

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

**minutes**

**Minutes of the Meeting of the Board of Directors held on 7<sup>th</sup> February 2023**

<b>Present:</b>	<b>Val Davies</b> <b>Jane Tomkinson</b>  <b>Bob Burgoyne</b> <b>Margaret Carney</b> <b>Jonathan Mathews</b> <b>Sue Pemberton</b> <b>Kate Warriner</b> <b>Jonathan Develing</b> <b>Karen Nightingall</b> <b>Karan Wheatcroft</b> <b>Raphael Perry</b> <b>Karen Edge</b> <b>Julian Farmer</b> <b>Nick Brooks</b> <b>Louise Robson</b> <b>Jay Wright</b>	<b>Chair</b> <b>Chief Executive</b>  <b>Non-Executive Director</b> <b>Non-Executive Director</b> <b>Chief Operating Officer</b> <b>Director of Nursing, Quality &amp; Safety</b> <b>Chief Digital &amp; Information Officer</b> <b>Director of Strategic Partnerships</b> <b>Chief People Officer</b> <b>Director of Risk &amp; Improvement</b> <b>Medical Director</b> <b>Chief Finance Officer</b> <b>Non-Executive Director</b> <b>Non-Executive Director</b> <b>Non-Executive Director</b> <b>Director of Research</b>
<b>In Attendance:</b>	<b>Nusaiba Hannan</b> <b>Helen Martin</b> <b>Rebecca Dobson</b> <b>Rod Stables</b> <b>Joanne Jones</b>	<b>Executive Office Manager &amp; Governance Lead</b> <b>FTSU Guardian (Item 5.1)</b> <b>Consultant Cardiologist (Item 1.5)</b> <b>Consultant Cardiologist (Item 1.6)</b> <b>Ward Manager (Item 1.8)</b>
<b>Observers- Governors/ Staff/ Members of the Public:</b>	<b>Allan Pemberton</b> <b>Stephen Storey</b> <b>Joan Burgen</b> <b>Ray Davis</b> <b>David Bromilow</b> <b>Fiona Conway</b>	<b>Public Governor- Cheshire</b> <b>Public Governor - Cheshire</b> <b>Public Governor – North Wales</b> <b>Public Governor - Cheshire</b> <b>Public Governor - Merseyside</b> <b>Associate Non-Executive Director – East Cheshire NHS Trust</b>
<b>Apologies for absence:</b>	<b>N/A</b>	

		Action
1	<b>Opening Matters</b>	
1.1	<b>Apologies for Absence</b> Apologies for absence were noted as above.	
1.2	<b>Declaration of interests relating to agenda items</b> 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	<b>Minutes of the Board of Directors Meeting held (in public) on 28th November 2022 – for approval</b> The minutes of the meeting of the Board of Directors held on the 28 <sup>th</sup> November 2022 (in public) were reviewed for accuracy and <b>approved</b> by the Board.	
1.4	<b>Action Log (Public) from Previous Meeting</b> The action log was reviewed, with confirmation that the following actions had been completed and could be removed: <ul style="list-style-type: none"> <li>• LR to share accreditation of institutes paper with JD</li> <li>• Strategic review of Electronic Patient Record (on the Board strategy day agenda – 9<sup>th</sup> March 2023)</li> <li>• SOF Proposal (on agenda)</li> </ul> It was noted that the Research Strategy had been written but remains in draft format. It was confirmed that first year KPIs have all been met. The Innovation strategy also required further discussion before finalisation. Both strategies and next steps will be overseen by the new Strategic Research and Innovation Committee. BB raised the importance of the Research and Innovation Strategies working cohesively.	
1.5	<b>Cardio-Oncology Update</b> Rebecca Dobson, Consultant Cardiologist and Trust Cancer Lead provided the Board with an update on the Trust's cardio-oncology service. She set out the current services, education, research, future requirements of the service and the risks and mitigation currently in place.  There was discussion regarding the increase in new patient referrals and how we can predict the trend in potential activity. The importance and gap that this service covers was reiterated. It was noted that Dr Dobson had been asked to draft national guidance on cardio-oncology pathways and also provides additional support to cardiology colleagues in this area.	

LR queried the tariff surrounding the time offered to the additional work, advice and guidance and it was noted that there is currently no tariff for this. Colleagues across the country are invited to attend MDT meetings where their patients are discussed. JW confirmed that this work was crucial to the development of the service despite there being no tariff. There are only four cardio-oncology centres in the country resulting in increased local and national pressure. Specialist nurse support and formal methods of communication between colleagues would need to be established.

KWa also offered to meet with Dr Dobson to discuss how Electronic Patient Record (ERP) could be used or modified to support the needs of the service. JD noted that it would be important to raise the profile of the service between Integrated Care Boards (ICBs) as potentially a commissioned service.

It was noted that a proposal for a clinical nurse specialist had been submitted to The Trust Cancer Alliance. There was further discussion regarding availability of funding.

There was discussion regarding the establishment of screening protocols to better support the increase in patient activity. RD shared that it would be helpful to have an echo service within Clatterbridge Centre. It was noted that RD triages every patient personally so establishment of this service would make the process more efficient. A business case has been drafted but yet to be submitted. JM confirmed that this would be considered through annual planning but noted a national funding gap.

The Board thanked RD for the presentation and excellent work.

## 1.6

### **ARCH Research Trial**

Professor Rod Stables, Consultant Cardiologist provided an update on the trial comparing conventional and haemostatic dressings in radial access. This assessed radial artery complications whilst achieving rapid haemostasis. Professor Stables shared some background and details of the design of the trial. He explained the data and outcome of the trial in further detail. Various limitations were noted in conjunction with the overall benefit. There was not a large cost benefit in terms of unit price but the consequences in terms of reduced length of stay, potential conversion to day case procedures, liberation of nurse care time and more predictable clinical course a discharge planning were some of the many indirect benefits.

There was robust discussion regarding the cost, 'number needed to treat' and next steps. There was also discussion regarding conducting a trial in the ITU.

The Board thanked Professor Stables for the excellent work and presenting the data so clearly.

1.7

### **Patient Story**

The Director of Nursing, Quality and Safety shared a story via video. The patient described his journey to treatment at LHCH. Following a cardiac arrest he was transferred to LHCH for an emergency procedure. He explained how the details and function of the procedure was explained to him and his family in great detail. He described the incredible support he received in all aspects of his care including emotionally. He described his care as phenomenal and commended the communication and empathetic manner of the nurses. He felt that everything was tailored to his needs. The patient described the various lifestyle changes he had implemented since leaving hospital and the overall positive impact of his time at LHCH.

1.8

### **Staff Story**

The Chief People Officer invited Joanne Jones, Ward Manager to share her story. Joanne started with the Trust in 2011 as a newly qualified nurse. She described how she was supported in developing her leadership skills, applying for secondments and undertaking a Degree in cardiothoracic care and MSc in clinical management and leadership. She shared her progression through various roles in the Trust and the challenges she faced. She reiterated the incredible support she received through education, HR and the leadership teams.

Following completion of her masters degree she has been supporting and developing Band 6 staff. She is currently enrolled on her PGCert to develop her education and teaching skills.. She thanked the Trust for the support over the years.

SP commended Joanne on her passion and enthusiasm in the face of challenges and believes she epitomizes the culture of the hospital.

The Board thanked Joanne and felt proud to have her as part of the Trust.

1.9

### **Chair's Briefing**

The Chair referenced the Extraordinary Board that had taken place on the 17<sup>th</sup> of January where the Liverpool Clinical Services Review outcome and recommendations had been discussed. The Trust continue to work collaboratively on the next steps.

The CMAST Leadership Board had taken place in the previous week and the briefing report would be shared with the Board of Directors once it becomes available. It was also noted the Healthcare Partnership Strategy for the new year is due to be published in June.

The Chair shared that the Medical Director and herself had met with Isle of Man colleagues. It was noted that they were very pleased with their relationship with LHCH and would be very keen on progressing the concept of LHCH at Nobles Hospital.

The Board noted the Chair's update.

#### 1.10 **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.

JT provided insight on the issues discussed at the CMAST Leadership Board meeting in December 2022 and January 2023. The arrangements for formal Committee in Common (CiC) reporting continue to be developed.

The Liverpool Clinic Services report had been reviewed by the Board of Directors in January 2023 at an extraordinary meeting.

Further updates were provided on the arrangements for the Countess of Chester Hospital (CoCH) support. JT had taken up duties as Acting Chief Executive at CoCH alongside her role at LHCH in December 2022. To provide additional leadership support Sue Pemberton and Jonathan Develing have taken up dual roles at CoCH. These are all part time secondments and will be reviewed at six months. JT thanked the Board for their support with these arrangements.

The Board were updated on the ongoing work with strike committees as the NHS continues to face industrial action. An overview was provided of the confirmed upcoming strike dates.

The Board **noted** the update.

## 2 **Safety and Quality**

### 2.1 **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.

The Board **noted** the report.

### 2.2\* ***Guardian of Safe Working-Quarterly Exception Report***

The paper set out the Trust's compliance with working hours. There were no exceptions to report.

The Board **noted** the report.

### 2.3\* ***Deprivation of Liberty and Safeguarding (DoLs)***

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

The Board **noted** the report.

2.4	<p><b>DIPC Quarterly Report</b></p> <p>The paper provided an update on infection prevention and control for quarter three of this financial year. The surveillance of infections and routine audit data continue to be monitored and work is on-going to ensure the infection prevention quality and safety plan is fulfilled and a robust audit programme is in place.</p> <p>JF questioned the audit data. NB provided positive feedback on the report noting it had been discussed in detail at the Quality Committee. The data will be regularly collated and reported going forward. He commented that it would be useful to have data from other Trust's for benchmarking purposes and report this to the Quality Committee.</p> <p>There was further discussion regarding the water supply and what we can do to prevent this. It was noted that there was a regular flushing protocol in place. The structural work and dead end piping was also noted as a contributing factor.</p> <p>The Board <b>noted</b> the report.</p>	RAP
2.5	<p><b>PSIRF Implementation Plan</b></p> <p>KWh shared a paper on the Patient Safety Incident Response Framework (PSIRF). It was highlighted that there had been a significant national change in policy and change in the way we will report and investigate incidents. There is a multidisciplinary team in place to support implementation. The Quality Committee and Operational Board have also been sighted on this. Learning will be obtained from the early adopter Trusts.</p> <p>It was important for the Board to understand their responsibilities and training session will be arranged for the Board. Assurance reports would be received by the Quality Committee. It was noted that the Trust already has a strong learning and reporting culture and engagement with patients and families therefore it will be important to retain our strengths whilst implementing the changes.</p> <p>There was discussion with regards to how this will positively impact the investigation of lower risk incidents, responding to them and identifying learning. The Board concurred with the importance of collating actions and responses to moderate risk incidents too.</p> <p>The Board <b>noted</b> the update and <b>approved</b> the recommendation that assurance is reported through the Quality Committee.</p>	KWH
3	<p><b>Strategy and Development</b></p>	
3.1*	<p><b>Strategic Objective KPIs Quarterly Update</b></p> <p>The paper provided an update on the progress against strategic objectives in Q3. Each strategic goal has several objectives with an identified lead Director responsible for delivery. T</p>	

An update on 2023/24 objectives will return to a future Board meeting as per the Board business cycle. It was noted that although there are elements that are yet to progress, this is part of a 5 year plan. Annual objectives will vary to ensure we remain on track.

The Board **noted** the progress update.

### 3.2

#### **Green Plan Update**

The report provided an update on progress to date against the Trust's Green Plan. The scopes within the framework were explained.

- Scope 1: Direct emissions from owned or directly controlled sources on site.
- Scope 2: Indirect emissions from the generation of purchased energy, mostly electricity
- Scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain

LHCH and LUHFT are due to refresh the green strategy and develop a joint staff travel strategy. There was also discussion with regards to the mandate for Trust's to employ an energy manager and this is a role to be considered to support both Trusts.

It was noted that the 2040 target of the NHS achieving net zero is strongly impacted by the NHS's reliability on gas consumption. The Board were also informed that the Trust is required to submit quarterly energy consumption details to a national dashboard.

The Board **noted** the report.

### 3.3

#### **Digital Excellence Report**

The Chief Digital Officer provided a digital update including national direction of travel and local Digital Excellence progress. National organizational changes were highlighted in that NHS Digital no longer exists and that NHS England would now lead the national digital responsibilities.

It was noted that the Digital Maturity Assessment had been launched on the previous day and the Trust would complete their submission by end of February 2023. A wider strategic review of core systems is underway and a workshop with other CMAST leaders is due to take place on the 3<sup>rd</sup> February 2023.

There were queries and discussion about how patient records were shared across Trusts. Whilst the benefit of Share to Care was realized it was noted that further education and training is required for this platform. A strategic decision by Cheshire and Merseyside would need to consider the improvements needed in the overall process of sharing patient records.

There was further discussion on the progress of the closed loop medication project.

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

## 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 30<sup>th</sup> December 2022 and the focus on exceptions which should be read alongside the full dashboard.

Non-elective pathways continue to be a priority for the start of Q4 with significant pressure in the C&M system over the winter months. Cancer and RTT performance remains a risk with action plans in place with the clinical and operational teams. Industrial action is the single biggest risk to Q4 performance with December strike days having significantly impacted activity. Recovery plans and actions will continue to be reviewed through weekly performance, with extended trajectories fed through to Integrated Performance Committee and Operational Board.

An update was provided on the impact of industrial action on performance. Whilst mitigating actions have been considered, long waiters and cancer trajectories remain a risk given impending industrial action. SP highlighted that the impact of industrial was not limited to strike days but also the days surrounding the days in question.

There was discussion about mutual aid to support long waiters. LHCH are currently supporting orthopaedic services but should LHCH require support too then this would be need to be explored within Cheshire and Merseyside. Queries were raised on the other risk impacting performance and how this is being managed.

Although there was a national acknowledgement that patients are waiting longer the Board discussed how actively we monitor the patients on the waiting list. The priority is to ensure patients remain safe. It was also acknowledged that often a patient's condition will change by the time of their surgical date and the benefit of virtual wards and remote monitoring was discussed. The drastic difference in waiting times pre and post-covid was highlighted. An end to end review of the access pathway would be reported to the Operational Board, Sharing and Learning and then return to Board once completed to provide assurance.

JM

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

### 4.2 New SOF Report

The new SOF report was shared with the Board. There would also be an interactive session at the next strategy day. The timeline and next steps were detailed. KW confirmed that learning from implementing the new SOF at Alder Hey would be carried over to LHCH.



NB queried the flexibility of implementing new metrics. It was confirmed that there will be drive and watch metrics, and there will be opportunity to review and implement new metrics. It was important to ensure they stay in line with national standards. It was noted that there would be an adjustment period.

The Board **approved** the timeline and next steps.

## 5 Governance and Assurance

### 5.1 Freedom to Speak Up Q3 report

Helen Martin, the Freedom to Speak up Guardian attended to provide an overview of concerns and issues raised in Q3, and continued engagement with the National Guardians Office (NGO). HM confirmed that the work of the guardians continues and there was good work during FTSU month in October 2022. Quarterly FTSU workshops are held and four new champions have been recruited.

There was a total of four concerns raised in Q3 and an update on ongoing cases was provided to the Board.

KWh commented that the NED lead, Helen and herself are already looking into priorities for next year.

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

### 5.2 Medical Revalidation Annual Report

The Medical Director shared a report detailing the arrangements for medical revalidation. The GMC had recommended a more relaxed approach through the pandemic period and this continues. There is more of a focus on wellbeing and worklife balance. It was noted that all Trust doctors are subject to revalidation every 5 years. The appraisal window has been extended by six months and this adheres to GMC recommendations.

There were one hundred and one consultants and twelve Trust doctors that required revalidation in 2022. Forty-two are complete, thirty-one are in progress, twenty-six have been dated for a meeting and these should all be complete by end of financial year. No one who will breach their time window.

It was noted that the Trust undergoes a robust revalidation process. There have been two GMC referrals in 2021/22.

The Board **noted** the report.

### 5.3 Board Assurance Framework

KWh confirmed that the Executive Team had undertaken a full review and update of the Board Assurance Framework (BAF) for Q3. In summary:

- There are two residual risk scores that are above the agreed risk appetite tolerance. The recovery plan (BAF 2) and 5 year capital programme (BAF 3) It should be noted that BAF 2 and BAF 3 have a reduced risk appetite tolerance for 2022/23.
- There have been no changes to residual risk scores.
- Actions are progressing across all risks, with some updated/ additional actions added following completion of the previous actions, changes in responsibilities and some changes to extend timeframes/ provide a further quarterly update.

The full BAF is also included on all Board meeting agendas, to support ongoing Board consideration of the BAF in each meeting.

The Board **reviewed and approved** the BAF.

#### 5.4 High Risk Report

The report was taken as read. There were three risks with a score of 15 or over.

- Achievement of Statutory waiting times (static score)
- Diagnostic cancer pathways (increased score from 12)
- Administration and patient pathway management (increased score from 12)

KWh stated that these risks were aligned to those discussed through other Board agenda items. LR confirmed that these areas had also been discussed in depth at the integrated performance committee.

The Board **noted** the report.

#### 5.5\* Communications Report Q3

The report provided a high-level update on Trust's communication activity during Q3.

KN highlighted that the website and intranet project in collaboration with Alder Hey was moving at pace.

The Board **noted** the report.

#### 5.6 Equality Delivery System

The report was taken as read in conjunction with the EDS reporting template. It was noted the Trust is in a good position. Actions and self-assessment are progressing and oversight if through the Equality, Diversity, Inclusion and Belong Group.

The Board **approved** publication of this on the Trust website.

- 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 12<sup>th</sup> January 2023**
  - **Approved minutes of meeting held on 11<sup>th</sup> October 2022**
- The Board noted the BAF Key issues from the meeting held on 12<sup>th</sup> January 2023. Minutes from the meeting held on 11<sup>th</sup> October 2022 were noted.
- 6.1.2\* Audit Committee:**
- ***BAF Key issues for meeting held on 10<sup>th</sup> January 2023***
  - ***Approved minutes for meeting held on 11<sup>th</sup> October 2022***
- The Board noted the BAF Key issues from the meeting held on 10<sup>th</sup> January 2023. Minutes from the meeting held on 11<sup>th</sup> October 2022 were noted.
- 6.1.3\* People Committee:**
- **BAF Key issues for meeting held on 5<sup>th</sup> December 2022**
  - **Approved minutes for meeting held on 20<sup>th</sup> September 2022**
- The Board noted the BAF key issues report from meeting held on 5<sup>th</sup> December 2022. Minutes from the meeting held on 20<sup>th</sup> September 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**  
Thursday 9<sup>th</sup> March 2023, 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.