board at the recent strategy day. Further work had been undertaken with stakeholders, and the strategy is now presented in respect of connection to strategic objectives and clear estates strategy objectives.

BB asked about the implications of not being clear about LUFT strategy for the Broadgreen site. AH confirmed he is continuing to engage with LUFT to understand this, and KE added that engagement is increasing and the Liverpool Clinical Services review is supporting this as it encourages collaboration at site level.

MC said it was good to see the golden thread of the strategic objectives and was keen to understand strategic risks. AH confirmed the risks were in respect of the delivery of net zero which is also a national challenge and funding needs to be prioritised alongside other areas such as backlog maintenance; collaboration with partners on site which has already been mentioned; and cultural changes to deliver the estates utilisation aspects of the strategy.

LR referred back to benchmarking data at IPC including utilisation, and AH confirmed he works closely with the Head of Benchmarking to understand the data and align actions. KE added that work was also ongoing on the use of accommodation including learning from others.

The Board **approved** the strategy.

3.6\*

**Green Plan Update**

The report including the external report on carbon emissions, provided, for the first time a baseline assessment of the of the greenhouse gas emissions from the Trust aligned to the financial years of 2018-22. This would enable to the Trust to understand the scale of the challenge to reach net zero and to measure progress.

The Board **noted** the report.

3.7\*

**People Strategy Update**

The paper provided an update and assurance on delivery and progress against the strategy including a WRES and WDES update. MC queried the red items on the action plan and the importance of seeing the reasons and actions associated with these. KN confirmed there are detailed action plans and assurance will come back through the People Committee.

The Board **noted** the update and progress.

3.8

**Surgical Corridor Business Case Gateway approval**

The Chief Finance Officer presented the paper and explained that the gateways in decisions were really important. The propping has been completed in Phase 1 to provide a safe corridor. As the design for a more permanent solutions has been developed a number of complexities have arisen and the cost has risen significantly with around £0.5M additional cost notwithstanding further cost risk which will reside with the Trust. The Trust has limited capital resources and the use of these needs to be prioritised based on risk. On this basis the recommendation is to pause the surgical corridor programme which has reduced in risk following the interim solution, so that capital funding can be aligned to more immediate higher risk areas.

MC questioned the in year change in use of capital and whether there was any system implications of this. KE confirmed that forward planning had been undertaken to bring schemes forward to ensure there wasn't an underspend in year. BB also referred to a risk of finding a contractor in the future and KE recognised this as part of the balance of risk and making the recommendation.

KE confirmed that LUFT had completed their own survey and are only planning a temporary propping solution. JT confirmed that the operational board had discussed this and agreed that other schemes could provide more value at this time, notwithstanding the longer term risk and solution. LR asked about the risk to estates staff in accessing the restricted space and KE confirmed experience of doing this safely.

The Board **approved** the proposal and noted the approach.



## 4 Targets and Financial Performance

### 4.1 Board Dashboards: SOF, Operational and Exception Reports

The Chief Operating Officer presented a report detailing the Trust's performance for the period ending 31st October 2022 and the focus on exceptions which should be read alongside the full dashboard.

JM focused on RTT and long waiters and the Divisions are focused on actions to improve these. Against national performance we are performing well. Cancelled operations has increased and work is ongoing on scheduling and capacity to improve this with a perfect week planned. Cancer targets has seen an improvement in terms of diagnosis and EBUS but this hasn't yet translated into the 62 day target performance.

The Trust has appointed a Trust wide cancer lead to provide a strong focus on the improvements going forward.

The industrial action will impact on performance and recovery.

The paper also included the financial performance which is a continued focus for Divisions.

LR asked about the cancelled ops and perfect week plans, but also whether we are part of CMAST work in this area and understand productivity measures and the delayed transfer of care across wider system. JM confirmed awareness of CMAST theatre productivity work and LHCH is one of the highest performers. The plan for the perfect week is about learning and action plans to make this sustainable. Repatriation to other DGHs has been a challenge impacting on delayed transfers of care for LHCH.

The Board **noted** the paper and associated actions detailed.

## 5 Governance and Assurance

### 5.1 Consultant Appointments

One consultant had been appointed since the last Board meeting and RAP provided an overview of the new consultant.

The Board **ratified** the appointment.

### 5.2 Freedom to Speak Up Q2 report

Helen Martin, the Freedom to Speak up Guardian attended to provide an overview of concerns and issues raised in Q2, and continued engagement with the National Guardians Office (NGO). HM confirmed that the work of the guardians continues, there was good work during FTSU month in October and we have new Champions recruited from this month.

There was a total of 6 concerns raised in Q2 and an update on previous ongoing cases was provided to the Board.

The Board **noted** the report and received assurance that local FTSU arrangements are in place and continue to meet best practice.

**5.3\* *Integrated Complaints, Claims and Incidents Report***

The paper set out a quantitative and qualitative analysis of reported incidents, complaints and claims for Quarter 1 and 2 of 2022/23. The paper was taken as read.

NB raised the catastrophic incident within the paper and the assurance regarding a new procedure as well as consent. RAP confirmed this wasn't a new procedure but a change in part of a procedure. RAP confirmed the discussions with the family and duty of candour. This wasn't a serious incident, but a full RCA had been completed and no lapses of care identified.

**5.4\* *Communications Report Q2***

The report provided a high-level update on Trust's communication activity during Q2.

The Board **noted** the report

**5.5\* *Ockenden Report Update***

The paper set out the actions taken by the Trust following the review of the Ockenden report. A full action plan and progress to date was appended to the report.

The Board **noted** the report and **agreed** the route of assurance for the remaining actions to report to the Quality Committee.

**5.6 *Edenfield Centre Learning***

SP set the context to the Edenfield Centre learning paper, which focused on learning from the panorama programme. The paper provided the Board with assurance that the learning has been reviewed and confirmed the robust arrangements in place within LHCH.

MC asked about the HALT process and SP confirmed this is included in safety huddle discussions, as well as EECS assessments.

SP also referred to the recent establishment of patient safety champions across the Trust by the new Trust patient safety lead.

LR also mentioned Healthwatch and their focus, and SP confirmed we do get cultural feedback from Healthwatch and we can ask for them to target areas such as learning disabilities and autism.

SP confirmed the strategy day in December 2022 would include quality improvement updates including learning disabilities.

The Board **noted** the update.

- 5.7\***      ***Covid-19 Inquiry Update***  
The paper confirmed progress in respect of the initial Trust action plan, along with key points from a recent NHS Providers webinar (3<sup>rd</sup> October 2022) and survey, and a focus on next steps for LHCH.
- The Board **noted** the report including the continued pragmatic approach and proposed next steps.
- 6**            **Board Assurance**
- 6.1**            **BAF Key Issues Reports and Approved Minutes of Assurance Committee Meetings**
- 6.1.1\***        **Quality Committee:**
- **BAF Key issues for meeting held on 11<sup>th</sup> October 2022**
  - **Approved minutes of meeting held on 12<sup>th</sup> July 2022**
- The Board noted the BAF Key issues from the meeting held on 11<sup>th</sup> October 2022. Minutes from the meeting held on 12<sup>th</sup> July 2022 were noted.
- 6.1.2\***        **Audit Committee:**
- ***BAF Key issues for meeting held on 11<sup>th</sup> October 2022***
  - ***Approved minutes for meeting held on 19<sup>th</sup> July 2022***
- The Board noted the BAF Key issues from the meeting held on 11<sup>th</sup> October 2022. Minutes from the meeting held on 19<sup>th</sup> July 2022 were noted.
- 6.1.3\***        **Integrated Performance Committee:**
- **BAF Key issues for meeting held on 24<sup>th</sup> October 2022**
  - **Approved minutes for meeting held on 25<sup>th</sup> July 2022**
- The Board noted the BAF Key issues from the meeting held on 24<sup>th</sup> October 2022. Minutes from the meeting held on 25<sup>th</sup> July 2022 were noted.
- 6.1.4\***        **People Committee:**
- **BAF Key issues for meeting held on 20<sup>th</sup> September 2022**
  - **Approved minutes for meeting held on 7<sup>th</sup> June 2022**
  -
- The Board noted the BAF key issues report from 20<sup>th</sup> September 2022 meeting. Minutes from the meeting held on 7<sup>th</sup> June 2022 were noted.
- 7**            **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.

**8**

**Date and Time of Next Meeting**

13<sup>th</sup> December 2022, Board Strategy Day

**9**

**Resolution to exclude the Public**

The Board resolved to exclude the public at this point by reason of the private nature of the business to follow.

DR