

**Board of Directors (in Public)
Item 7**

minutes

Minutes of the Meeting of the Board of Directors held on 29th March 2022

Present:	Neil Large	Chair
	Jane Tomkinson	Chief Executive
In Attendance:	Nick Brooks	Non-Executive Director
	Bob Burgoyne	Non-Executive Director
	Margaret Carney	Non-Executive Director
	Julian Farmer	Non-Executive Director / Deputy Chair
	Jonathan Mathews	Chief Operating Officer
	Karen O'Hagan	Non-Executive Director
	Sue Pemberton	Director of Nursing, Quality & Safety
	Kate Warriner	Chief Digital & Information Officer
	Jonathan Develing	Director of Strategic Partnerships
	Karen Nightingall	Chief People Officer
	Karan Wheatcroft	Chief Governance Officer
	Raphael Perry	Medical Director
	Val Davies	Incoming Chair
	James Bradley	Deputy Finance Officer
	Richard Williams	Medical Examiner
	Nusaiba Hannan	Executive Office Manager & Governance Lead
Observers- Governors/ Staff/ Members of the Public:	Allan Pemberton	Public Governor- Cheshire
	Trevor Wooding	Senior Governor (Public - Merseyside)
	David Bromilow	Public Governor – Merseyside
	Elaine Holmes	Public Governor – Merseyside
	Sharon Faulkner	Staff Governor
	Charles Cowburn	Staff Governor
	Santosh Princey	Staff Governor
Apologies for absence:	Lucy Lavan	Director of Corporate Affairs
	Karen Edge	Chief Finance Officer
	Jay Wright	Interim Director of Research

1 Opening Matters

1.1 Apologies for Absence

Apologies for absence were received from Lucy Lavan, Jay Wright and Karen Edge.

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 The role of the Medical Examiner

The Medical Director introduced the medical examiner (ME) role, a role that has been active at LHCH for 20 months. LHCH has 3 part time medical examiners. It was explained that the ME role helps improve accuracy of the medical certification of death, provides a point of contact for the bereaved and has proven to reduce the number of referrals to the coroner. Mr Richard Williams is one of the part time medical examiners at LHCH.

Mr Williams shared a presentation.

Highlights:

- Medical examiners (ME) are senior independent doctors trained in the legal and clinical aspects of death certification.
- MEs ensure accuracy and consistency of Medical Certificate Cause of Death (MCCD) and escalate any patterns of concern appropriately.
- They complete referral/non-referral to coroner in a timely manner.
- MEs will inform clinical governance systems of any cases that require a mortality case review.
- These case reviews are governed by the Mortality Improvement Group at LHCH.
- The MEs are involved in having conversations with the bereaved family.
- Overall national positive feedback to ME support
- With ~200 deaths/year, LHCH is entitled to 3 part time MEs per week (Monday, Wednesday and Friday).

Concern was raised with regards to part time working leading to delays in issuing death certificate. Mr Williams explained that the MCCDs are usually emailed to the registrar on the same day for them to issue the death certificate. There are 5 days to formally register a death so there is rarely a delay incurred. The board were reassured.

Discussion took place pertaining to the auditing of death. Mr Williams shared some patient stories in relation to this.

The Board thanked Mr Williams for his presentation and he left the meeting.

1.4 **Chair's Briefing**

The Chair informed the Board that he will depart from the meeting for a short period at 2pm when Julian Farmer would stand in as Chair.

The Chair confirmed that the Council of Governors had formally approved the appointment of two new Non-Executive Directors, Andrew Lang and Louise Robson, with their roles would commence on 1st May 2022.

The Chair referred to the annual report from his initial year with the Trust in 2006 and shared some quotes. He described how far the Hospital had progressed and developed since then. He referred to the significance of the date Tuesday 1st December 2009 as this was the date Liverpool Heart and Chest had been authorised as a Foundation Trust. The Chair stated that we are now part of a new future with the ICS and ICB and the importance of our role in this and embracing any challenges and opportunities.

1.5 **Patient Story**

The Director of Nursing, Quality and Safety shared a patient story. A patient was referred to LHCH with a Type A intramural haematoma for surgery. The patient shared her feelings of sadness and anxiety whilst on her way to LHCH. She highlighted how staff put her at ease, answered all of her questions and reassured her throughout her hospital journey. She referred to the hospital as modern and clean and was pleased with how well she rested due to the quietness of the hospital. The patient felt confident for discharge due to the progress updates and communication from various clinical staff. She expressed her thanks and gratitude to all the staff who were a part of her care and were kind and helpful towards her.

1.6 **Staff Story**

The Chief People Officer shared a staff story from a graduate management trainee and divisional line manager for surgery. He joined LHCH management team in September 2021 as a graduate trainee. He described the exceptional 2-week orientation he experienced and how this vastly differed from orientations other graduate trainees had experienced. He explained how helpful colleagues were despite being busy. As an LGBTQ+ person he felt very welcomed by joining NHS pride weeks and was warmed to see the level of staff engagement in the events. He had thoroughly enjoyed being involved in the various hospital departments and some projects. He will be departing to another hospital for a second placement but hopes to return to LHCH for a permanent role in the future.

2 **Safety and Quality**

2.1 **IPC BAF Update**

The Medical Director took the Board through updates to the IPC BAF, noting that there had been a further revision to IPC BAF, Version 1.8 which was presented in January 2022 Board meeting.

It was noted in the Medical Director's report that the second variant of Omicron B2 had taken over as the dominant strain in the country. There had been a significant increase in infections as well as the number of patients admitted to hospital and incidentally testing COVID positive. The impact on intensive care units has been very minor in comparison to the initial two waves. There had also been an increase in hospital staff testing positive, with 80+ staff self-isolating due to testing positive since the previous week. IPC guidelines are still in place throughout the hospital. The Trust is awaiting further guidance on whether all IPC guidelines should remain in place. It was also noted that social distancing requirements between patients had considerably reduced the bed base across all hospitals. The Medical Director also explained that covid infections are continuing to rise with a predicted peak in April. This was suspected to decline over summer as a consequence of the current high levels of infection and the impact of herd immunity.

It was noted that vaccination is no longer a condition of deployment.

The Medical Director continued on to state that there were a number of non-clinical areas remaining to be assessed in terms of the hierarchy of controls. This is planned to take place in May 2022. Hospital visiting was re-introduced but this had to be suspended again due to the increase of community Covid infections.

It was noted that there was an improvement in the microbiology services in terms of peer responsibility for cover. It was also noted that air change machines and ventilation improvement in the hospital was being explored.

Brief discussion took place regarding point of care testing for respiratory viruses other than Covid. It was explained that swabs can be sent to the laboratory to test for any respiratory virus. There was also discussion with regards to the hospital providing lateral flow tests for staff. It was noted that there is currently a shortage of tests available, and that staff had to continue to order tests from the Government website. This would be the responsibility of the Government and supply chain to improve.

The Board **noted** the report.

2.2* ***LHCH Monthly Nurse Staffing Report for Period: January and February 2022***

The paper was taken as read. Discussion took place regarding high sickness levels on the wards. The Director of Nursing, Quality and Safety addressed this and confirmed this was a direct result of increased COVID infections amongst hospital staff.

The Board **noted** the report

3 Strategy and Development

3.1 Strategic Objectives and Quarterly Update

The Director of Strategic Partnerships Paper provided a brief verbal update and confirmed there had been nothing significant to note with regards to the objectives from the last financial year. He explained that the Strategic Objectives are based on a 5-year forecast and not part of annual planning. The full paper is to be circulated to the Board after the meeting.

JD

The Board noted the update.

3.2* People Plan Delivery Report

The Board **noted** the report.

4 Targets and Financial Performance

4.1 Board Dashboard period Ended 28th February 2022

The Chief Operating Officer (COO) presented the high-level messages within the Performance Report and Board Dashboard. The Board were informed that the Trust continues to focus on safely recovering elective activity and reducing its backlog of patients.

In terms of the Trust's statutory performance the following exceptions were noted:

- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during COVID. Performance in month stands at 83.8% for English commissioned activity and 77.8% for Welsh commissioners. This performance is below the Trust recovery trajectories, however, continues to show an improving position.
- There were 49 patients waiting longer than 52 weeks at the end of February, a reduced position compared to the previous month. Staff sickness, urgent demand and later referrals continue to impact on performance against the recovery trajectory.
- Cancelled Operation for non-clinical reasons was again above the 2% target at 2.7% for February. All cancellations are reviewed and there have been no patients booked outside of 28 days.
- The 6-week diagnostic position dropped further in February

to 95.2% with staffing across the radiographer team being a specific area of focus for the clinical services division.

- Sickness reduced from last month to 6.4% however still remains above the 3.4% target. The teams are focused on clear and early intervention to avoid long term sickness where appropriate.
- Staff turnover continues above 10% and is being reviewed as part of the recruitment & retention strategy.
- Mandatory training compliance has dropped below the 95% since September 21, conscious efforts have been made in the Division to revisit compliance.
- 2 patients did not receive a dementia assessment on admission in month, both have been reviewed and picked up with the clinical areas.
- In Hospital Mortality has remained above the target for Nov-Jan. Reasons and mitigations are discussed within the Mortality Improvement meetings.

The Deputy Finance Officer provided an update of the financial position confirming it remained stable. There was a small surplus against the breakeven plan. He confirmed that they were working closely with the Integrated Care System to ensure even distribution of system funds including the elective recovery fund to achieve a break even point by the end of the year. Increase in energy prices has contributed to these higher costs but have been offset by reduced spending on drugs and clinical supplies.

The Board **noted** the contents of the paper and the associated actions.

4.2 Phase 4 Recovery Report

The Chief Operating Officer shared a presentation which set out the Trust's performance against its trajectories.

Risks, constraints and mitigations were highlighted in relation to the following areas:

- Staffing
- Non-elective demand and bed capacity
- Sub-specialty case mix
- Information capture/availability
- Cancer diagnostic capacity

All were RAG rated with clear actions in place. The governance processes in place were outlined.

As completed for 2021/22, the Divisions developed recovery trajectories for the national statutory targets with a plan to work towards a level of improvement and an aim to achieve compliance. The additional trajectories are being combined into a new scored card for 2022/23.

The targets highlighted in the planning guidance are summarised below.

Waiting List Position

- Eliminate 104 week waiters by the end of June 2022
- Eliminate 78 week waiters by the end of March 2023
- Develop plans that support an overall reduction in 52 week waits
- 10% more patients to complete treatment through a combination of completed pathways (utilisation of advice & guidance and enhancement of clock stops)

Discussion took place regarding CIPs, cancelled operations and below target referral to treatment times. In comparison to other Trusts it was concluded we were in a more favourable position. LHCH has a large focus on reducing waiting times across the Trust and it was noted that the Trust will also look at continuing to provide mutual aid to support this as part of the ICS.

Discussion also took place with regards to missed dementia assessments and increase in complaints. The Director of Nursing, Quality and Safety reassured the Board that this had been addressed with the Matrons and that in fact our complaints were proportional to the increase in patient activity this year.

The Board **noted** the great performance, whilst recognising the constraints and risks highlighted within the presentation.

5 Governance and Assurance

5.1 Going Concern Report

The Deputy Chief Finance Officer summarised the paper and confirmed the organisation is being classified as a Going Concern for the following reasons:

- The Trust's latest position is a breakeven position for 2021/22 and a surplus position for
- 2022/23.
- Projected cash balances are sufficient to sustain the investment programme and meet short
- term operating costs
- The Trust has sufficient cash headroom to support its plans
- There is no expectation for short term loans or overdraft facilities

- Auditors' opinions have provided assurance as to the accuracy and reliability of the Trust's financial systems and the robustness of the internal controls.

The Board **noted** and **approved** the report.

5.2 Consultant Appointments (none to record)

The Board **noted** that there were none to record.

5.3 Annual Review of Directors Disclosures

Register of Interests

The Board noted that all Directors had been formally requested to review and update their declarations of interest. The Board reviewed the Register of Directors' interest and confirmed that there were no material conflicts with the business of the Trust. **The Chair** noted that his declaration of interest had been omitted from the report and an action agreed to add this for completeness.

NH

Independence Test

The Board received confirmation that all Non-executive directors (NEDs) had recently reviewed their self-declarations of NED independence and determined the continued independence of all NEDs. Exceptions were noted along with explanations with regards to length of service for Neil Large and Julian Farmer.

Fit and Proper Persons

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.

The Board confirmed they were happy with the recommendations and **approved** the report.

5.4 NED Roles

The Deputy Chair presented the paper and discussion took place surrounding the new approach to NED champion roles as set out in the NHSEI guidance.

The Board **noted** and **approved** the contents of the report.

5.5 Code of Governance: Compliance Review and Disclosure Statement

The Board **noted** the report and **approved** the proposed disclosure (at Appendix 1) for the 2021-22 annual report.

5.6 Gender Pay Gap Disclosure

Discussion took place regarding the disparity in bonus pay. The Medical Director proposed that the data was broken down into more

specific categories and brought back to the Board. He also relayed that some of the disparity could be linked to the fact that there were far fewer female surgeons in the cardiothoracic specialty until more recently. The Chief People Officer also confirmed that the data could benefit from further breakdown and also explained the conditions required to achieve bonus pay which could contribute to these numbers. The Chief Executive Officer mentioned that this also reflected the National figures, and that work was being done to support and encourage women with CEA applications.

KN

The Board **noted** the report.

6 Board Assurance

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

- 6.1.1* *Integrated Performance Committee: BAF Key Issues and approved Minutes for meeting held on 25th October 2021***
The Board were informed that IPC had met, and acknowledgement was given to the good reports presented; good assurance had been received that processes are being managed through challenging times. It was reported that risks in relation to CIP and ERF remained challenging. Recognition was given to the great work the team are doing in relation to CIP; it was anticipated that ERF and RTT across Cheshire and Merseyside would be a challenge moving forward.

The Board **noted** the BAF key issues report.

- 6.1.2 *People Committee: BAF Key Issues and Approved Minutes for Meeting held on 8th December 2022***
The Board **noted** the BAF key issues report. It was reported that most items had been covered on the agenda with good assurance received.

The Board received and **noted** the approved minutes of the People Committee meeting held on the 8th December 2022.

- 6.1.3 *Audit Committee: BAF Key Issues for Meeting held on 22nd March 2022***
Paper to be circulated to the Board in April due to the timing of the meeting.

- 7 *Action Log (Public) from Previous Meeting***
Update regarding mortuary provided and the Board would continue to be updated as actions are complete. Other actions are progressing.

- 8 *Minutes of the Board of Directors Meeting held (in public) on 25th January 2022 – for approval***

The minutes of the meeting of the Board of Directors held on 25th January (in public) were reviewed for accuracy and **approved** by the Board.

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 26th April 2022

11 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.

The Chair thanked Board colleagues and Governors / members of the public (observing), for their attendance, comments and feedback.

DR