

Reference Number: FOI202324//091
From: Other
Date: 25 May 2023
Subject: Board meeting minutes and declarations of interest from 2008

Q1 I'm submitting an FOI request for electronic copies of all:

- a. Minutes of Board of Director Meetings
- b. Declarations of Interests (DoI) statements for members of the Board of Directors

for Liverpool Heart and Chest Hospital NHS Foundation Trust - and all predecessor NHS Trusts that have merged into Liverpool Heart and Chest Hospital NHS Foundation Trust – going back to January 2008, or the earliest date for which electronic copies of this information are available if this date is later than January 2008. There is no need to provide copies of Minutes or Declarations of Interests that are provided on the website of Liverpool Heart and Chest Hospital NHS Foundation Trust.

A1 Please see attached documents:

- [2008 Board of Director Meeting Minutes](#)
- [2009 Board of Director Meeting Minutes](#)
- [2010 Board of Director Meeting Minutes](#)
- [2011 Board of Director Meeting Minutes](#)
- [2012 Board of Director Meeting Minutes](#)
- [2013 Board of Director Meeting Minutes](#)
- [2014 Board of Director Meeting Minutes](#)
- [Declarations of Interest 2008 – 2014](#)

2015 – 2022: These documents are available on our website, they can be found on our Board of Directors page:

<http://www.lhch.nhs.uk/about-lhch/our-board-of-directors/board-of-directors-meetings-2023/>

	<p align="center">Minutes of The Trust Board Meeting held on 29th January 2008</p>	<p align="center">Sheet no. 1</p>
<p>Present:</p>	<p>M Fitzsimmons (Chair) M Simmonds/Acting Chief Executive - Director of Finance & Information J Walters/Director of Nursing & Operations G N Russell/Medical Director P Firby/Non Executive Director L Lavan/Director of Corporate Development M Hewitt/Non Executive Director N Large/Non Executive Director J Brown/Non Executive Director</p>	
<p>Apologies:</p>		
<p>In attendance:</p>	<p>L Heath/Secretary R Jain/Chief Executive (Designate) A Oates/Acting Director of Human Resources P Van Loo/Staff Representative V Hornby/Patient Forum Representative</p>	
<p>Members of the Public:</p>	<p>C Bell/PR & Communications Manager D Holt J Broom A Newby</p>	

	Notes of meeting (continuation sheet)	Sheet 2
Item	Discussion summary, decisions taken and actions agreed	Action By
1.	<p>The Chair expressed the sympathies of the Trust Board for the sad loss of a colleague, Lorraine Bell. Lorraine was a nurse on critical care who died suddenly on 27th December 2007 at the age of 40, leaving a husband and two young children. Dr Russell paid tribute to her commitment to the Trust and her colleagues. He described her as a valued member of the organisation and an individual that would be sadly missed reflecting on her personality and character. Dr Russell and many members of staff had attended her funeral.</p> <p>Apologies</p> <p>All members were present.</p>	
2.	<p>Legality of Board Documentation and Decisions</p> <p>Mrs Lavan reported that Ms Ford had reviewed the documents and there were no legal issues to report.</p> <p>Some minor typographical errors were noted within the Governance Manual and the amendments would be made.</p>	LL
3.	<p>Declaration of Interests Relating to Agenda items</p> <p>Members of the Board declared no interest.</p>	
4.	<p>Minutes from the Previous Meeting held on 27th November 2007</p> <p>Ms Walters asked that the following amendments were noted:</p> <p>Sheet 5 item 9.1 Performance Report. The last bullet point listed should have read "A paper on cancer breaches would be <i>included in the performance report</i> reported to the Trust Board at its next meeting"</p> <p>Sheet 7, second paragraph. Delete last two sentences and replace with:</p> <p><i>"The 18 week clock should be mandatory from January 2008"</i></p>	(LH)
5.	<p>Action Plan from the Previous Meeting</p>	(LH)

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Item	Discussion summary, decisions taken and actions agreed	Action by
6.	<p>Mrs Lavan referred to the conference being hosted by the Strategic Health Authority in relation to "Our NHS Our Future". The Trust would be represented. Feedback would be provided if appropriate.</p> <p>Chair's Briefing</p> <p>The Chair welcomed Mr Raj Jain to the meeting. Mr Jain was presented as the newly appointed Chief Executive who would take up post on 1st April 2008.</p> <p>The Chair proposed Mr Jain participate in the Trust Board meeting and this was agreed.</p>	LL
7.	<p>The Chair recognised the support of Ms Simmonds, Acting Chief Executive during the interim period.</p> <p>Acting Chief Executive's Briefing</p> <p>Ms Simmonds announced the departure of Ms Bronwyn Barrow, Associate Director of Human Resource and Organisational Development. Ms Barrow had taken a position at East Cheshire Trust. She introduced and welcomed Mrs Oates who would temporarily cover the vacant position. The post had gone to advert and was expected to be completed within the next two months.</p> <p>Ms Simmonds also expressed the appreciation of the Trust Board to those staff who had worked over the Christmas period and the additional events that had been organised by the senior nurse managers.</p> <p>She informed the meeting of the benchmarking exercise the Trust had signed up to. The group incorporated all other cardiac Trusts within the country allowing the Trust to share its expertise as well as experiencing examples of good practice from others.</p>	ALL
8.	<p>Strategy and Development</p> <p>8.1 Submission of Foundation Trust (FT) Application</p> <p>Ms Simmonds and Mr Jain had met with the Strategic Health Authority to discuss the application. The Integrated Business Plan was being updated and a summary of the key changes</p>	

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Item	Discussion summary, decisions taken and actions agreed	Action by
9.	<p>would be submitted by 1st February 2008.</p> <p>Changes had been made in relation to the new tariff and the activity plan.</p> <p>The Trust was also finalising its Trust Board Development Plan and team briefing sessions would be held for all staff.</p> <p>Mrs Lavan referred to a recruitment campaign that was to be launched on 14th February 2008 entitled "Get Engaged". This would be advertised throughout the hospital with staff, patients and visitors being encouraged to sign up. There were two under-represented geographical areas, Cheshire and North Wales which would also be targeted with a postal campaign.</p> <p>8.2 Operating Framework</p> <p>The document presented was a summary of the Operating Framework for the NHS in England 2008/09 with the next three years' priorities being identified. The Trust would incorporate the key themes areas into its Integrated Business Plan and would ensure implementation via the assurance framework. Further review and discussion around the Operating Framework would take place at the Trust Board's time-out session on 28th/29th February.</p> <p>The Board noted the recommendations within the report.</p> <p>Finance and Performance</p> <p>9.1 Performance Report</p> <p>Ms Walters took the meeting through the Performance Report and the following was noted:</p> <ul style="list-style-type: none"> ➤ Activity levels remained on target. ➤ Pacing remained above plan by 13% ➤ Catheter activity had reduced and stood at 10% below plan. ➤ Critical care bed days had improved ➤ Additional activity: It was anticipated there would be six cases under plan by the end of January. ➤ Outpatient activity had increased. ➤ There were no breaches against 31 or 62 day pathway with compliance equating to 93.9%. ➤ 18 weeks – clock starts continued to be problematic for the 	<p>LL</p> <p>ALL</p>

	Notes of meeting (continuation sheet)	Sheet 5
Item	Discussion summary, decisions taken and actions agreed	Action by
	<p>Trust but it was expected that the would improve over the next two months.</p> <ul style="list-style-type: none"> ➤ There were six cancelled operations during December displaying a considerable reduction compared to the previous year. ➤ There were no MRSA cases during December. ➤ Three cases of clostridium difficile were recorded for December 2007. Trusts had been set a target to reduce C Dif rates by 30% and it was acknowledged that this would result in some difficulties due to the low rate already being reported by the Trust. ➤ Mortality: Year to date 1.19% with a target of 1.17%. The mortality Reduction Strategy Group would continue to review this. ➤ Length of stay in relation to coronary artery by-pass grafts, the target of 7 days had not been reached but there had been some improvement. ➤ Day case rates continued to be above targets. ➤ Bed occupancy levels reduced during December due to the holiday period and was still below target of 85%. ➤ Workforce sickness target had not been met however this had reduced from 7.89% to 6.46% ➤ There had been a downturn in complaints during December totalling 43 in the year, a reduction on the previous year. <p>Mr Large referred to the reported sickness absence percentages, how they equate financially. He was advised that a detailed report and action plan to tackle sickness absence was scheduled for the next Workforce Strategy & Development Committee and would be brought to the February Trust Board.</p> <p>He also referred to the need to develop further work on the 18 week pathway and the 62 day cancer wait that stood at 94% advising that further action may be needed to ensure the 95% target was met. Ms Walters advised that the issue of not achieving 95% target related to issues re. the complexities of diagnosis and not a lack of diagnostic capacity.</p> <p>Ms Firby referred to the in-patient waiting list position and asked if Ms Walters was confident the Trust would achieve the target by the end of March 2008. Ms Walters separate report on the 18 week pathway would address this.</p> <p>Ms Firby also referred to the diagnostic waiting list and the 6 week target required by March 08. She pointed out that one of the</p>	<p>(AO)</p> <p>JW</p> <p>JW</p>

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	<p>categories was 4 – 7 weeks and suggested that this be changed to 4 – 6 weeks so it would be easily identified as to whether the target had been achieved. She also made reference to complaints handling requesting that this be benchmarked.</p> <p>Mr Van Loo made an observation in relation to the comparison between the turnover target and the consultation period with staff. Ms Walters responded stating that the Trust did not recognise any connection and that staff turnover was a result of various factors. Mrs Oates referred to the installation of electronic staff records informing the Board that information derived from exit interviews would be available to be reported on in the future. Mrs Oates was requested to address the increased turnover rate along with sickness absence in her report to the Trust Board next month.</p> <p>The Chair referred to Mr Large’s observation around the 94% cancer waiting times. He asked that the 1% shortfall be investigated as to how this could best be achieved.</p> <p>He also referred to the Welsh waiting times and the impact that had on performance reporting requesting that this be reflected within the performance report to allow a full and accurate view. He also expressed his concern around sickness absence figures and welcomed the review of the implementation of the First Care service. He also made reference to the staff turnover rates and felt that more detailed information would be informative to the Board giving them a greater understanding of the reasons why the turnover position had not achieved its target and what staff groups this affected. The Board would be updated at its February meeting.</p> <p>9.2 Finance Report</p> <p>Ms Simmonds reported that the Trust was on target to achieve all of its main financial duties as an NHS Trust by the end of the financial year. An agreement had been reached with the Strategic Health Authority around income and expenditure and the Trust would lodge £4.5M for return in the following financial year. Once the transfer had been made the Trust would achieve its surplus of approximately £27K.</p> <p>In relation to the capital resource limit the risk at the start of the year around achieving this was considerable due to a large proportion of capital programme being in the last few months of the year and also the outstanding issue of final settlement of the new build with NW</p>	<p>JW</p> <p>AO</p> <p>JW</p> <p>(AO)</p>

	Notes of meeting (continuation sheet)	Sheet 7
Item	Discussion summary, decisions taken and actions agreed	Action by
10.	<p>Holst. This has now been settled and paid. The Trust was also making good progress on capital schemes with schemes A and B well underway.</p> <p>The Trust was also on target to achieve its external financial limit and had drawn down cash on this during January with more anticipated in February 2008.</p> <p>A key area to point out on income and expenditure was in relation to the estates budget. This had been reviewed at the Finance & Performance committee and a detailed action plan would be produced for its next meeting.</p> <p>The Trust was on target with its CRES programme however without the high sickness levels the Trust would have overachieved against its CRES for the year.</p> <p>The report included additional information showing an increase in income of £1.7m from Wales, the Isle of Man and Liverpool PCT.</p> <p>The Trust expected a small surplus to take forward to the next financial year.</p> <p>The other appendix presented was the Foundation Trust risk rating. The Board were asked to note that during the first year the Trust would only be assigned a rating of '1' in respect of the liquidity ratio due to the need to carry over a nil cash balance. This would not account for the fact that the Trust was generating a large surplus this year to lodge with the Strategic Health Authority to carry forward to the following year.</p> <p>Ms Simmonds explained therefore that the liquidity ratio would not achieve a risk rating of 3 until the Trust was operating as an FT. Financial awareness sessions had been held prior to the Non Executive Directors lunch meetings and Ms Simmonds recommended a further focussing on this topic.</p> <p>The Chair asked for further explanation around the estates budget and was informed that the increased expenditure related to agency staff and the use of contractors.</p> <p>Governance:</p>	MS

	Notes of meeting (continuation sheet)	Sheet 8
Item	Discussion summary, decisions taken and actions agreed	Action by
	<p>10.1 External Assurances Received</p> <p>Ms Simmonds reported that the Trust had received external assurances from the Department of Health in relation to infection prevention. She also reported that the Audit Commission review into clinical coding had indicated a compliance in excess of ninety per cent. The review of National Radiological Protection Society confirmed that radiation levels were within permitted units.</p> <p>On behalf of the Trust the Chair congratulated the clinical coding team for their work in achieving compliance.</p> <p>10.2 Emergency Planning Review</p> <p>The Board were updated on the Trust's position in relation to Emergency Planning. The Board were assured that other organisations on site would be made aware of the emergency plans in place and encouraged to engage further in developing a site wide plan.</p> <p>The Board noted the contents of the document and accepted its recommendation.</p> <p>10.3 Business Continuity Review</p> <p>Ms Walters introduced the Business Continuity Review document informing the Board that the Trust had in place robust Continuity Plans and noting the reduction in its risk score from 10 to 3 and that the risk had now been closed.</p> <p>The Board noted the report.</p> <p>10.4 Infection Prevention Update</p> <p>Ms Walters referred to the previously reported measures aimed at improving cleanliness, including increasing the number of matrons and giving more responsibility to nurses. The NHS North West had informed the Trust that its target was for seven matrons with its share of beds standing at 216. The current number of beds had since fallen as a result of modernisation and improvement work and this reflected a revised target of 6.1 wte. There were currently 4.8 wte matrons in post leaving a shortfall of 1.3 wte. Consequently the Trust was exploring options for increasing the number of matrons in</p>	<p>JW</p> <p>JW</p>

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	<p>post to achieve the target by May 2008 with particular emphasis on cleanliness and infection prevention. Job descriptions for matrons had been revised and from March 2008 one of the designated matrons currently in post would produce a report for the Board on a monthly basis around infection control.</p> <p>She also asked the Board to note that deep cleaning had commenced during December 2007 with weekly monitoring by the Liverpool Primary Care Trust. All cleaning staff were being formally assessed to ensure they were appropriately trained.</p> <p>The Trust Board noted the contents of the report and the action that had been taken.</p> <p>10.5 Committee Schedule – 2008</p> <p>A proposed Committee Schedule for 2008 had been produced recommending the Trust Board dates and its committees that was accepted by the Trust Board.</p> <p>Ms Firby referred to the conflict between the Clinical Quality and Charitable Funds Committee and this was noted. The Chair agreed to look again at the timing of the Charitable Funds Committee.</p> <p>The schedule would be reviewed as part of the Board Development Programme.</p> <p>10.6 Governance Manual Review</p> <p>The work plan for the Trust Board required the Governance Manual be reviewed on an annual basis. The manual was upgraded and re-organised into four sections making it easier for point of reference.</p> <p>Mrs Lavan advised that the majority of changes had been reviewed by the Audit Committee at its December meeting, in particular she highlighted section three, the Trust Board committees and Terms of Reference. The Committee Structure had been extended to incorporate the sub-committees. The roles of the Committee Chairs, Executive Directors in the effective running of the Standing Committees had been defined.</p> <p>Mrs Lavan also referred to the Healthcare Standards Group and the</p>	<p>JW</p> <p>MF</p>

	Notes of meeting (continuation sheet)	Sheet 10
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	<p>importance of this operational committee in the Trust's Governance structure. This was an operational group driving the assurance role of the Standing Committees in ensuring compliance with Standards for Better Health.</p> <p>She reported that the Terms of Reference for the committees had been revised with key changes around quorate and the nomination of named deputies that were important in light of the new Trust Board structure. The standing committees would formally minute who the nominated deputies would be.</p> <p>Equality and diversity had also been included as a defined duty to ensure this was embedded within the organisation. For assurance purposes the Workforce Strategy and Development Committee and Clinical Quality Committee had a specific duty around the employment and service aspect respectively..</p> <p>Section four of the Governance Manual referred to changes around the Board Assurance Policy. A number of minor changes in the Declaration of Interests and Gifts and Hospitality Policies had been made in light of a recent internal audit, in particular sponsorship for educational events had been included explicitly in the Gift and Hospitality Policy.</p> <p>The Performance Management Policy had also been revised to reflect the revised Terms of Reference of the Standing Committee and the changes of responsibilities of the Executive Directors.</p> <p>Mr Van Loo asked the Board to note that there was no staff side representation at the Workforce Strategy & Development Committee and requested that representation be approved. This was supported by the Board.</p> <p>The Board supported the changes and ratified the Governance Manual, subject to the above inclusion.</p> <p>10.7 Board Assurance Framework Policy</p> <p>The Board Assurance Framework Policy set out how the Board was to achieve the required level of assurance with this being reviewed annually to highlight any changes that were required to improve its effectiveness. Consequently the Audit Committee had reviewed the</p>	(AO)

	Notes of meeting (continuation sheet)	Sheet 11
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	<p>policy and had approved the amendments that were being put to the Board for approval.</p> <p>Mrs Lavan referred to various sections within the Policy that clarified and formalised the roles and responsibilities of the Trust Board and these were approved and supported by the Board.</p> <p>The revised Board Assurance Framework Policy was ratified.</p> <p>10.7.1 Transition of Arrangements</p> <p>The proposed transition arrangement for Executive Directors to nominate a designated deputy to attend standing committees on their behalf and count towards the requirement of 70% attendance was supported and approved by the Board.</p> <p>The transitional arrangement would be in place until 30th April 2008 to allow time for Mr Jain to be established in post.</p> <p>10.8 Finance & Performance Committee – Annual Report</p> <p>The document presented set out the performance of the Finance and Performance Committee during the previous twelve months. It also set out the proposed work programme for the coming period. Ms Simmonds informed the Board that the annual evaluation process of the committee had been completed and would be reported to the Board at its next meeting.</p> <p>Mr Hewitt requested that the portfolio of Associate Director of Service Development be included within the forward work of the Finance & Performance Committee. This would be actioned once an appointment had been made and the person was in post.</p> <p>The Board acknowledged the important work of the Committee and supported the document.</p> <p>10.9 Risk Management Committee – Annual Report</p> <p>The Trust Board were asked to note the progress in risk management during the previous twelve months and note the role of the committee, its structure and work programme for the forthcoming year and this was accepted by the Board.</p>	<p>MS</p> <p>MS</p>

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Item	Discussion summary, decisions taken and actions agreed	Action by
11.	<p>Ms Simmonds referred to the use of abbreviations within the report informing the Board that a full unabbreviated version was available upon request.</p> <p>Minutes from the Standing Committees:</p> <p>The following minutes were noted by the Trust Board members:</p> <ul style="list-style-type: none"> ➤ Audit Committee Minutes 21.09.07 (Mr Large asked that his attendance be removed from the minutes) ➤ Risk Management Committee Minutes 02.11.07 and 12.12.07 ➤ Finance & Performance Committee Minutes 30.11.07 ➤ Clinical Quality Minutes 02.11.07 ➤ Foundation Trust Committee Minutes 26.11.07 and 10.12.07 	MS
12.	<p>Public Participation:</p> <p>Mr Holt referred to in-patient waiting lists for welsh patients enquiring if a reduction in waiting times would be achieved. Ms Walters informed him that overall there was no significant difference in the treatment of Welsh patients.</p>	
13.	<p>Date of Next Meeting:</p> <p>The next Public Board meeting will be held on Tuesday 26th February 2008 at 1.00 pm.</p> <p>Signed: _____</p> <p style="text-align: center;">M Fitzsimmons/Chair</p>	ALL

	<p align="center">Minutes of The Trust Board Meeting held on 26th February 2008</p>	<p align="right">Sheet no. 1</p>
<p>Present:</p>	<p>M Fitzsimmons (Chair) M Simmonds/Acting CEO, Director of Finance & Information J Walters/Director of Nursing & Operations A Oates/Acting Director of HR & OD G N Russell/Medical Director P Firby/Non Executive Director L Lavan/Director of Corporate Development M Hewitt/Non Executive Director N Large/Non Executive Director J Brown/Non Executive Director</p>	
<p>Apologies:</p>	<p>None</p>	
<p>In attendance:</p>	<p>L Heath/Secretary P Van Loo/Staff Representative V Hornby/Patient Forum Representative</p>	
<p>Members of the Public:</p>	<p>D Holt J Broom A Newby C Bell/PR & Communications Manager</p>	

	Notes of meeting (continuation sheet)	Sheet 2
Item	Discussion summary, decisions taken and actions agreed	Action By
1.	<p>Apologies</p> <p>There were no apologies for absence.</p>	
2.	<p>Legality of Board Documentation and Decisions</p> <p>The Board noted that in relation to the minutes from the Finance & Performance Committee and reference to private patient income opportunities it would be important to ensure the necessary indemnities were in place.</p>	
3.	<p>Declaration of Interests Relating to Agenda items</p> <p>None declared.</p>	
4.	<p>Minutes from the Previous Meeting held on 29.01.08</p> <p>Mr Brown referred to the Declaration of Interest in relation to the Agenda requesting this be amended to read “members of the Board declared no interest”. This was noted.</p> <p>Page 4 item 8.2 Ms Simmonds asked that the second sentence read that the “Trust would incorporate” and not the Trust “had incorporated”.</p> <p>Page 4 item 9.1 Mr Brown requested that the number of bed days and activity levels be quoted. These would be obtained from Ms Walters after the meeting and the minutes would incorporate the additional information.</p> <p>Page 7 - 6th paragraph, Ms Simmonds requested that this sentence be deleted.</p> <p>Mr Large asked it be noted that the Board had requested a more detailed analysis in relation to the CRES programme.</p>	<p>LH</p> <p>LH</p> <p>JW/LH</p> <p>LH</p> <p>MS/LH</p>
5.	<p>Action Plan from the Previous Meeting</p> <p>Mrs Lavan updated the Board on the Action Plan from its January meeting and the following was noted:</p> <ul style="list-style-type: none"> ➤ Sickness absence was covered on the forthcoming agenda. ➤ A briefing on risk ratios would be arranged closer to the Monitor assessment process 	<p>MS</p>

	Notes of meeting (continuation sheet)	Sheet 3
Item	Discussion summary, decisions taken and actions agreed	Action by
6.	<p>➤ Business Development and marketing would be incorporated into the Finance & Performance Committee workplan, following the appointment of an Associate Director of Service Planning.</p> <p>Chair's Briefing</p> <p>Trust Board members had recently attended a show at the Liverpool Empire starring Ricky Tomlinson that had been produced to recognise the Trust and its staff and their contribution to his recovery from his recent illness. The Chair reported that a considerable amount of publicity had been received from the event, awareness had been raised and that the Trust had sent letters of appreciation to those involved.</p> <p>The Chair also referred to the recent nomination of Mrs Doreen Russell/Pulmonary Function Manager who had been shortlisted for the American Express Boss of the Year Award in recognition of what she has done for her staff and the organisation. The Board would be kept informed of the outcome.</p> <p>Chairs and Chief Executives within the region had been invited to meet all the local Members of Parliament however this meeting was cancelled due to the MPs being called back to Westminster. A further date would be set.</p> <p>6.1 Ward Round Report:</p> <p>The Chair invited Ms Walters to report. Monthly ward rounds were in place with the first being held in January. Complimentary comments from patients had been noted around cleanliness and the positive attitude of staff.</p>	MS
7.	<p>Acting Chief Executive's Briefing</p> <p>The Trust was approaching the end of its financial year and Ms Simmonds would ensure it delivered its objectives in relation to finance and activity. She reported that the Trust was working towards a reduction in waiting times in surgery to 18 weeks. Considerable effort had been made from staff involved showing a high level of commitment to achieve the target. On behalf of the Trust Board she took the opportunity to thank those staff involved.</p> <p>Activity and financial plans were under review and would be</p>	JW

	Notes of meeting (continuation sheet)	Sheet 4
Item	Discussion summary, decisions taken and actions agreed	Action by
8.	<p>concluded within the week.</p> <p>Events within the Trust were noted as:</p> <p>The dedication of the new Hospital Chapel had taken place and was well attended.</p> <p>The Annual Report relating to Workforce was due to be presented to the Trust Board this period but this had been postponed until April.</p> <p>The Chief Executive Designate had offered his apologies for attending the Board meeting. The Board noted that Mr Jain had visited various departments within the Trust and would be in post from 1st April 2008.</p> <p>Strategy and Development</p> <p>8.1 Submission of FT Application</p> <p>Ms Simmonds and Mr Jain had met with the Strategic Health Authority (SHA) to provide an update on the FT application. The SHA suggested the Trust review its Activity Plan concentrating on services of a specialist nature. Ms Simmonds aimed to complete the revised plan by the end of the week.</p> <p>The 'Get Engaged' campaign was launched encouraging more people to sign up as members. Target member recruitment initiatives were planned for Cheshire and North Wales.</p> <p>Staff awareness sessions were continuing.</p> <p>8.2 Productive Ward Programme</p> <p>The Productive Ward Programme (PWP) had been launched in Birmingham on 25th January 2008 following a series of pilot programmes that had demonstrated a significant impact. Ms Walters reported that the Trust had completed the Workforce Reform Programme on wards and it was requested that the PWP have the support of the Board to present the recommendation to the Directorates and Management Board. Part of the recommendation was to sign up to a productive ward module and work programme with a 3 month lead in time. She stressed the importance of ward selection and the requirement for Ward Managers to engage in the</p>	<p>LL/AO</p> <p>MS</p>

	Notes of meeting (continuation sheet)	Sheet 5
Item	Discussion summary, decisions taken and actions agreed	Action by
9.	<p>programme. The programme would look to achieve a reduction in MRSA with the emphasis being on time to care for patients.</p> <p>Discussions took place about the type of person required to lead on the project. Mr Hewitt stressed the importance of strong project management for the programme and the effort required for the PWP to be successful. Ms Walters identified the modules where the Trust was already competent namely admissions, and others where some improvements would need to be made.</p> <p>The Trust Board supported the programme requesting that the infrastructure be set and taken through the committees with the selection of wards being identified early May. A progress report was to be presented to the Board at its meeting in June 2008.</p> <p>Finance and Performance</p> <p>9.1 Performance Report</p> <p>Ms Walters took the meeting through the Performance Report and the following was noted.</p> <p>In-patient activity was reported at four per cent below plan while activity in pacing and thoracic medicine remained constant. There had been a reduction in catheter laboratory referrals with high levels of activity ongoing against aneurysms with a reported 74 procedures carried out. Outpatient attendance continued to increase.</p> <p>An improvement in the 18 week clock start figures was reported and now stood at 67 per cent. District General Hospitals not complying with the requirements had been written to. It was also reported that the Trust was negotiating with Commissioners to increase capacity.</p> <p>No cases of MRSA bacteriama were reported. There had been one case of C Diff.</p> <p>The figure of 1.19 per cent year to date against mortality would be checked for accuracy.</p> <p>The average length of stay against CABG patients had increased from 8 to 8.4 per cent.</p> <p>The increase in bed occupancy rates was noted. An analysis of referrals would be requested to establish if the 18 week target had</p>	<p>JW</p> <p>JW</p> <p>JW</p>

	Notes of meeting (continuation sheet)	Sheet 6
Item	Discussion summary, decisions taken and actions agreed	Action by
	<p>been breached prior to this.</p> <p>Sickness absence continued to be monitored. Mr Large referred to the increase in stress/anxiety that was reporting a rate of 25.09 per cent requesting that a more detailed report be provided demonstrating variations.</p> <p>Ms Firby referred to staff turnover that stood at 13.78 per cent and was informed that the Workforce Strategy & Development Committee would be presented with a detailed report in March showing the various reasons for the increase for example emigration, ill health retirement and death in service. She requested that if the trend continued a detailed report be presented to the Board providing information from exit interviews, that staff groups be separated out and the impact of high turnover identified.</p> <p>There had been a considerable increase in complaints during November but it was noted that this may have been the result of a postal strike from the previous month.</p> <p>The meeting reviewed length of stay with Mr Brown referring to targets not being met within seven days. The impact of long stay patients was also referred to and the effort of clinicians was applauded.</p> <p>Ms Firby also highlighted the following:</p> <ul style="list-style-type: none"> ➤ An audit on aortic aneurysms had established a requirement for further work to be undertaken ensuring procedures are extracted accurately. ➤ Diagnostic waiting list position. It was agreed that “weeks wait” would be changed to reflect 5-6, 7-8, 9-10 etc. <p>Mrs Hornby highlighted an issue with the bed occupancy report and was advised that Ward G had now re-opened.</p> <p>9.2 Finance Report</p> <p>Ms Simmonds reported that the Trust was on target to meet all of its financial duties with an expected surplus of £27K. The Trust was confident it would meet its Capital Resource Limit. The External Financing Limit target was on track to be achieved by the end of the financial year. She stated that CRES was not a statutory duty but was key to the organisation to ensure we were financially</p>	<p>JW</p> <p>JW</p> <p>JW</p> <p>JW</p>

	Notes of meeting (continuation sheet)	Sheet 7
Item	Discussion summary, decisions taken and actions agreed	Action by
	<p>balanced and the Trust was on target to achieve this. Substantial savings had been made against ward reconfiguration and non pay items.</p> <p>She referred to the lack of progress on sickness levels and cover for additional sessions. These areas would be targeted for next year.</p> <p>The Trusts cash balance stood at £7.5 million. This was being reviewed weekly and it was expected that this would be on target. The Trust would build its cash balances once FT had been achieved.</p> <p>Refurbishment schemes were under way and due to be completed by the end of March. She referred to the approval from the Finance & Performance Committee for the purchasing of leased equipment demonstrating better value for money.</p> <p>There was a significant overspend in relation to estates and a detailed action plan had been created with a review in policies.</p> <p>Service Line Reporting was progressing with a Project Group being formed. The first run was planned for the end of May however it was acknowledged that the data would need refining.</p> <p>Mr Large noted and welcomed the change in the CRES programme.</p> <p>9.3 Sickness Absence</p> <p>The new Managing Attendance Policy had been ratified at the February meeting of the Workforce Strategy & Development Committee. The Special Leave Policy had been returned to incorporate some minor changes and would be re-submitted for approval to the Workforce Committee in March. A communication exercise was underway to bring staff on board and raise their awareness.</p> <p>Mr Large welcomed the changes asking if the Trust was receiving value for money against the cost of the services from First Care. The Trust was expecting to see a measured reduction reported to the Workforce Committee and aimed to achieve the 4.6 per cent target.</p> <p>The meeting discussed the need to identify costs associated with sickness absence, the key elements of ownership from managers and the staff side and the engagement of staff and their involvement</p>	<p>AO</p> <p>AO</p>

	Notes of meeting (continuation sheet)	Sheet 8
Item	Discussion summary, decisions taken and actions agreed	Action by
10.	<p>in the process.</p> <p>The Trust Board supported the proposals and noted its contents.</p> <p>Governance:</p> <p>10.1 External Assurances Received</p> <p>A further report had been received from the Radiological Protection Society in relation to x-ray equipment.</p> <p>Deep Sternal Wound Infections: The Department of Health continued to monitor the Trust on a fortnightly basis.</p> <p>The Trust had been approached by NHS Employers and complimented on the Trust's Single Equality Scheme requesting they use the policy as an example of good practice. The Board congratulated Mrs Oates and her team for their achievement.</p> <p>10.2 Audit Committee Membership</p> <p>The Trust Board noted the recommendations and supported the comments contained within the report. Mr Large would be appointed Chair of the Committee with his position being reviewed by the Board on an annual basis.</p> <p>10.3 Register of Interests for Board Members/Senior Trust Staff</p> <p>The Declaration of Interest for Board Members and Senior Staff was presented to the Board for information. The report was taken as read.</p> <p>10.4 Register of Gifts and Hospitality</p> <p>Deferred to the private meeting of the Board.</p> <p>10.5 Cleanliness and Infection Prevention</p> <p>Ms Walters presented the document on Cleanliness and Infection Prevention outlining the requirements for a quarterly matrons cleanliness report to the Board. She referred to the impact in relation to the clinical champion role with an improvement in hand hygiene resulting in a 90 per cent success rate. Those that were not compliant had been identified and were being targeted.</p>	ALL
	Notes of meeting	Sheet

	(continuation sheet)	9
Item	Discussion summary, decisions taken and actions agreed	Action by
	<p>The Board noted the report, congratulated Ms Walters and her team for their success and noted that the request for an additional matron be presented to the next meeting of the Finance & Performance Committee.</p> <p>10.6 Patient and Public Support Services – Annual Report</p> <p>The Board reviewed the contents of the annual report for Patient Support Services. It was noted that the patient information kiosks would go forward without the input from the Royal Liverpool & Broadgreen University Hospitals Trust.</p>	JW
11.	<p>Minutes from the Standing Committees:</p> <p>The following minutes were noted by the Trust Board members:</p> <p>Risk Management committee minutes of 16th January 2008.</p> <p>Finance and Performance Committee minutes of 21st December 2007</p> <p>Foundation Trust Committee minutes of 15th January 2008.</p> <p>Workforce Strategy and Development Committee minutes of 5th November and 10th December 2007.</p>	ALL
12.	<p>Public Participation:</p> <p>Mr Van Loo referred to the Performance Report and the earlier reference to the percentage of staff sickness absence relating to stress. He questioned what the Trust was doing to address the issue and referred to the information that would be documented as a result of the return to work interview process in place. He also referred to the Sickness Absence Policy and the Trust's responsibility to deal with the issue should the stress be work related. He asked the Board to note that the staff side were keen to receive management training in these areas. The Board referred to the pressures on colleagues and the organisation when dealing with sickness absence and the need to have a more robust system in connection with the exit interview process and this would be addressed through the Workforce Strategy and Development Committee.</p> <p>Mr Newby enquired about attending the Patient and Public Involvement meeting. He was informed by Ms Walters that there</p>	AO
	Notes of meeting	Sheet

	(continuation sheet)	10
Item	Discussion summary, decisions taken and actions agreed	Action by
13.	<p>were five patient and public representatives however the Terms of Reference were regularly reviewed. Mr Newby would be provided with the scheduled dates of the meetings.</p> <p>Mr Holt enquired if all new members of staff were subject to Criminal Records Bureau checks and this was confirmed.</p> <p>The Chair took the opportunity to thank Mrs Vera Hornby for her contribution to the Public Board meetings as this was her last meeting as the patients' representative. Mrs Hornby thanked the Board for its support and expressed her disappointment at having to stand down due to the PPI being abolished at the end of March. She expressed her intentions to maintain involvement of some capacity in the hospital once the Trust had achieved FT status.</p> <p>Date of Next Meeting:</p> <p>The next Public Board meeting will be held on Tuesday 29th April 2008 at 1.00 pm.</p> <p>Signed: _____ Date: _____</p> <p style="text-align: center;">M Fitzsimmons/Chair</p> <p style="text-align: center;">Public Board Minutes dated 26th February 2008</p>	<p>JW</p> <p>ALL</p>

**Minutes of the Trust Board (Public Meeting)
held on Tuesday 29th April 2008**

Present: Mr M Fitzsimmons Chair
Mr R Jain Chief Executive
Ms P Firby Non Executive Director / Deputy Chair
Mr J Brown Non Executive Director
Mr N Large Non Executive Director
Mr M Hewitt Non Executive Director
Ms M Simmonds Director of Finance / Deputy Chief Executive
Dr G Russell Medical Director
Ms J Walters Director of Nursing

In attendance: Mrs L Lavan Director of Corporate Development / Trust Secretary
Ms C Bell PR and Communications Manager
Mr M Thorne Head of Financial Foundation Trust Delivery, NHS Northwest
Mr M Gill Applications Director, NHS FT Unit, Department of Health

Members of the Public: Mr D Holt
Mr A Newby

Apologies for absence:

1. **Apologies for absence**
There were no apologies for absence.
2. **Legality of Board documentation and decisions**
Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and had advised that there were no legal issues to be highlighted to the Board.
3. **Declaration of Interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. No interests were declared.
4. **Minutes of the last meeting of the Trust Board**
Mr Large referred to Sheet 7, requesting that the final sentence of para 9.2 be amended to read "Mr Large noted and welcomed the change in ***the format for reporting*** the CRES programme". This was agreed.
Subject to this amendment, the minutes of the meeting held 26th February 2008 were received, approved and signed by the Chair.
5. **Trust Board Action Plan**
With reference to Action 4, Ms Firby advised that she had requested that a detailed report on staff turnover be brought to the Workforce Committee in March but that it was not evident from the minutes of the March meeting that this had happened.
Ms Walters advised that a turnover report had been received by the Workforce Committee but that more work needed to be done to separately identify certain staff groups in order to provide a more accurate reflection of where high turnover was prevalent.
On action 4, Mr Large sought confirmation that a specific review of stress related absence had been undertaken by the Workforce Committee. Ms Walters confirmed that this had been actioned.
6. **Chair's briefing**
The Chair welcomed Mr Mark Thorne and Mr Mike Gill, who would be observing the performance of the Board as part of the SHA's assurance process for supporting the Trust's FT application.
7. **Chief Executive's briefing**
Mr Jain commented on his pleasure to have taken up post as Chief Executive and noted the quality and enthusiasm he had observed whilst visiting departments and working alongside staff on the 'shop floor'.
He announced that Mr Fitzsimmons had been re-appointed as Chair for a further 4 year period.
Mr Jain commented on the Trust's performance, noting receipt of verbal notification that NHSLA Level 1 had been confirmed and that the year end performance report indicated the likelihood that the Trust would at least retain its HCC ratings of 'good' for both Quality of Services and Use of Resources. There was a possibility that an 'Excellent' rating might be within reach for Quality of Services but it would be some time before the HCC's Annual Healthcheck results are published.
Mr Jain announced the recent appointment of two new Consultant Cardiologists - Dr Richard Snowdon, who has a special interest in EP Studies; and Dr Archie Rao, who's special interests are in pacing and devices.

Action

LL

JW

Mr Jain noted the continued progress of the FT application and acknowledged that the Trust would continue to work closely with SHA officers to ensure successful progression through the SHA assessment phase. The Chair congratulated Mr Jain for his impressive start in post and acknowledged the positive impact he has made so early into his new role.

8. Strategy and Development

8.1 Foundation Trust application

Mr Jain advised that the Board is now in a position to submit its 5 year Integrated Business Plan and advised that a summary document, capturing the key views of staff and clinical leaders would shortly be produced and made available to the public. Mr Jain commented that although this had been a lengthy process, it had allowed the Trust to consult widely and test out its plans and he applauded colleagues for their continued hard work and contribution.

The Chair confirmed his confidence that the Board had developed a strong plan and Mr Large commented that the wider engagement with members and governors will be of huge benefit to the organisation in the future.

Mr Jain advised that the penultimate submission of the FT application would be made to the SHA today and proposed that the Board delegate authority to the Chief Executive and Chair to approve any further changes to the document before the final submission on 9th May 2008. Mr Jain anticipated that the changes required would relate only to points of accuracy and presentation, subject to final feedback from the SHA. He advised that in the event of material changes being required, these would be brought back to the full Board for approval. The proposal was accepted.

9. Finance and performance

9.1 Integrated Finance and Performance Report

Performance:

Ms Simmonds presented the 2007/08 year end report on activity and performance targets, noting:

- 5% under achievement in activity (spells) relating largely to surgery (CABG and CABG with valve) but overall an increased outturn (of 8%) compared to 2006/07 and an over performance of cardiology procedures (EP and pacing) which is consistent with the expected future growth in cardiology.
- Critical care bed days were less than plan reflecting the success of the Trust's modernisation programme and reduced length of stay.
- The 14 and 31 day cancer access targets had been met and the 62 day target significantly improved compared to previous years at 94.92% compliance; marginally short of the 95% requirement
- On waiting times, there had been 1 in patient breach and 1 outpatient breach in 2007/08 and at the end of March 2008, 86% admitted patients and 94% non admitted patients were treated within 18 weeks, which is well within the required tolerance level. Significant progress on data quality issues associated with measuring the 18 week pathway was also noted.
- Cancelled operations stood at 1% in March falling short of the HCC target of 0.8%, despite a significant improvement compared to last year.
- 7 cases of MRSA were reported in 2007/08 ; there were 26 cases of C Diff in 2007/08 compared to 62 in 2006/07.

RJ

- The average mortality rate in 2007/08 was 1.2%, well within the national target of 1.7%
- Whilst there has been some improvement in Length of Stay (LoS), the 7 day target was not consistently met – it was achieved in 70% of cases in 2007/08
- The day case target was achieved in line with plans except for angiography
- The bed occupancy rate averaged 76% (71% for critical care)
- Theatre utilisation averaged 97%

Ms Firby queried the basis of the 1.7% target for mortality and asked what processes were in place to ensure continuous review of mortality and to ensure escalation of mitigating action if required.

Dr Russell replied that the 1.7% target was a national benchmark set by the Society of Cardiothoracic Surgeons and it was pleasing that the Trust's mortality rates had been below this level for the past 2 years. He advised that processes were in place to ensure that the performance of individual surgeons and anaesthetists is actively scrutinised. In addition, systems failures were highlighted through the monitoring of key quality indicators such as infection rates, incidences of post operative bleeding and application of care bundles. Dr Russell highlighted the impressive reduction in post operative bleeding rates from 13% to 3% as a result of effective monitoring and timely action. He referred to use of the new IHI Global Trigger Tool which identified triggers that suggest system failures and instigated the review of effectiveness of specific systems.

Mr Large referred to the under achievement of the activity plan and asked what assurances could be given that the 5 year activity plan set out in the IBP was realistic and achievable.

Ms Simmonds referred to the expansion of the consultant workforce and the resolution of past problems with provision of anaesthetic cover, which would ensure capacity to deliver the plan, coupled with the production of a detailed action plan to deliver surgical activity. She noted also that the 5 year activity plan was based on outturn position adjusted for planned growth and planned service reductions – e.g the devolution of bradycardia pacing to DGHs and increased provision of the more complex bi-ventricular pacing.

Mr Large asked when the reporting of finance and activity variances would be integrated at Directorate level. Ms Simmonds outlined the considerable progress made to date in implementing Service Line Reporting and anticipated that the format of Directorate reports would change over the next few months, enabling direct linkage of finance and activity to key service lines.

Mr Large referred to the increase in non-CTC acquired MRSA and asked what the Trust could do to mitigate this. Ms Walters advised that the increase was partly attributable to increased screening and detection of bacteraemias in the community; the Trust was working closely with PCTs and other Trusts to identify common sources. She advised that all patients are screened prior to admission to CTC in order to reduce the risk of acquiring post-operative infection. Dr Russell added that the Trust compares favourably to others in terms of infection rates and that effective systems are in place to prevent the spread of infection.

Mr Brown referred to the DNA rates and commented that these had not

improved compared to last year. He asked what was being done, noting that the impact of DNAs must be an unnecessary cost to the Trust. Mr Jain advised that some DNAs were being inappropriately coded – for example, the cystic fibrosis service operates a ‘drop in’ service rather than a booking system. However further work is needed to understand why other patients DNA and the current system of over booking clinics to compensate for DNAs was not an ideal one. This work would be progressed by the General Managers.

RJ
(GMs)

Mr Brown referred to the 62 day cancer pathway, asking what the Trust could do to influence DGHs to refer more swiftly, not just to avoid breach of the target but more importantly to prevent patient suffering. Mr Jain advised that through the Cancer Network significant improvements to the cancer pathway had been made in recent years and this work would continue. The penalty system of recording a ‘shared’ breach incentivises referring Trusts to do better.

Ms Firby highlighted a numeric error in Table 2.5 (18 week RTT – Oral surgery admitted patients should total 3). She expressed concern that whilst overall the Trust was compliant with 86% of admitted patents being treated within 18 weeks, in cardiothoracic surgery only 76% compliance had been achieved. Mr Jain replied that historically waiting times for tertiary referrals have always been longer but that the Trust had secured agreement across the network that if patients were referred to CTC by Week 10 then they would be treated within 18 weeks. Peer pressure is used to encourage DGHs to comply but there are no formal penalties until April 2009 after which time late tertiary referral will constitute a breach.

Ms Firby commented that it was disappointing that there did not appear to be a demonstrable improvement in length of stay compared to last year. Dr Russell advised that work was underway to validate the target set, the difficulty being identification of reliable benchmark data. A review of individual consultant practice had identified only one outlier but corrective action should improve the average slightly. The Clinical Quality Committee will continue to recognise the target as a key quality indicator but it may ultimately be necessary to accept that it is not appropriate to discharge patients earlier in the paramount interest of patient safety.

Ms Firby commented that some hospitals had been successful in repatriating patients to their local hospital prior to discharge. Dr Russell advised that it is very difficult for tertiary centres to achieve this.

GNR

The Chair requested that the Clinical Quality Committee re-assess the target set and come back to the Board with a recommendation.

RJ

The Chair summed up the year’s performance commenting in particular on the exceptional improvements to the cancer pathway and requesting feedback on the DNA review to the Trust Board.

Mr Large supported the Chair’s views noting that good performance had been achieved amidst the implementation of major ward reconfigurations.

Finance:

Ms Simmonds advised that the year end financial position was subject to external audit review but the forecast results were :

- Achievement of £27,000 surplus (after lodgement of £4.5m)
- Achievement of CRES - £2.3m (increased savings from improved day case rates linked to ward closures)
- Achieved EFL - £4.2m
- Reduced cash balance to zero at 31 March 2008 (forecasting a steady increase in cash balance over next 6 months)
- Achieved CRL - £8.8m – completion of site development (£3m) and refurbishment of Wards A and B ; £1.3m spent on medical equipment

In assessing the Trust's position as a foundation trust, an EBITDA of 13% would be delivered along with achievement of all risk ratios apart from liquidity (due to lodgement of cash balances to meet the requirements of the NHS regime).

Mr Hewitt queried the status of the lodgement. Ms Simmonds replied that the sum had already been returned and there had been no requirement for temporary borrowing as a result.

Mr Large congratulated the finance team and budget holders on the outturn performance. He expressed disappointment at the high levels of sickness absence, without which the Trust could easily have overachieved its CRES and further improved productivity.

Mr Jain acknowledged that sickness rates were too high – as well as improvements to the absence management policy, he would be actively seeking to enable managers to competently manage sickness absence. This would be a key priority for the Executive Team over the coming weeks and months.

Dr Russell enquired about the benefits of the First Care contract and Mr Jain advised that a formal review is scheduled for July 2008.

Ms Firby asked why the percentage of invoices from NHS organisations paid within target had fallen markedly in March 2008. Ms Simmonds advised that this was a direct result of other Trusts trying to manage down their year end cash balances and was pronounced due to the significant number of services provided to CTC by other organisations – she confirmed that this would no longer be an issue once the Trusts involved had achieved foundation status.

Ms Firby referred to the Wards overspend (£77k) noting that a number of ITU staff were due to go on maternity leave and asked what impact this would have. Ms Simmonds advised that part of the current overspend is attributable to maternity leave; that budgets incorporate an allowance for maternity leave but it may be helpful to review the basis upon which the maternity leave allowance is allocated to budgets.

The Chair expressed his thanks to Ms Simmonds for effectively managing the finance team and the FT Project whilst Acting up as Chief Executive over the last 3 months.

10. Governance

10.1 External assurances received

Mr Jain advised that there were no external assurances to report to the Board this month.

RJ

MS

10.2 Effective Governance in NHS Foundation Trusts

Mr Jain presented his report which followed recent Monitor guidance on ensuring the effectiveness of Boards, highlighting six recommendations for the Board to consider. He emphasised the need for effective mechanisms to predict future performance, advising that Boards needed to be confident about action plans to deliver targets going forward. This would be achieved through developing a dashboard strategy and associated forecasting methodology which will be piloted in 4 key areas and explored further at a future Board Away Day. He stressed the importance of heeding Monitor's compliance guidance, not just as an aspirant FT but because it incorporated sound assurance principles that are applicable to all Boards.

Mr Large sought clarity around the action dates noting in respect of Recommendation 3 that an effective audit programme was already in place for 2008/09. Mr Jain confirmed that this was the intended completion date.

The Chair summarised the role of the unitary Board and the processes in place to enable constructive challenge and scrutiny. The Board supported the recommendations and Mr Jain agreed to ensure that the recommendations were delivered, bringing back to the Board in September 2008, a detailed assessment of the Trust's position against Monitor's 'NHS Foundation Trust Code of Governance'.

RJ

10.3 Annual Declaration on Standards for Better Health 2007/08

Mr Jain outlined the requirement of the Board to declare its level of confidence in meeting the core Standards for Better Health. He outlined the governance frameworks in place to support the Board's declaration including the scrutiny role of the Assurance Committees and the added assurance brought by the work of the Healthcare Standards Group in collating and peer reviewing evidence to demonstrate compliance. He recommended that the Board confirm compliance with all core standards and agree submission of the declaration to the Healthcare Commission.

Mr Hewitt referred to Standard C4c relating to decontamination, highlighting the recent adverse press coverage surrounding the quality of outsourced decontamination services.

Ms Simmonds advised that the current contract was with Synergy, pending the new joint venture contract which was scheduled to be in place by April 2009. She advised that rigorous quality control processes were in place and that the Trust had never had to cancel an operation due to unavailability of properly decontaminated equipment. Dr Russell confirmed this along with his belief that external assurance processes are often more robust than those operated in house.

Mr Hewitt referred to Standard C7e on promotion of equality and respect for human rights, asking for clarification of what action the Trust had taken to ensure this.

Mr Jain referred to the Single Equality Scheme, which is focused on ensuring against unfair discrimination in employment practices and in provision of services. The Scheme sets out the Trust's plans for creating an organisational climate where there is no unintentional or institutional discrimination. Mr Jain commented that the Trust's Single Equality Scheme had been noted by NHS Employers as an example of good practice.

Mr Brown referred to Standard C5a on conforming with NICE guidance,

asking how this is ensured. Dr Russell explained that NICE looks at the safety and effectiveness of drugs and treatments. The Trust uses horizon scanning to identify relevant issues and these are brought to the Clinical Effectiveness Group to establish their relevance to CTC and to check for compliance. If the Trust is not complying then an action plan is produced and its delivery overseen by the Clinical Quality Committee.

Mr Brown asked if there had been any problems with compliance during 2007/08. Dr Russell referred to the NICE recommendation that defibrillators be used for secondary prevention as well as primary prevention. In general, the Trust is keen to comply but there can be issues of affordability for commissioners as funding does not directly follow NICE recommendations.

Mr Large stated that he felt that the assurance process was working well and that this had been reviewed and endorsed by the Audit Committee.

The Chair asked members of the Board if they were willing to sign the declaration and it was unanimously agreed that the declaration be endorsed and submitted to the HCC.

LL

10.4 Single Equality Scheme

Mr Jain referred to the earlier discussion on this document and commented on the scale of the challenge given the need to impact assess all policies, procedures and practices against unfair discrimination. He outlined the approach to training staff who as well as directly undertaking impact assessments would need to be aware of how the way they work could have an adverse impact.

Mr Jain advised that the Workforce Strategy Committee would monitor the employment aspects of the scheme and the Clinical Quality Committee would monitor the service delivery aspects.

He ended by congratulating Amanda Oates and the HR team on producing what was an excellent piece of work.

The Chair stressed the importance of the document and had been pleased by how widely it had already been consulted upon throughout the organisation. The Board approved the document.

10.5 Quarterly Matrons' Report

Ms Walters presented the paper outlining the work streams underway to promote cleanliness and infection prevention including completion of the recent Deep Cleaning programme.

Mr Large asked if there were risks associated with nurses and other clinical staff wearing their uniforms to and from work given that it is no longer common practice to provide changing facilities on site. Ms Walters stated that there was no evidence that uniforms transmit infection; the key factor being hand hygiene. She advised that it is policy for staff to ensure their uniform is fully covered when off site.

Mr Large asked if this policy applied also to non clinical staff. Ms Walters replied that the Uniform Policy had now been replaced with a 'Workwear Policy' which was applicable to all staff.

Dr Russell emphasised the importance of public perception on this issue advising that he was particularly keen to enforce that staff do not wear theatre blues outside of the operating department.

The Chair requested that colleagues note the report and in particular the positive impact of the deep cleaning programme.

10.6 Infection Prevention and Control report

Ms Walters presented the report, particularly drawing the Board's attention to Appendix A which sets out the Board's statement of commitment to infection prevention and control. This also makes explicit to staff, their personal responsibilities for prevention and control. Ms Walters noted that a new microbiologist was now in post and a new matron with responsibility for infection prevention would shortly be appointed.

Ms Firby congratulated staff for achieving and sustaining reduced infection rates this year and asked how this good progress will be maintained. Ms Walters replied that the schedule of deep cleaning would continue on an ongoing basis and that hand hygiene procedures will be audited on a weekly basis to support the robust work plan on prevention and control.

Dr Russell congratulated Ms Walters and Mr Richard Page, Director of Infection Prevention and Control, for approaching this agenda in a robust way. He reminded the Board that the Trust had invited the HCC to review the Trust's practices following concerns about growing numbers of deep sternal wound infections and was delighted to report that there had been no such infections reported in the last 5 months.

Mr Brown asked if screening would highlight those hospitals from which infectious patients were imported. Ms Walters advised that Trusts are generally working collaboratively to minimise the risk of infections spreading – where infections have not been declared Ms Walters would raise this with the Director of Nursing concerned.

The Chair asked the Board to note the report and reaffirm the Board's commitment to Infection Prevention and Control.

11. The Chair invited comments from members of the audience.

Mr Newby referred to a recent TV programme covering the outbreak of infection at a hospital in Kent and querying why this particular Trust had been singled out for poor performance.

Mr Jain advised that the hospital concerned had attracted national attention due to the number of deaths associated with infections. He confirmed that at CTC, the Board had reviewed the lessons learned from the Maidstone & Tunbridge Wells Inquiry, advising that robust infection control policies are in place and that infection rates are actively monitored.

Mr Newby commended the CTC for its excellent approach and high standards.

The Chair concluded that a perfect system is never assumed and the Trust will continue to learn from external and peer review.

12. Date of Next Meeting

The next public meeting of the Trust Board will be held on Tuesday 24 June 2008 at 1.00p.m. in the Executive Office Boardroom, The Cardiothoracic Centre – Liverpool NHS Trust.

Signed

Date
Mark Fitzsimmons, Chair

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**Minutes of the Trust Board (Public Meeting)
held on Tuesday 24th June 2008**

Present: Mr M Fitzsimmons Chair
Mr R Jain Chief Executive
Ms P Firby Non Executive Director / Deputy Chair
Mr J Brown Non Executive Director
Mr N Large Non Executive Director
Mr M Hewitt Non Executive Director
Ms M Simmonds Director of Finance / Deputy Chief Executive
Dr G Russell Medical Director
Ms J Walters Director of Nursing

In attendance: Mrs L Lavan Director of Corporate Development / Trust Secretary

Ms A McEvoy Associate Director of Human Resources and Organisational Development

Members of the Public: Mr D Holt
Mr A Newby
Mrs V Hornby
Mr N Birch
Mr D Broadbent

Apologies for absence:

1. **Apologies for absence**
There were no apologies for absence.
2. **Legality of Board documentation and decisions**
Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and had advised that there were no legal issues to be highlighted to the Board.
3. **Declaration of Interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared they had no interests.
4. **Minutes of the last meeting of the Trust Board**
The minutes of the meeting held 29th April 2008 were received, approved and signed by the Chair.
- 4a. **Minutes of Extraordinary Meeting of the Trust Board held on 23 June 2008 to sign off the final accounts 2007/08**
The minutes of the extraordinary meeting of the Trust Board held 23rd June 2008 were received, approved and signed by the Chair.
5. **Trust Board Action Plan :**
Actions from February 2008:
With reference to Action 1, Ms Walters confirmed that the Productive Ward Programme was progressing and a report would be brought to the next meeting of the Workforce Strategy Committee. On Action 2, Ms Walters advised that the First Care contract evaluation was in progress and a decision would be reached in July 2008.
On Action 3, Mrs Lavan confirmed that a Board Away Day was scheduled for 21 July 2008 to discuss the remit of the Council of Members and its interface with the Board.
Actions from April 2008:
On Action 2, Mrs Lavan advised that a summary of this year's annual plan had been produced and would be issued to all staff with the June 2008 payslips. A member of the Executive Team would visit every ward and department over the next 3 months to discuss the annual plan.
On Action 3, Ms Simmonds confirmed that work was underway to review the breakdown of the DNA rates by specialty and develop action plans, where appropriate.
On Action 4, Dr Russell advised that the Trust's average length of stay for emergency and elective first time CABG had been benchmarked and was shorter by approximately one day compared to competitor Trusts in the Northwest. He noted that this did not mean there was no scope to improve further but it did confirm that the Trust's current performance on this indicator compared well.
On Action 5, Mrs Lavan advised that she was working on a 'gap analysis' against the NHS Foundation Trust Code of Governance which would be brought to the Board in September 2008.
A workshop to develop the 'Board Dashboard' had been convened for 22nd July 2008.

The Board noted the action plan and progress to date.

6. Chair's briefing

The Chair welcomed Mr Broadbent back to the public Board meeting, following his recent episode of ill health.

The Chair announced that following extensive consultation with stakeholders, the Statutory Instrument to change the Trust's name to the 'Liverpool Heart and Chest Hospital NHS Trust' had been signed by authority of the secretary of State on 5th June 2008 and would take effect on 1 July 2008. A working group was working actively to mitigate any issues for public access, by ensuring effective signage and to ensure minimum disruption with maximum impact. The Chair noted that the new name gave a true sense of identity and purpose to the organisation.

To mark the change of name, the NHS' 60th birthday anniversary and the opening of the new site, the Trust would be hosting the Liverpool Heart and Chest Festival on Saturday 5th July. A variety of events would take place allowing opportunity to engage more people. The staff 'Diamond awards' would take place on 3rd July to recognise the contribution of long serving NHS employees towards making the Trust a special organisation. Ken Dodd would attend on 3rd July and plant a tree to mark the occasion.

The official opening of the site would take place in September 2008, in collaboration with the Royal Liverpool and Broadgreen University Hospital Trust and it is hoped that the Secretary of State will attend.

The Chair announced the appointment of Hazel Holmes, as the new Director of Nursing who will take up post on 1st September 2008. He went on to applaud Ms Walters for all the valuable work she had done for the organisation.

7. Chief Executive's briefing

Mr Jain announced the results of the recent PEAT (Patient Environment Action Team) assessment, an externally verified process which assessed 3 key areas – 'environment', 'privacy and dignity' and 'hospital food' – he advised that the Trust had achieved a rating of 'Excellent' for all of the 3 areas and went on to thank and congratulate the Trust's staff on this excellent achievement.

8. Strategy and Development

8.1 Foundation Trust application:

Outcome of Public Consultation

Mr Jain outlined the recent consultation exercise that had closed on 20th June 2008, explaining that the exercise had focused on public and staff and had involved a presentation on the implications of foundation trust status and the proposed changes to the governance arrangements that had been made since the first consultation exercise conducted in 2006.

Attendees had engaged in lively discussion and demonstrated clear interest in and commitment to the organisation. The key issues raised were that people wanted more access to the hospital and were supportive of the Trust achieving FT status, particularly in light of the financial freedoms and greater connection with the community. There was also support for the change of name.

The only area of concern related to the composition of the Council of Members and whether it would remain representative of the patient base in the future, given that there is only one Council seat for public members residing in the 'Rest of England and Wales'. Mr Jain advised the Board that the proposed composition reflected current patient flows and recommended

that the proposed composition be retained but be kept under review and re-visited in the event of patient flows changing significantly in the future.

Mr Large enquired whether this was an issue for the Board of Directors or the governors, to which Mr Jain replied that it would be an issue for the Council of Members to review.

Mr Brown asked whether a change would be constrained by the Constitution. Mr Jain advised that the constitution set out a process to be followed which required a proposal to be made and supported by a two thirds majority.

Ms Firby commented that the rationale was clear around the proposed composition of the Council of Members and that as it was not possible to predict future trends the proposal should be upheld.

The Board confirmed its satisfaction with the consultation process and supported Mr Jain's recommendation to retain the proposed governance structure.

8.2 NHS Northwest : Healthier Horizons – Summary of key issues for the Trust

Mr Jain outlined the key themes of the NHS North west SHA's organisational response to the Darzi review 'Our NHS Our Future', explaining that this set out a vision that would succeed the 10 year NHS Plan (2000). The '3 Horizons' model provided guiding principles for improving health and wellbeing.

Mr Jain advised how the Trust would respond and contribute to the vision noting that as a specialist centre of excellence there was a tension between delivering care close to home and delivering the best care to patients but for some, at a distance.

He highlighted the Planned Care pathway which reinforces an increased focus on standards and outcome measures and the continuing thrust of the SHA to manage the market. He recommended that all Board members read the document in full.

Dr Russell commented that it was a good strategy and that the 7 enablers identified in the document aligned closely with this Trust's strategic objectives.

Mr Large enquired how the vision would be translated into a programme of action; also what role will the Trust play in prevention as well as access.

Mr Jain advised that the final Darzi report was due to be published in the Autumn and was expected to articulate the role of PCTs in working to improve health, with World Class Commissioning a lever for change and effective market management.

There is unlikely to be specific guidance on provision of care for heart disease but PCTs would be charged with working with communities and providers to improve health and reduce SMRs. Liverpool PCT's new plan aims to save 300 additional lives from heart disease each year over the next 3 years. This Trust will work with PCTs, patients and referring DGHs and GPs to contribute to this target.

The Board noted the report.

9. Finance and performance

9.1 Integrated Finance and Performance Report Performance:

Ms Simmonds advised that the format of the report had been improved to link finance more closely with activity and highlighted the following key areas of performance:

- In patient activity is 5% in excess of plan and outpatient activity 11% in excess of plan at the end of May 2008 – this should generate an additional £200,000 income to date.
- All cancer targets achieved
- 18 week pathway targets achieved for April and May 2008
- Cancelled operations stood at 1.7% against the 0.8% target at the end of May. Actions that have been progressed include the appointment of a waiting list co-ordinator and a change to the management of urgent cases; these should result in an improvement of performance on this target next month.
- There was a slight drop in referrals during May which is being investigated.
- Emergency bed days are in excess of target. The base year is 2003/04 and does not reflect the site development and resultant expansion in activity. A case has been made to the SHA to review the target.
- There have been no cases of MRSA to date this year.
- There was just 1 case of C difficile in May, which is a significant improvement on the 6 cases reported in April, but the year to date target remains 'red'
- The length of stay target remains unachieved but benchmarking data demonstrates slightly better performance than other Trusts
- Bed occupancy has been recorded at midday as well as midnight but shows minimal differences
- Work is underway to identify measures that better evaluate theatre utilisation
- Sickness absence remains high

Mr Brown noted that the mortality rate seemed high. Dr Russell replied that some variation in mortality rates is expected, advising that the routine monitoring processes in place had not highlighted any obvious issues or trends. He advised that if the mortality rate continued to remain high into July then a full and systematic review will be instigated.

Ms Firby referred to the comment on page 1 of the report that a number of procedures are to be carried out at the Alexandra Hospital, asking how many procedures this involved, for how long and at what cost.

Mr Jain advised that this related to approximately 8 cases. He confirmed that this would not be routine practice but that appropriate capacity will be commissioned if required to meet peaks in activity. Mr Jain advised that the decision had been made following a full assessment including affordability. He agreed to confirm the number of cases and the cost to the Board at the next meeting.

Mr Large supported the new format of the report. He then advised that he had recently read a report that demonstrated a correlation between high bed occupancy and infection rates and which recommended an optimum bed occupancy rate of 82%. He questioned whether the Trust should continue to aspire towards its target of 85% bed occupancy and whether the Trust's cleaning systems would be adequate to mitigate infection rates when operating at this level.

RJ

Ms Walters undertook to seek clarification from the DH on the bed occupancy target and also provided assurance around the work of the Matron's Group in ensuring that standards of cleaning and hand hygiene were maintained. Ms Simmonds noted that the highest bed occupancy rate achieved by the Trust had been 82% but that the average was in the region of 75%. She advised that many DGHs operated at around 95% and were not able to offer the number of single occupancy / side rooms which this Trust was now able to provide as a result of the site development.

JW

Dr Russell advised that the Trust had excellent surveillance systems in place and that if a problem with infection did arise it would be identified and acted upon quickly.

The Chair requested that Dr Russell update the Board on mortality rates at the next meeting.

GNR

Ms Firby noted a typographical error in the penultimate paragraph of page 6 and requested that in future the level of unknown clockstart dates be included in the commentary.

MS

Ms Firby referred to page 8 and the note that delayed transfers of care be reduced to a 'minimal level' requesting that this be quantified.

MS

The Chair expressed concern about the continued high level of sickness absence and invited Ms McEvoy to comment.

Ms McEvoy advised that she and Mr Jain had met individually and as a group with the managers of the 10 worst performing wards / departments. Two key issues raised had been the effectiveness of First Care and the Occupational Health service. First Care was being reviewed and a decision as to its future would be made in July. The Occupational health Service was out to tender and a new contract would be in place by October 2008.

The Chair asked when the Board would receive a composite action plan to sign off and monitor. Mr Jain advised that a plan had been approved by the Workforce Strategy Committee in May but this could be brought to the Board in July.

The Chair requested that the Board receive the action plan in July and that from thereon scrutiny of sickness absence would be a standing item on the Board agenda.

RJ

Mr Large asked if there were any implications in terminating the Occupational Health contract with the Royal Liverpool and Broadgreen University Hospital given that CTC relied on this Trust for the provision of many other services; also whether opportunity to improve delivery of the service had been afforded.

Ms McEvoy advised that the key problem with the service had been the lack of clarity of advice and consultant input and that it had not been possible to resolve this.

Finance:

Ms Simmonds advised that changes had been made to the structure of the finance report and also that an independent review of the report had been commissioned to ensure that the Trust is ready to meet Monitor's reporting

requirements.

Income has increased in line with activity resulting in a deficit that is slightly less than planned.

The main financial risk is around income from Wales as the Service Level Agreement has not yet been signed off – it is anticipated that negotiations will conclude by the end of the week.

The report includes income by Commissioner but further work is required with the North West Specialist Commissioning Team to validate this.

The key areas of overspend are in theatres (£249,000) and Surgical Intensive Care (£70,000). Actions in progress include improved inventory control and re-tendering for non pay consumables.

The £2.7million Cost Improvement Programme is on target to date and includes savings on leasing and the full year effect of the workforce reconfiguration. The re-tendering of catheter laboratory consumables is expected to realise £0.5million.

On cash, the Trust has been notified of a negative EFL of just over £5million, which has been allocated on the basis that the Trust will remain an NHS Trust at the end of the financial year. Therefore not attaining foundation status before 31st March 2009 would pose a significant financial risk to the Trust. The debtor profile is now included in the report – an exercise is ongoing to reduce the level of debtors including the energy account, settlement of which requires supporting information to be provided by the Royal Liverpool and Broadgreen University Hospital Trust.

The level of capital expenditure is low for 2008/09 at £1.6million and individual schemes are to be prioritised and agreed next week.

Ms Simmonds advised that the contract for provision of a shop and cafeteria had been awarded to the WRVS and these facilities should be operational in the main entrance by October 2008.

Ms Firby referred to the overachievement of I&E and asked whether activity targets would need to be reduced to deliver the plan to target. Ms Simmonds advised that it was important to deliver performance in line with the plan but that any surplus generated by the Trust would be re-invested. She added that under performance would be a matter of greater concern.

Ms Firby asked why the Welsh contract was under performing. Ms Simmonds advised that Welsh activity was less to date compared to last year but that the contract had not yet been agreed and it was likely that the Welsh Health Commission would wish activity to increase over the remainder of the year in order to meet Welsh targets.

Mr Large commented that the £180,000 CIP relating to reduced sickness absence would be a challenge.

The Chair sought confirmation that the tea bar facility provided by the Friends of Robert Owen House in the Outpatient Department would remain operational once the shop and cafeteria were open in the main entrance. Ms Simmonds confirmed that the tea bar facility would remain open.

Ms Firby congratulated those involved in delivery of the Cost Improvement Programme for the progress achieved to date and this was supported by the Chair.

9.2 2008/09 Service Improvement Programme (SIP)

Mr Jain presented his report which illustrated the key workstreams in place to deliver the Trust's Service Improvement Programmes and to ensure that that these would be monitored and resourced effectively.

Mr Large asked whether an additional SIP relating to Service Line Reporting should be included to which Mr Jain replied that this was one of a number of enablers that would support the delivery of the SIP. Mr Jain advised that he would bring a paper to the July Trust Board specifically on Service Line Reporting.

The Chair requested that the Board note the paper.

10. Governance

10.1 Safeguarding Children's Report

Ms Walters presented the report highlighting the key developments that have been implemented over the last year and provided assurance that appropriate policies and training are in place.

She advised that there had been no reported cases of child protection issues in the last 12 months and noted that the Board had declared compliance with core standard C2.

The Chair requested that the Board note the paper.

10.2 Matron's Report

Ms Walters acknowledged the huge efforts of Sharon Hindley, Support Services Manager and her staff in achieving and maintaining the standards that had delivered Excellent ratings under the PEAT inspection.

She noted the appointment and outlined the role of Mark Dalton who had recently been appointed as Matron for Cleanliness and Infection Prevention, advising that the NHS North West SHA target of 7 matrons in post had now been met.

Ms Walters highlighted the challenge posed by the hand hygiene audits that required consultant medical staff to respond politely when questioned about their hand hygiene. Dr Russell advised that he had personally delivered mandatory training to consultant medical staff and had reinforced this issue.

Mr Hewitt asked if there was a link to the Productive Ward programme. Ms Walters advised that there was no direct link but that the Matron ensured that cleaning schedules were effectively delivered.

Ms Firby requested further training dates for Non Clinical Infection Prevention Champions. Ms Walters agreed to coordinate this.

The Chair advised that the training session had been excellent and applauded the leadership in delivering the actions required to achieve such excellent PEAT ratings, noting the duty of the Board to ensure that the momentum continues.

RJ

JW

11. The Chair invited comments from members of the audience.

Mr Newby enquired whether the forthcoming Heart and Chest Festival had been advertised in the media. Mr Jain advised that an announcement would be made on Radio Merseyside and that posters were displayed around the site but that the Trust had consciously not advertised in the Press as there was a danger that too many people for the Trust to cope with may arrive. Plans are in place to issue tickets if necessary.

Mr Newby raised the issue of signage placed at the former hospital entrance to CTC in the old hospital wing, noting that he had overheard adverse comments from members of the public in this area – he stated that he felt the signage is misleading as this is no longer the main entrance.

Mr Jain outlined his plans to improve the former entrance and improve the signage in recognition that this point of access is still regularly used by many patients and visitors.

Mr Broadbent referred to the vision outlined in Document 3 that patients would be enabled to take greater responsibility for their own health and asked how this would be enforced. He also enquired whether the Trust would be involved with other initiatives such as those led by the Heart of Mersey.

The Chair advised that a re-education process would be required.

Mr Jain advised that the Trust is currently working on a business case with the Heart of Mersey around health improvement.

He also noted the need to look to political leaders to tackle the issue of the public taking responsibility for their own health, advising that this should not be left to clinicians to decide.

Mr Broadbent asked what was planned for the 60th Anniversary of the NHS. The Chair advised that a host of events were taking place and it would be worthwhile reviewing the NHS North West website for details. This Trust's contribution would be the Heart and Chest Festival taking place on 5th July 2008.

The Chair thanked colleagues and members of the public for their contribution before closing the meeting.

12. Date of Next Meeting

The next public meeting of the Trust Board will be held on Tuesday 22 July 2008 at 1.00p.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Trust.

Signed

Date

Mark Fitzsimmons, Chair

**Minutes of the Trust Board (Public Meeting)
 held on Tuesday 22nd July 2008**

Present:

Mr M Fitzsimmons	Chair
Mr R Jain	Chief Executive
Ms P Firby	Non Executive Director / Deputy Chair
Mr J Brown	Non Executive Director
Mr N Large	Non Executive Director
Mr M Hewitt	Non Executive Director
Ms M Simmonds	Director of Finance / Deputy Chief Executive
Dr G Russell	Medical Director
Ms J Walters	Director of Nursing

In attendance:

Mrs L Lavan	Director of Corporate Development / Trust Secretary
Mrs A McEvoy	Associate Director of Human Resources and Organisational Development

Members of the Public:

Mr J Room	
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Members of Staff:

Ms V Cleary	Senior Nurse Manager
Mr P Van Loo	Staff Side Representative

Apologies for absence:

1. **Apologies for absence**
There were no apologies for absence.
2. **Legality of Board documentation and decisions**
Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and in respect of Document 5 (Code of Conduct for Council Members) had suggested that the Board consider inclusion of the requirement for Council Members to be CRB checked. Mrs Lavan advised the Board that provision had already been made to undertake CRB checks and that this requirement had been stated in the information pack to prospective candidates. The Board discussed the need for this requirement and accepted that it would be good practice to undertake the CRB checks but that there was no need for this requirement to be stated in the Code of Conduct.
3. **Declaration of Interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.
4. **Minutes of the last meeting of the Trust Board**
The minutes of the meeting held 24th June 2008 were received.

Mr Brown requested that the final sentence of Minute 3 (Page 2) be amended to read: "All Directors declared they had no interests."

On page 7, 5th paragraph, Mr Hewitt noted a typographical error requesting that the reference to 'March 2008' be amended to read 'March 2009'.

These amendments were agreed and noted, following which the minutes of the meeting held on 24th June 2008 were approved and signed by the Chair.
5. **Trust Board Action Plan :**
Actions from June 2008:
With reference to Action 1, Mrs Lavan reported in response to a question raised at the last meeting that 6 surgical cases had been undertaken at a cost of approximately £10,000. Actions 2 -5 had been addressed in the Integrated Finance and Performance report for the period ending 30th June 2008. In respect of Items 7 and 8 Mrs Mc Evoy and Ms Simmonds, respectively, had produced papers for consideration at the private meeting to follow. On Action 8 it was confirmed that Mark Dalton had arranged further dates for training in infection prevention for non clinical champions.

The Board noted the action plan and progress to date.
6. **Chair's briefing**
The Chair referred to the events that had taken place earlier in the month to mark the 60th Anniversary of the NHS and the re-naming of the Trust. On behalf of the Board, the Chair recognised the efforts of staff that had gone into making the recent Heart and Chest Festival a successful and enjoyable event. He publicly thanked the Lord Mayor for his support and attendance, noting that the Trust's charitable fund was one of the Lord Mayor's chosen charities for the coming year.

The Chair had felt privileged to be involved in presentation of awards to the longest serving members of staff and was delighted that Ken Dodd had given his time to attend the launch of the Trust's new name. He announced that the Secretary of State would shortly be visiting the Trust to officially open the new site.

7. Chief Executive's briefing

Mr Jain announced that a programme of visits by members of the Executive Team to all wards and departments had commenced and was so far well received. The purpose of the visits was to discuss with staff the annual plan and to receive their feedback.

Mr Jain noted that the Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT) had launched a public consultation on the Trust's redevelopment plans. The Consultation period began on 14.7.08 and will run until 20.10.08. He advised that the Executive Team would be reviewing the consultation document in detail in order to assess the risks and opportunities for LHCH and would be compiling a full response. It was agreed that copies of the consultation document be distributed to the full Board.

LL

The Board was advised that the Healthcare Commission would be conducting an inspection between the dates of 1.8.08 and 30.10.08 in order to test compliance with the Hygiene Code. Mr Jain advised that a self-assessment against the Safer Patient tool kit had been conducted and had provided assurance that strong practices were in place. Nonetheless the implications of this inspection would be significant for the Trust.

Mr Jain advised that the Health and Social Care Act 2008 had received Royal Assent. The Healthcare Commission (HCC) would be abolished and replaced by a 'Care Quality Commission' which would incorporate the roles of the former HCC and Social Care Commission.

The Board ratified the appointment of Mr Daryl Chung as Consultant Cardiac Surgeon.

8. Strategy and Development

8.1 Foundation Trust application:

8.1.1 Amendments to Constitution

Mr Jain presented a series of proposed changes to the Constitution as set out in Document 2, along with 3 further proposed changes that had arisen during discussion at the Board away Day the previous day. The Board considered the rationale for each change as follows:

- ***Annex 1 and Annex 2 – change the minimum number of members required in each class of the public and staff constituencies from 1 to 4.*** The Board approved this change following the advice of Cobbetts solicitors, noting that the number was low to minimise risk but did not in any way reflect membership aspirations.
- ***Amend the definition of registered nurses to enable inclusion of healthcare assistants and student nurses, subject to the eligibility requirement of 12 month continuous service.*** The Board approved this amendment.

Ms Firby noted that Student Nurses were not on the Trust's payroll and questioned how they would become members. Mrs Lavan advised that they would be allowed to 'Opt in' to the relevant class providing that the eligibility criteria were met.

Ms Firby asked whether student physiotherapists, radiographers, doctors etc would be eligible for membership and suggested the definitions of other staff classes may also need amending. Mr Jain advised that the Trust does not offer undergraduate medical placements but requested that the issue of students in the allied health professions be explored further. The Board agreed to delegate authority to Mr Jain to approve a further change in respect of the definition of the AHP class, if this proved to be appropriate. Mrs Lavan agreed to pursue this and report back to the Board on the outcome.

LL

- **Nominate the Lung Cancer Fund (Isle of Man) as one of the seven partner organisations to be represented on the Council of Members.**

Mr Hewitt questioned whether this amendment would constrain the composition of the Council of Members in the future.

Mr Brown questioned what would happen if the organisation folded.

In respect of both points, Mrs Lavan advised that the same concerns applied in respect of all nominated partner organisations and that a change in nominated partner would require a constitutional change, for which process would have to be followed.

Mr Hewitt asked if the organisation had been consulted and Mrs Lavan confirmed that a named individual had been nominated by the Lung Cancer Fund to undertake the role of Council Member.

The Board approved the amendment.

- **Amend the wording of para 14, Annex 5, to simplify and clarify the process for filling vacant Council seats.** The Board approved the amendment.

- **Revise the initial terms of office for elected Council Members to a mix of 2 and 3 year tenures (previously a mix of 1,2 and 3 year tenures)** on the basis that 12 months was felt to be too little time for an individual to develop their contribution and would require an annual election process. Mr Large asked how it would be determined which Council Members were awarded 2 year tenures and which would be awarded 3 year tenures. Mr Jain replied that allocation of tenures would be made on the basis of the number of votes received by each elected member.

The Board approved the amendment.

- **Change the name of the Council of Members to the Council of Governors**, in light of the fact that name Council of Members can be confusing and make it difficult to distinguish between the membership and the governing body. Mr Jain advised that the majority of Foundation Trusts had opted for a Council of Governors, providing a clear distinction between members and the Council.

Mr Hewitt stated that he felt that the original rationale had been well thought through and expressed his preference to continue to use the term Council of Members. The Chair asked all Board members for a view and concluded that this was an important issue worthy of further debate outside of the Board meeting. Mrs Lavan advised that the timing of any decision to change the name was critical due to the pending Notice of Election. The Chair confirmed that further discussions would take place quickly.

MF

- **Amend the composition of the Nominations Committee to include the Chief Executive acting in an advisory capacity**, in order to ensure that the views of the CEO are taken into account when appointing new Non Executive Directors.

Mr Large questioned whether this change would create a conflict given

that the Chair and the Non Executive Directors needed to hold the Chief Executive to account.

Mr Hewitt stated that he did not think the proposed change was necessary.

Dr Russell advised that the Chief Executive's input in an advisory capacity was imperative as a NED appointment is a key working relationship.

Mr Jain clarified that the purpose of the proposed amendment was to ensure that the Chief Executive was included in the appointment process and since the constitution is silent on the process it is important that the CEO's involvement is made explicit.

Mr Hewitt agreed that it was important that the Board build a governance structure that includes safeguards and checks for the organisation's long term future. The Chair summed up the Board's debate and it was agreed that the wording be amended to enable the Chief Executive's attendance in an advisory capacity (but not a voting member) at the Nominations Committee. Mrs Lavan would agree an appropriate form of words with Cobbetts and action the amendment.

- ***Amend the appointment of the Deputy Chair by the Council of Members to provide for appointment of the Deputy Chair by the Board of Directors.***

Mr Hewitt sought clarity on the rationale for this proposal and Mr Jain advised the importance of ensuring appropriate skills and best fit in terms of selecting the Deputy Chair.

Mr Large expressed the view that the decision should rest with the NEDs rather than the full Board.

Mr Hewitt advised that there should be a clear process for appointing the Deputy Chair that allowed NEDs to express an interest in the role and set out the criteria and process for selection.

The Chair advised that further consideration of this issue was required and agreed to bring a paper back to the Board for further discussion.

LL

MF

8.1.2 Membership Strategy

Mr Jain presented the current membership strategy, asking the Board to consider, in particular, the proposed budget and the ambition to recruit 7,000 public members by 2010/11. At the Board Away Day the previous day the Board had received a formal view from Ann Utley that it should look to increase further the size of its membership.

Dr Russell suggested an escalation in the pace of recruitment, whilst retaining the ultimate target of 7,000 to ensure quality of member engagement and containment of the costs required to service the membership.

Mr Large advised that the Board place emphasis on expediting membership as a priority for the next 3 months and that this would require flexibility in terms of the set budget.

Ms Firby noted that the size of the staff membership may increase following the inclusion of students.

Following further discussion it was agreed that the membership target be set at 9,000 by the end of 2010/11, being phased over the preceding period.

Mr Jain advised that the Board required a more detailed action plan up to March 2009, that ensured significant progress over the next 3 months.

Membership numbers would be reviewed on a monthly basis and a report (action plan and current position) would be brought to the September meeting.

RJ/LL

Ms Simmonds acknowledged the need for flexibility with the budget in the next few months, but advised that a firm budget would need to be set for

2009/10 and beyond as part of the annual budget setting process in order to ensure good financial control.

Mr Large sought clarity as to which Executive Director was responsible for delivery of the membership strategy. Mr Jain advised that this was the Chief Executive.

8.1.3 Election process

Mr Jain summarised the process for the election of staff and public members to the Council of Members. The board confirmed its satisfaction with the proposed election timetable, the independent administrator, the proposed nominations process and the activity undertaken to engage members in standing for election.

Mr Hewitt enquired as to whether the 2 supporters of a nominee needed to be members. Mrs Lavan confirmed that this was the case and also that the supporters needed to be members of the same class from which the candidate was seeking votes.

8.1.4 Council of Members – Code of Conduct

Mr Jain presented the draft Code of Conduct for Council Members, requesting in respect of Paragraph 22 that the wording be amended in terms of requiring a Council Member to seek explicit permission from the Trust prior to contacting or releasing any information to the media.

Mr Hewitt asked what processes would be put in place to ensure that permission is sought. Mrs Lavan replied that a media policy would be produced for inclusion in the Council Members' handbook and induction process.

The Board approved the Code of Conduct subject to the above amendment.

LL

LL

8.2 Darzi Review – Final report Summary

Mr Jain presented the final report summary of the NHS review advising that there would need to be a process for assessing the implications of the plethora of publications that are being issued by the DH. He envisaged that the Board would return to these issues many times in the coming months.

Mr Large asked how the Trust had been engaged in the Darzi review and Mr Jain outlined the consultation exercise 'Our NHS Our Future' that had been led by the Strategic Health Authority with contribution locally. The main thrust of the final report was around quality and outcomes and the Trust will support commissioners and work with stakeholders to take forward the recommendations as they emerge.

9. Finance and performance

9.1 Integrated Finance and Performance Report

Ms Simmonds tabled the paper (as previously agreed with the Board due to the scheduling of the July meeting a week earlier in the month than usual) and requested comments and questions from Board members by 28th July 2008. She noted that the Finance and Performance Committee would be meeting on that date to discuss the report in detail. The Chair requested that any questions put forward by Board Members be logged for review at the next meeting.

Ms Simmonds provided an overview on the key indicators as follows:

Performance:

- Activity was significantly ahead of plan at the end of June 2008 – in patient activity was 7% above plan; surgical activity 13% above plan;

MS

- cardiology activity 5% above plan; outpatient activity 9.6% above plan.
- DNAs had increased slightly (from 7.4% to 7.6%) , primarily due to the high DNA rate attributed to the cystic fibrosis service
- The 14 and 31 day cancer access targets were fully met at the end of June although there was 1 reported breach of the 62 day target relating to a case that had already breached the target at the time of referral.
- Diagnostic waiting times were reported to have improved significantly at the end of June 2008.
- The 18 week pathway target was achieved with 85.1% of admitted patients treated within 18 weeks and 92.7% of non-admitted patients treated within 18 weeks.
- The number of cancelled operations stood at 1.7% at the end of June
- On infection, there were no cases of MRSA; there were 2 cases of C - Difficile bringing the total for the year to date to 9. The target for the year is a maximum of 31 cases and therefore delivery of this target remains a risk to the Trust.
- The mortality rate for June 2008 was reported at 0.8%; the year to date position being 2.1%
- Day case targets were achieved at 90.6% and bed occupancy was higher than average at 84% overall in June
- Theatre utilisation was 90%
- Sickness absence stood at 5.96% and turnover improved slightly at 11.3%

Dr Russell advised that although the reported mortality rate currently stood at 0.8% for June, two patients remained in Critical Care and there was a possible risk that the mortality rate could result in being up to 2.4% depending on the outcomes.

Mr Brown asked if the emerging trend should be of concern. Dr Russell advised that every patient death is reviewed at the Surgical Mortality meeting as well as the trend being closely monitored by the Clinical Effectiveness Group. Until a 3 month adverse trend is evident it is not policy to undertake a systemic review but the situation is being watched closely.

Mr Hewitt referred to a question raised at the last Board meeting and asked whether it had been established that a target of 85% bed occupancy was still appropriate. Ms Walters confirmed that she had investigated this with the DH and the target was still 85%. Dr Russell referred to the correlation between high bed occupancy, cancellation rates and hospital acquired infections noting that June saw an exceptionally high throughput on activity which although staff had generally coped with, was not sustainable over time. Mr Jain concurred with Dr Russell's assessment and outlined a key piece of work that Dr Russell was leading to review capacity. Mr Jain advised also that the reason activity had peaked in June was because there was a need to meet the 18 week target but the activity plan was lower for the remainder of the financial year.

Mr Jain brought to the attention of the Board some developments made to the Performance Report. He referred to page 3 and the improved analysis around forecasting future activity trends. The Information Team had developed a chart that calculated a forecast in two ways – 'activity to date plus remaining plan'; and 'activity to date plus remaining plan with % variance from plan applied'. These metrics would aid the Board's interrogation of the activity data presented.

With reference to page 10, Mr Jain noted the assignment of an amber BRAG rating to the C –Difficile indicator, advising that this should in fact be red because if the current trend were to continue then the annual target would not be met. He requested that Ms Walters prepare a report for the September Board to set out the action plan in place. Ms Walters outlined the key actions that are underway including the review of the C-Difficile Policy in relation to the risk assessment made when patients are transferred from other hospitals.

JW

Mr Large referred to page 14 and questioned the downward trend of referrals advising that he would have expected to see a correlation between inpatient referrals and inpatient activity and therefore an upward trend in referrals. Mr Jain explained the need to better understand the conversion rate of referrals into inpatient intervention – ideally this would be 1:1 inferring that all referrals made are appropriate for treatment. He also advised that the referral trend would need to be investigated to establish whether the downward trend was statistically significant. Mr Jain advised that it would be useful in the future to identify the source of referral and to measure the quality of referral in terms of meeting growth plans.

MS

Mr Large referred to page 15, asking whether the slight reduction in sickness absence was seasonal or a result of positive action. Mrs McEvoy advised that she would hope that the impact of positive action had started to deliver a reducing trend.

The Chair summed up that the Board required an action plan to reduce the incidence of C-Difficile (JW); an understanding of the timescales for delivering Dr Russell's capacity review (RJ) and an update on Mortality (GMR) at the September Board meeting.

JW
RJ
GMR

Finance:

Ms Simmonds advised that the Trust had delivered a financial surplus at the end of June against a planned deficit position, as a result of activity being ahead of plan and therefore a higher level income received in respect of increased activity and case-mix.

The CIP was also over achieved by £110k.

Financial risks include reduced activity in future months; the final settlement of the Welsh contract (£600k at risk to be negotiated, 5th August 2008); non-pay cost pressures and high levels of staff sickness.

The cash balance at the end of June was £5.2million, due to the return of lodgements from the SHA and a reduction in the level of debtors.

Capital expenditure has been minimal to date but the capital programme is now fully committed mainly around minor works schemes and replacement of medical equipment.

Ms Simmonds noted that the Trust's External Financing Limit would require the repayment of £5.2million if the Trust has not achieved foundation status by 31st March 2009.

The FT metrics had improved due to the favourable financial performance, with the exception of the liquidity risk rating which remains at 1 due to the low cash balance at the start of the year, as required by the NHS Trust financial regime.

Mr Hewitt asked what contingency was in place in the event that foundation status is not achieved by March and the EFL has to be met, given that there is no lodgement facility this year.

Ms Simmonds confirmed that the SHA have been advised of the risk and the Trust's expectation of support in the event of a delay in the FT process, but there are no guarantees around this at the present time.

Mr Large asked if the Trust had experienced inflationary pressures, particularly in light of the rising cost of fuel.

Ms Simmonds advised that whilst the energy budget had been increased to reflect the impact of the site development and increased costs, energy is likely to be an increasing cost pressure.

Mr Jain drew the Board's attention to the CIP and the importance of its delivery to the Trust's financial health. He noted that 50% of the programme was reliant on workforce savings including a reduction in sickness absence. He recommended that the Board re-examine the CIP in detail at the September Board meeting in order to understand the risks in delivering this year's CIP and to look forward to 2009/10.

MS

10. Governance

10.1 External Assurances Received

Mr Jain advised that there were no external assurances to report.

10.2 Board Assurance Policy

Mr Jain presented the revised policy document highlighting the key changes to the Board Assurance Framework.

The Board approved revised Board Assurance Policy.

10.3 Risk Management Strategy

Mr Jain presented the revised Risk Management Strategy advising that the document had been reviewed and updated to reflect best practice and ensure compliance with NHSLA standards. He noted that there were a few typographical errors that would be corrected.

RJ

Mr Brown referred to Section 2.7 and asked why the Medical Director's role was described as being "*responsible* for..." Whilst all other roles were "*accountable* for..."

Mr Jain agreed to clarify this.

The Board approved the Risk Management Strategy delegating authority to Mr Jain to amend the description of the Medical Director's role, if appropriate.

RJ

10.4 Director of Infection Prevention Quarterly Report

Ms Walters informed the Board of progress on Infection Prevention issues, referring also to the Board's earlier discussion on actions underway to reduce C-Difficile. She advised that following the appointment of Mark Dalton as Matron for Infection Prevention on 1st July, significant improvements around issues such as hand hygiene were anticipated.

Ms Walters referred to the 160 assurance standards highlighting those that were assigned an amber rating and the requirement to incorporate a duty of infection prevention into the job description of every Board Member.

Ms Walters advised that the approval of the new antibiotic policy was still outstanding and although there was a hospital formulary in place, concern

had been expressed by surgeons around the need for an antibiotic policy to be in place.

Dr Russell gave assurance that the Trust has an antibiotic policy in place but there is a requirement for a new policy which will be an iteration of the existing policy. Dr Russell advised that an extraordinary meeting of the Drugs and Therapeutics Committee had been scheduled in August to expedite the policy.

GNR

Ms Firby referred to the hand hygiene audit and the fall in compliance, correlating this to the increased levels of activity and questioned whether it is safe to operate at 85% bed occupancy.

Dr Russell stated that it is a fact that workload on staff impacts upon infection rates and that it was necessary to ensure that wards were appropriately skilled to deal with planned activity. He added that the fact that hand hygiene audits are in place ensures early warning of an infection problem.

Ms Walters advised that this month's infections comprised 2 isolated cases and there had been no outbreak of infection.

The Chair noted that increased activity in June had stretched the organisation in a number of ways and he would discuss this further with Mr Jain in order to outline to the Board the remit of a long term review.

MF/RJ

10.5 Closing Report of the Workforce Strategy and Development Committee

Ms Walters presented the report, highlighting performance issues and advising that there was further work to do to ensure effective partnership working with staff side.

The Board noted the report.

11. The Chair invited comments from members of the audience.

Mr Van Loo referred to Document 3 and questioned the target of 1300 staff members as he believed the Trust employed only 1200 staff. He was advised that the target related to headcount and included part time staff.

Mr Van Loo referred to the Darzi Review and commented that one outcome had been the consultation on an NHS Constitution, requesting that the Trust involve staff in the consultation process.

Mr Jain advised of his plans to address this at team brief the following day.

Mr Van Loo welcomed recognition from the Board of the impact on staff as a result of the high level of activity in June and recommended that the reasons for this were communicated to staff to provide re-assurance that there would not be an ongoing pressure. Mr Jain supported this.

Ms Cleary commented that staff sickness in some areas was a reflection of the increase in activity and that it had been necessary to increase bank usage to run a higher number of critical care beds.

The Chair asked the staff members present to encourage staff to recruit public members from amongst their friends and families and also to begin discussing the election process.

The Chair closed the meeting.

12. Date of Next Meeting

The next public meeting of the Trust Board will be held on Tuesday 30th September 2008 at 12.00 noon in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Trust.

The Annual General Meeting will follow at 4.00pm in the Lecture Theatre.

Signed

Date

Mark Fitzsimmons, Chair

**Minutes of the Trust Board (Public Meeting)
held on Tuesday 30th September 2008**

Present: Mr M Fitzsimmons Chair
Mr R Jain Chief Executive
Ms P Firby Non Executive Director / Deputy Chair
Mr J Brown Non Executive Director
Mr N Large Non Executive Director
Mr M Hewitt Non Executive Director
Ms M Simmonds Director of Finance / Deputy Chief Executive
Dr G Russell Medical Director
Mrs H Holmes Director of Nursing

In attendance: Mrs L Lavan Director of Corporate Development / Trust Secretary
Mr P Rushton Associate Director of Service Development
Ms T Sang Assessment Manager, Monitor
Mr M Hopper Analyst, Monitor

Members of the Public: Mr D Broadbent
Mr D Holt
Mrs V Hornby

Members of Staff:

Apologies for absence:

Presentation to Employee of the Month

Mr Dave McConnell, Post Person was presented with the first monthly staff recognition award.

1. Apologies for absence

There were no apologies for absence.

2. Legality of Board documentation and decisions

Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and had advised that there were no legal issues to be highlighted to the Board.

3. Declaration of Interests relating to agenda items

The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.

4. Minutes of the last meeting of the Trust Board

The minutes of the meeting held 22nd July 2008 were received.

With reference to page 8, 'Finance' section, Mr Hewitt noted a typographical error, advising the statement "*Ms Simmonds noted.... If the Trust had not achieved foundation status by 31st March 2008*" should be amended to read "*...by 31st March 2009*"

This amendment was noted, following which the minutes of the meeting held on 22nd July 2008 were approved and signed by the Chair.

5. Trust Board Action Plan :

Action from April 2008:

Mrs Lavan noted that the 'gap analysis' of the Trust's position against the provisions of Monitor's Code of Governance for NHS Foundation Trusts had been undertaken and would be considered in the private meeting to follow.

Actions from July 2008:

Mrs Lavan confirmed that the consultation document published by the Royal Liverpool & Broadgreen University Hospital NHS Trust (RLBUHT) on its future service plans had been circulated to all Board members and that the Executive Team would consider any comments from Board members in compiling the Trust's response.

Actions 3 to 6 related to the Board's discussions on the draft constitution and amendments are proposed in respect of items 5 and 6; these being addressed within document 4 (Agenda Item 8.1(a)). In respect of Action 4, Mrs Lavan noted that the Board would review use of the term 'governor' in favour of 'Council Member' with the Council of Members once it is established.

The Membership Strategy (Action7) and actions 10,11 and 13 -16 were all items to be addressed within today's Board agendas.

The Board noted the action plan and progress to date.

6. Chair's briefing

The Chair welcomed Hazel Holmes, Director of Nursing to her first Board meeting.

The Chair announced the appointment of Judy Craske, Non Executive Director, advising that she would be joining the Board at its next meeting (Away Day) on 15th October 2008.

The Chair referred to the visit made by the Rt Hon Alan Johnson MP – Secretary of State for Health on 31st July 2008 at which the site was officially opened.

He updated the Board on the collaborative work being undertaken with local education and employment agencies; and noted also the ongoing consultation process on the NHS Constitution.

7. Chief Executive's briefing

Mr Jain reported on the continuing work with North Wales and the recent strategic workshop convened with clinicians and representatives from the North Wales Cardiac Network and Welsh Health Commission, to consider opportunities to work collaboratively to develop cardiac services in North Wales. He advised that a local PCI service was to be established at Glan Clwyd Hospital within the next 12 months.

Mr Jain recorded the Board's appreciation of the WRVS for their investment in the site, noting that the new retail outlet, shop and ATM facility was expected to open in mid November 2008.

The Trust had recently gained national recognition for the introduction of new technology to treat cardiac patients. Mr Jay Wright, Consultant Cardiologist, was congratulated on achieving mentor status for the provision of CRT (cardiac resynchronisation therapy).

Mr Large asked whether CRT was a new technique and what were the costs and benefits. Mr Jain replied that the treatment had been developed overseas but that this Trust was at the forefront of introducing it in the UK. Dr Russell advised that the treatment was a major step forward in managing poor heart function and as such was of great benefit to patients as well as developing the Trust's reputation as a leader in this field. The activity already formed part of the Trust's contract with commissioners.

8. Strategy and Development

8.1 Foundation Trust Issues:

8.1a) FT Application – key issues update

Mr Jain reported that the election process was progressing to plan, noting that all but two seats had been contested, placing the Trust in a good position for developing a vibrant membership.

Dr Russell commented that in the case of the uncontested seat for 'Staff – Registered Medical Practitioners', he felt that there had been a consensus view amongst consultants that Dr Johan Waktare was highly appropriate for the role and that this was the most likely explanation for the fact that no further nominations had been received.

A number of changes to the constitution were proposed following discussion at the last Board meeting.

With regard to the form of words proposed in Document 4, 2.3(i) Mr Large asked whether the reference to the appointment of Non Executive Directors included the Chair and if this was the case then this should be made explicit. The Board agreed that the reference should specifically include the Chair and requested that the wording be amended to reflect this.

LL

Mr Large referred to 2.3(ii) and the proposal for appointing the initial Deputy Chair, stating that his recollection of the Board's discussion in July was that clarity was also required around the ongoing process for appointing the Deputy Chair. Following discussion the Chair proposed that a recommendation for the role of Deputy Chair would be made by the Non Executive Directors to the Board of Directors who would then make a proposal to the Nominations Committee for approval by the Council of Members. It was agreed that Mrs Lavan would liaise with Cobbetts to incorporate this process into the constitution.

LL

The Board approved the changes proposed in the document at 2.3 (iii) and 2.3 (iv).

8.1b) Membership Strategy

Mr Jain advised that the Membership Strategy had been updated following the Board away Day on 21st July 2008, primarily to reflect two key amendments:

- A revision (increase) to the target numbers; and
- Inclusion of a proposed workplan to guide the Council of Members during their first 12 months. This included a proposed Committee structure which the Council of Members, once established, could adjust to reflect their needs.

Mrs Holmes noted that the proposed groups, particularly the staff council and patient experience groups would complement, rather than stand separately from ongoing developmental work within the Trust. Those groups that were time limited would enable focus and action planning on specific issues.

Ms Firby confirmed that it was very helpful to provide a framework for the Council of Members to build on. She requested that the socioeconomic profile data be brought back to the Board once this is available and questioned what could be done to improve the ethnic profile of the membership.

LL

Mrs Lavan noted that the ethnic profile of the population needed further analysis due to the high proportion of Merseyside residents classified as 'Other'. She went on to advise that the priority for the next 3 months would be to increase the number of members in Cheshire and North Wales since these geographical areas remained under-represented. Following this, recruitment campaigns would be targeted at specific population groups in order to ensure representation across gender, age, ethnicity and socioeconomic group. With regard to recruiting from ethnic groups, some specific interventions had been identified such as forging links with groups such as the Toxteth Community Centre.

Mr Large congratulated colleagues on the impact of the recent recruitment drive and asked how likely it was that the Trust would exceed its target and whether an optimum number of members should be defined and managed

to mitigate against excess costs of maintaining the membership.

Mr Jain replied that it was excellent to have so many members but acknowledged that supporting a vibrant membership carried a significant cost. The Year 3 target of 9,000 public members felt right compared to other foundation trusts but it was quite likely that the target would be reached and exceeded quicker than planned. For this reason, future recruitment campaigns would be targeted to attract specific groups of the population rather than taking a blanket approach.

Dr Russell asked what actions were being taken to increase members in Cheshire and North Wales. Mrs Lavan advised that letters would be sent to new patients from these areas, an article in the local press (The Warrington Guardian) was pending and this would increase publicity and also GP surgeries in Cheshire and North Wales would be targeted.

The Chair summed up discussions and confirmed that whilst the Board was satisfied with the overall number of members recruited to date, more work was needed to increase membership in Cheshire and North Wales over the next 3 months.

9. Finance and performance

9.1 Integrated Finance and Performance Report

9.1a) Executive Summary F&P Report – August 2008

Ms Simmonds presented an overview of the Trust's performance at the end of August 2008, noting that :

- Activity was ahead of plan
- Cancelled operations remained in excess of target
- Mortality rates increased slightly in August
- Sickness levels were still assigned a 'red' rating but some improvement was seen
- All financial indicators were on target
- CIP was slightly behind on profile but remained on track for achievement by the year end

Mr Large referred to the current economic climate and asked if there were any increased risks around inflation, unemployment and other economic factors.

Ms Simmonds advised that the cash was secure in the Paymaster General Account and whilst the Trust had experienced the impact of inflationary pressures, a reserve had been established and provision for 3% shortfall in inflation had been made within next year's financial plan.

Mr Large asked about the expected profile of activity for the remainder of the year.

Ms Simmonds advised that activity would now level out following the planned peak in activity that was required from April until July 2008 to ensure that the 18 week pathway targets were met.

Dr Russell referred to the continued high level of cancellations, advising that a strategy was now in place to split elective and urgent work in surgical rostering and this was expected to have a positive impact on this indicator.

Mr Brown commented that private patient income was below target despite the strategy to increase private patient activity.

Ms Simmonds advised that the estimates for August had been under-achieved due to consultant leave but that the target was still expected to be achieved by the year end. The current year's trend would be reviewed as part of the 2009/10 budget setting round.

Ms Firby referred to page 11 of the integrated finance and performance report and asked why the day case target for angiography was not being met.

Dr Russell advised that the day case target had been set at an ambitious level based on the fact that most consultants now performed the procedure using the radial route which could generally be done as a day case. However one cardiologist still uses the femoral route which requires an in patient stay.

Mr Hewitt asked whether the target length of stay for CABG was realistic.

Ms Simmonds advised that the target set was based on benchmarks from other Trusts but that it needed to be recognised that the work carried out at this Trust is generally more complex. She advised that the target was being reviewed and a paper, recommending a revised target would be considered by the Executive Group at the end of October.

Dr Russell noted that average post operative length of stay for CABG was one day less than most other cardiac providers but urged caution around discharging patients too early.

The Chair noted that the majority of issues raised were components of the strategic review of patient flow and that whilst it was good to have 'stretch' targets, these must be within reach and attainable targets needed to be established for cancelled operations, length of stay and private patient income.

9.1b) Issues raised by Board Members on F&P Report – June 2008

The Board noted the paper outlining the questions raised in relation to the June 2008 Finance and performance Report.

10. Governance

10.1 External Assurances Received

10.1.1 Standards for Better Health declaration 2007/08

Mr Jain presented a paper summarising the cross checking process that the Healthcare Commission (HCC) undertakes to determine where to target their inspection activity in relation to Trusts' annual declarations of compliance with Standards for Better Health. He highlighted that the HCC's conclusions provided good external assurance that the Trust's systems and evidence of compliance with standards were sound.

Mr Jain drew the Board's attention to Standard C8b (Personal Development Programmes) which had been assigned a red rating due to the link made by the HCC with the results of the annual staff survey. As a result of this red rating, Mr Jain and Mrs McEvoy had reviewed the evidence used to make

MS

the compliance statement and were assured that good systems were in place supported by evidence of compliance. However it has been recognised that the Trust's standards in this area should be higher and as a result processes have been strengthened through, for example, monthly monitoring and review of outstanding appraisals.

Mr Brown queried what was meant by the indicators that had been shaded grey in the table at Appendix 1.

Mr Jain explained that these were standards for which the HCC does not have data to enable a conclusion to be reached as to the Trust's compliance. For example, in relation to C1b (Management of Safety Alerts) the evidence available to the HCC is inconclusive.

Mrs Holmes advised that internal evidence was received by the Health and Safety Committee that was not available to the HCC via data returns, which meant that the Trust could be confident in its compliant declaration. The only data available to the HCC for this standard relates to Trust responses to Safety Alert Broadcasts.

Similarly for C10b (Codes of Professional Practice) the Trust has evidence to support its declaration but the HCC does not have sufficient data in this area to cross check and reach a conclusion.

Mr Jain advised that this was a positive report that provided one source of assurance – the Trust continued to gain assurance on an ongoing basis through the scrutiny of evidence of compliance with standards by the Standing Committees.

Ms Firby asked whether the conclusions of the HCC set out in the report would influence the annual healthcheck rating.

Mr Jain advised that they would not.

Mr Large asked what the Trust had learnt from this report.

Mr Jain advised that the Board had received external assurance that its own evidence had been substantiated by the HCC's data analysis. The findings had reinforced the Trust's existing priorities to improve staff motivation, staff satisfaction and appraisal rates.

The chair noted that whilst it will be interesting to receive the results of the next staff survey, interventions taken to improve staff motivation will take some time to come to fruition.

10.2 Director of Infection Prevention and Control Report

Mrs Holmes advised that she had taken over the role of Director of Infection Prevention and Control (DIPC) from Richard Page following her appointment to the Trust on 1st September 2008.

She had reviewed the format and content of the DIPC report and advised that in future this report would replace the regular Matron's Report. She welcomed comments and feedback from colleagues on the report's content.

Mrs Holmes reported that there had been no MRSA bacteraemias since the start of the financial year and that the trajectory for C-Difficile was on target. Compliance with the hand hygiene audit was good at 88-90%.

The antibiotic policy had been approved in August 2008.

Ms Firby asked whether individuals and / or ward areas not complying with

the hand hygiene regulations could be identified through the audit process and if so what action could be taken.

Mrs Holmes advised that she had requested the data to be broken down by ward area and staff group for review by the Infection Control Committee. Where individuals or groups of staff were found not to be complying then action taken would involve provision of additional training and if necessary, they would be held to account for failing to comply with the hand hygiene policy under the Trust's disciplinary procedure.

Mr Hewitt referred to the trajectory presented on page 6 of the report asking if it was correct.

Mrs Holmes advised that it would be appropriate to revise the trajectory now based on the improving trend.

Mr Hewitt asked whether there was strong clinical 'buy in' to the new antibiotic policy.

Mrs Holmes advised that the policy was based on NICE guidance and was now ratified and generally accepted despite some contention around prescribing relating to dental procedures carried out pre cardiac surgery. A training programme has been provided and audits will be undertaken of compliance with the policy.

Ms Simmonds referred to the forthcoming HCC Inspection on compliance with the Hygiene Code and asked what processes were in place to ensure that nursing staff were empowered to challenge doctors around hand hygiene practices.

Mrs Holmes advised that the 'bare below the elbow' policy had helped but the key to this was leading by example and the Medical Director and Associate Medical Directors were all actively supporting compliance as well as supporting nursing staff to challenge where required.

Dr Russell confirmed that he had made clear to all medical staff that the Infection Prevention champion nurses must and would be supported to challenge anyone who failed to comply with the policy.

Mrs Holmes reminded the Board that the unannounced HCC visit could take place at any time between 1st October and 31st December 2008.

Dr Russell asked whether further information could be provided on the in-hospital surgical site infection rate.

Mrs Holmes advised that this indicator had improved since the DH visit and that the Infection Prevention Committee were looking further at this.

Mr Brown asked if there was a target for compliance with the hand hygiene policy and suggested that the aspiration should be to achieve 100% compliance.

Mrs Holmes agreed but explained that there were 5 critical steps and methods used for hand decontamination and there was a need examine the audit data in more detail in order to measure compliance at each step.

Mr Large noted that the data showed a significant improvement in

HH

compliance and asked if any calculation could be done to estimate how much this improvement had saved in financial terms.

Dr Russell advised that in the USA, work had been undertaken to estimate the cost of a sternal wound infection at around 10- 15 thousand dollars and therefore the benefits were considerable both in terms of cost and patient outcome.

10.3 Arrangements for Board meetings up to December 2008

The recommendation that the Board meet in future on a monthly basis (except August) was agreed along with the proposed Board meeting dates for October and November 2008. The date of the December meeting would be confirmed shortly and a schedule for 2009 drawn up before the end of the year.

10.4 Clinical Quality Committee Annual Report

Dr Russell presented the annual report of the Clinical Quality Committee.

Mr Large referred to paragraph 5 and expressed concern that only 43% of committee members had attended 75% of scheduled meetings in the last year.

Dr Russell explained that the attendance rate included that of clinical leads who found it difficult to attend on a regular basis due to clinical commitments. Dr Russell advised that he was reluctant to restrict participation of clinicians to only those who could guarantee to attend because he greatly valued their contribution and felt that all the clinicians involved kept up to date with Committee business and continued to progress important actions even where they had been unable to attend regularly.

It was noted that the terms of reference stated that Clinical Leads were attendees of the Committee and not members and that the Board Assurance Policy sets a requirement for Executive Directors to attend at least 70% of Standing Committee meetings. On this basis it was agreed that the recording process for the attendance report should be revisited and that Dr Russell would give consideration to ways of better reflecting the impact being made by clinicians.

GNR

Ms Firby commented that as the Non Executive Director representative on the Clinical Quality Committee she was able to confirm that whilst clinical attendance was not always regular, the contribution from clinicians is impressive. She noted further that many of the clinicians work on a number of the 15 sub groups that report in to the Clinical Quality Committee and that they have delivered a phenomenal amount of work. She felt that the Committee was working well ahead on many issues compared to similar Committees at other Trusts.

Mr Brown referred to paragraph 5 and asked if the Capital Equipment Committee still existed and if so where did it report.

Ms Simmonds advised that this Committee now reported into the Finance and Performance Committee.

Mr Brown referred to page 5 of the Clinical Quality Implementation Plan noting the red indicator assigned to the target to deliver a 10% reduction in in-hospital mortality.

Dr Russell advised that this was a challenging target and that a number of

groups had been established to look at specific aspects of mortality. Mortality is reviewed and investigated constantly so that measures can be identified and quickly put in place to avoid any unnecessary death.

11. The Chair invited comments from members of the audience. Mr Broadbent referred to membership and asked how the boundary for the public constituency of Cheshire had been defined. He was advised that members were assigned to geographical class according to the postcode of their residential address.

12. **Date of Next Meeting**
The next public meeting of the Trust Board will be held on Tuesday 25th November 2008 at 1.00 p.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Trust.

Signed

Date
Mark Fitzsimmons, Chair

**Minutes of the Trust Board (Public Meeting)
held on Tuesday 25th November 2008**

Present:	Mr R Jain Ms P Firby Mr N Large Mrs J Craske Dr G Russell Mrs H Holmes	Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Medical Director Director of Nursing
In attendance:	Mrs L Lavan	Director of Corporate Development / Trust Secretary
Members of the Public:	Mr K Room Mr D Holt Mrs V Hornby Mrs T Gibson	
Members of Staff:	Ms R Nagra	Sister, Discharge Team
Apologies for absence:	Mr M Fitzsimmons Mr M Hewitt Mr J Brown Ms M Simmonds	Chair Non Executive Director Non Executive Director Director of Finance / Deputy Chief Executive

Presentation to Employee of the Month

Mr Jain reported that he and Mrs Holmes had visited Ward G, prior to the start of the Board meeting, to present the Ward G team with the monthly staff recognition award. This month the strongest nomination received was for this ward as a team rather than any individual member of staff.

1. Apologies for absence

As noted above. Due to the absence of Mr Fitzsimmons, Ms Firby, Deputy Chair, took the Chair.

2. Legality of Board documentation and decisions

Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and had advised that there were no legal issues to be highlighted to the Board.

3. Declaration of Interests relating to agenda items

The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.

4. Minutes of the last meeting of the Trust Board

The minutes of the meeting held 30th September 2008 were received, approved and signed by the Chair.

5. Trust Board Action Plan :

Mrs Lavan noted that steady progress was being made in recruiting new members in Cheshire and North Wales and that the elected Council Members for these areas had been approached to help with recruitment. The Board would be able to monitor progress on a monthly basis via the Finance and Performance report.

Action 2 was due for review in January 2009.

6. Chair's briefing

Ms Firby announced that the Council of Members would meet for the first time on 1st December 2008 at 5.00pm at Broadgreen High School. Mrs Lavan noted that as the Trust would not now be licensed as a Foundation Trust on 1st December, the scheduled meetings in this interim period would be used for induction purposes and preparation for operating as an FT at some point in the year ahead.

Ms Firby advised the Board of plans for the service to be held on 4th December 2008 in memory of Ken Pritchard.

The Trust would be hosting its annual Volunteers Day on 14th December 2008, and Board members were asked to attend and join the celebration of the invaluable work of the Trust's volunteers.

7. Chief Executive's briefing

Mr Jain reported on progress with the FT application, advising that, in consultation with Monitor's Board, the Board had requested more time to evidence the strength of its financial plans by demonstrating financial sustainability following completion of the site development, and by validating

its growth assumptions through the 2009/10 contracting process. The collation of the required evidence and completion of the assessment process was likely to take 8 – 12 months.

Mr Large confirmed his support for the Board's decision.

Mr Jain highlighted the recent national clinical excellence awards received by Dr Martin Walshaw and Dr Lyndsay Morrison, and thanked Dr Russell for supporting recognition of both doctors for their exceptional expertise and support to their patients.

Mr Jain noted the importance for patients of the Trust's infection prevention record, noting zero incidences of MRSA over the last 9 months.

Mr Large referred to recent press coverage, suggesting that 9 out of 10 trusts had not met their infection rate targets.

Dr Russell advised that no other cardiothoracic provider had achieved a zero MRSA rate and the nature of cardiothoracic patients made it particularly important to avoid and eliminate the risk of infection.

Mrs Craske asked if there would be publicity to highlight this achievement. Mr Jain confirmed there would be and Mrs Holmes referred to ongoing work with Liverpool PCT to develop the quality aspects of the service contract – the PCT had commended the Trust's low infection rates and transparency of its work around clinical quality.

8. Strategy and Development

8.1 Foundation Trust Issues

Mr Jain advised that he had already reported on all relevant FT issues within the Chief Executive's briefing.

8.2 Council of Members – Election Report

Mrs Lavan presented the election results, noting that the term of office for each Council Member would commence from the date on which the Trust is licensed as a foundation trust.

Mr Large commented on the positive election turnout in the public constituencies.

9. Finance and performance

9.1 Integrated Finance and Performance Report Performance Report – October 2008

Mr Jain drew the Board's attention to the scorecard and commented on the indicators that had been assigned a 'red' rating.

On cancelled operations, Mr Jain reminded the Board that the target related to cancellations made on the day of a planned procedure and the resultant consequence for patients and staff. A senior level review of the procedures and issues is underway and a dramatic improvement has been noted since commencement of a new process requiring every cancellation to be reviewed and authorised by a member of the Executive Team.

Mr Large asked whether this process would be sustainable in the longer term. Dr Russell confirmed that the authorisation process had yielded a short term gain but felt confident that the working group being led by himself

and Mrs Holmes would enable underlying process issues to be addressed.

Mr Jain highlighted the sickness absence trend and noted that when he came into post last April he had recognised some deep seated cultural issues that, at the time, he had predicted would take 18 months to 2 years to turn around. Significant improvement in absence management had been seen in Cardiology and Chest Medicine where the policy had been applied more effectively than in Surgery, Anaesthesia and Critical Care.

Mrs Craske commented that long term sickness absence was particularly high. Mr Jain noted that the new Occupational Health service had commenced and would be stepped up in January 2009 once posts had been recruited to.

Mrs Craske asked how the effectiveness of the contract would be managed and was advised that the Service Level Agreement would include key performance indicators that would be monitored and reviewed on a regular basis.

Mr Large questioned the validity of the 4.6 % target and recommended that the Trust review this against benchmark data from other Trusts and other industries.

Mr Jain advised that he would provide further detail in the private meeting to follow.

On turnover, Mr Jain referred to a diagnostic that would be used to test whether the current levels of turnover were healthy or disruptive to the delivery of effective services.

AMcE

Mr Large referred to page 3 of the report and asked for clarity around the correlation between the increase in patients being listed and forecasts that activity will reduce in the latter part of the financial year.

Mr Jain commented that there was a seasonal influence in that October is traditionally a busy month but agreed to explore this correlation further.

RJ

Mr Large questioned why private patient activity exceeded plan in terms of activity whilst income generated was less than plan. Mr Jain referred to casemix and the fact that the pricing structure for private patient procedures was due for review.

Mrs Craske asked why the number of complaints was increasing. Mrs Holmes advised that a key theme of complaints is communication and that actions in progress include improving the Trust's initial response to complaints and exploring the underlying problems. This work was being progressed by the Patient Experience Committee.

Mr Jain provided an overview of financial performance at the end of October, noting a small overspend on pay, over performance on income and a significantly high level of activity in October. Mr Jain noted the lack of progress on the CIP schemes relating to sickness absence and advised that the contingency scheme around a staffing review in Echocardiography had been instigated in mitigation.

10. Governance
10.1 External Assurances Received

None to report this month.

11. Ms Firby invited comments from members of the audience.

Mrs Hornby congratulated the Board and staff on the Trust's MRSA results.

12. Date of Next Meeting

The next public meeting of the Trust Board will be held on Tuesday 27th January 2009 at 1.00 p.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Trust.

Signed

Date

Pat Firby, Deputy Chair

**Minutes of the Trust Board (Public Meeting)
 held on Tuesday 27th January 2009**

Present:	Mr M Fitzsimmons Mr R Jain Ms P Firby Mr N Large Mr M Hewitt Mr J Brown Mrs J Craske Dr G Russell Mrs H Holmes	Chair Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Non Executive Director Medical Director Director of Nursing
In attendance:	Mrs L Lavan Mr A Cummins Dr M Jackson	Trust Secretary Deputy Director of Finance Associate Director of Quality Improvement
	Mr J Lockett Ms A Thomas	Consultant, Whitehead Mann Consultant, Whitehead Mann
Members of the Public:	Mr K Room Mr D Holt	
Members of Staff:		
Apologies for absence:	Ms M Simmonds	Director of Finance / Deputy Chief Executive

1. **Apologies for absence**
As noted above.
2. **Legality of Board documentation and decisions**
Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and had advised that there were no legal issues to be highlighted to the Board.
3. **Declaration of Interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.
4. **Minutes of the last meeting of the Trust Board**
The minutes of the meeting held 25th November 2008 were received, approved and signed by the Chair.
5. **Chair's briefing**
The Chair welcomed members of the public and the representatives from Whitehead Mann who were in attendance to observe the Board meeting.

The Chair noted that he would be hosting an informal networking meeting for Council Members at 12.00 noon on 10th February 2009 in the Boardroom.
The first 'Medicine for Members' event will be held at 2.00pm on 6th February at the Stobart Stadium, Widnes – Dr Johan Waktare would address the audience.

The Chair noted the publication of a report setting out the results of the RLBUHT consultation exercise, requesting that Board members review this – the Board will revisit the RLBUHT plans in 6 months time and this would be noted on the Board action plan.
Mr Large made reference to wider discussions in the last week concerning the future of private finance initiatives in the current economic climate and advised that the Board should maintain a close eye on developments, whether or not the RLUBHT is able to proceed with its plans. This was supported.

The Chair was pleased to note the increased response rate to this year's staff survey.
6. **Chief Executive's briefing**
Mr Jain confirmed that the new Primary PCI service commenced as planned on 26th January 2009, noting that the service was expected to have a significant impact in terms of saving lives. He recounted the experience of the Trust's first patient who had received PCI treatment within 26 minutes of arriving on site by ambulance.
A discussion followed around the marketing opportunity that this development provided and the extent of local and regional press coverage that had been achieved.

It was noted that the Trust had successfully submitted the registration details to the Care Quality Commission, in readiness for formal registration.

LL

Mr Jain noted that the Trust had recently participated in a Strategic HA – wide emergency preparedness exercise, noting that Mrs Holmes would comment on this further under agenda item 9.3.

7. Strategy and Development

7.1 Saving Lives and Preventing Disease : A Public Health Strategy : Second Edition

Dr Jackson explained the background to his report, noting that whilst the Trust had achieved accreditation with the World Health Organisation as a health promoting hospital, there was still further work to do in partnership with PCTs to address the health inequalities agenda. He took the Board through the 3 year strategy and implementation plans.

Dr Russell noted that the ethnic mix of the Trust's patient base is far less than that of the population and asked what could be done to ensure greater access to services by ethnic groups.

Dr Jackson advised that the analytical expertise was now developed to enable inequalities to be identified and that this data would be shared with PCTs to enable them to better target their interventions. Dr Jackson also referred to social marketing initiatives being led by the PCTs in collaboration with organisations such as the Heart of Mersey.

Mr Jain highlighted the importance of this strategy in enhancing the Trust's reputation with key stakeholders and commissioners. Reducing deaths from coronary heart disease and cancer are also key priorities for the Strategic Health Authority, and the Trust's contribution would be important in measuring and achieving success. In addition to benefiting the community and staff, the strategy enhances the position of the Trust with the SHA and commissioners, which is important in terms of relationship development and securing support for the Trust's future strategic development.

Mr Jain requested that Dr Jackson give some further thought to the action plan and resource implications of ensuring sustainability.

MJ

Mrs Holmes expressed her support for the strategy and noted that once in place, the new nursing structure would provide support to delivering plans relating particularly to health promotion and discharge initiatives.

Ms Firby commented that research suggests that in periods of economic downturn, health deteriorates over a 5-10 year period and asked if this had been considered. Dr Jackson advised that PCTs had set challenging targets for 2011 which was the immediate focus, particularly given that the mortality rate in Liverpool had not reduced as much as had been expected, but that plans were long term and would span many years ahead.

Mrs Craske questioned how the strategy linked into the Integrated Business Plan (IBP) and whether the time invested in the public health agenda is cost effective in terms of income flow and the Trust's business model.

Dr Jackson advised that the IBP was well referenced in terms of inequity in angiography and intervention.

Mr Jain noted the Trust's duty under Healthcare Commission standards to promote public health, advising that the strategy meets the Trust's targets on this well. Whilst there is always a decision as to how much further to invest and the benefits likely to accrue, he stressed again the importance to

the Trust's standing and reputation in this field within the local health economy, adding also that this was a key component of the Trust's value set in which staff aim to maximise the support that they give to patients and the community in terms of lifestyle choices. Mr Jain confirmed again the need for a clear resource plan to support the strategy to better enable its value to be judged.

Mrs Craske noted that the strategy seemed to centre on Liverpool and questioned whether it should be extended to the Trust's wider catchment populations.

Mr Large advised that members and Council Members would now start to play a greater role in raising the profile of public health issues in the wider community.

Mr Hewitt asked about the iteration process for developing the actions, advising that there may be a need to embed a stronger theme around communications to promote public health awareness across a wider footprint. Dr Jackson advised that the actions around relationship building were in progress and would be significantly developed over the next 6 months, at which point he would seek to update the Board. This was supported.

MJ

7.2 Council of Members – Election of Council Member to Staff Constituency – AHP, Scientific & Technical

Mrs Lavan advised that since publication of the election results at the November 2008 Trust Board, Mr Alun Evans had resigned from his position as Staff Council Member representing AHPs, Scientific and Technical staff. The draft constitution set out 3 options for filling the vacancy and Mrs Lavan recommended that the seat be offered to the next highest polling candidate, subject to consultation with the Council of Members at their next meeting to be held on 2nd March 2009. The rationale for this option was to enable the Trust to utilise the skills of this member and allow them to participate fully in induction processes at the earliest opportunity.

Mr Hewitt questioned the legal position around this proposal and a discussion followed around the Board's powers in this respect against the need to constitute a Council of Members in readiness for FT authorisation.

Mrs Lavan advised that it would be necessary for the Council of Members to formally confirm the eligibility of all Council Members once the Trust is authorised as an NHS Foundation Trust.

Mr Large recommended that the Board support the proposal, subject to confirmation of the legal position and consultation with the Council of Members on 2nd March 2009. This was agreed.

LL

8. Finance and Performance

8.1 Finance and Performance Overview

Mr Jain invited questions on the report, advising that the format had been trialled and well received by Council Members at their meeting on 1st December 2008.

Ms Firby noted the cancellations rate and adverse variance from target asking if this was at further risk as a result of winter pressures and also the likely impact of performance to date on the HCC rating for 2008/09.

Mrs Holmes advised that sickness levels in Critical Care had resulted in a higher level of cancellations in December but that the situation was much improved for January 2009.

Dr Russell confirmed that the Executive led working group continued to undertake a root cause analysis of every cancellation and that this level scrutiny was having a positive effect.

Mr Jain advised that it was not now possible for the Trust to meet the 0.8% target in 2008/09 but providing total cancellations for the year did not exceed 1.5% of elective admissions, this may constitute an 'under-achievement' of the target rather than a fail, meaning there was still a good chance that the Trust could attain a rating from the HCC of 'excellent' for quality of services.

Mrs Craske asked what feedback had been received from Council Members around the format of the report as she felt it should be simplified and that there was use of technical terms and acronyms that might not be readily understood.

Mrs Lavan advised that feedback received had been positive and that she had met and responded individually to two Council Members who had raised specific questions. She advised that the induction handbook had provided supporting information and a glossary of terms and the induction programme over the coming months would aim to address Council Members' learning and development needs.

A discussion followed around the report's content and Mrs Craske noted that there was no reference to service developments. Mrs Lavan advised that there was a separate process for involving Council Members in the forward planning process.

Mr Large recommended the inclusion of high level risks and forecasting which he felt would also be useful to share with Governors. This was supported.

Mrs Craske felt there was a danger that the Trust might not be adequately helping the Council Members to understand key issues, including implementation of the IBP.

Mr Jain reminded the Board that the paper was presented primarily for the purposes of Trust Board and that work with Council Members to adapt the performance report to meet their needs would be ongoing. He commented that work to develop Quality Accounts was likely to help in meeting the wider need that Mrs Craske had described.

The Chair summarised that there was a balance to be achieved between 'skilling up' Council Members and supporting their development and diluting too far the data presented. It was agreed that the report content be enhanced to include key risks and future forecasts for consideration by Council Members at their next meeting.

9. Governance

9.1 External Assurances Received

Mr Jain noted receipt of the HCC's Hygiene Code Inspection Report. He outlined the governance process in place for review of the report's findings and advised that he expected the action plan to be fully met within 3 months.

LL

Further reference to the issues raised as a result of the inspection would be discussed later when the Board received the report of the Director of Infection Prevention and Control.

9.2 2007/08 Charitable funds Accounts

Mr Cummins summarised the key features of the 2007/08 Charitable Funds Accounts in terms of growth, expenditure and return on investment.

Mr Large noted that the Audit Committee had reviewed the document and had requested some minor corrections to the narrative.

Subject to these amendments, the Board approved the Accounts for submission to the Charities Commission by 31st January 2009.

AC

Mrs Craske asked whether the fundraising strategy would need to be reviewed in light of the economic climate.

Mr Cummins replied that he was mindful of the need to re-launch and enhance the visibility of the Trust's charitable funds as in the short-term contributions may be affected.

The Chair advised that Mr Rushton would be preparing a paper for the February 2009 Trust Board setting out how the Charitable Funds strategy will be developed and assimilated to core business.

PR

9.3 Emergency Plan and Business Continuity Arrangements

Mrs Holmes summarised the report and the assurances in place to ensure the Trust's effective response to an emergency situation and consequential business interruption. She provided an overview of the recent 'Exercise Maximus' test and the learning points around communication with partners and the location of the Trust's incident room. It was noted that Business Continuity Plans had been revised and strengthened and would be tested during the course of the coming year.

Ms Firby referred to comments she had raised at Board the previous year around the involvement of Higher Education Institutions (HEIs) in planning for emergencies with regard to the role and training of students.

Mrs Holmes advised that students, like all staff, participate in the Trust's induction process and this includes briefing on emergency preparedness and awareness of the Emergency Planning Policy. She agreed to check with relevant HEIs as to whether any further training is provided.

HH

Dr Russell asked if there are plans to repeat the test exercise to determine whether the improvements made are effective. Mrs Holmes advised that she is currently discussing a site wide exercise with the RLBUHT and that it was also likely that the SHA would organise further events.

Mr Large noted that the Emergency Plan approved by the Board last year had been specific to the Trust and not site-wide. He was advised that a site-wide plan had now been developed and was in place.

The Chair requested that the Board receive feedback in 6 to 9 months time following the testing of all business continuity plans.

HH

9.4 Governance Manual

Mrs Lavan explained the process leading to production of a revised Governance Manual, advising that the Audit Committee had reviewed all changes and recommended approval of the Manual subject to :

- i) confirmation / provision by Mersey Internal Audit Agency of the latest version of the Accountable Officer Memorandum
- ii) re-wording of the Standing Orders Section 4 to reflect the Board's current practice around public attendance at Board meetings
- iii) further review of Section 3 – Standing Committee terms of reference - these are subject to a wider review following consideration of issues by Non Executive Directors at their recent Away Day.

Mr Large expressed appreciation of Mrs Lavan's efforts in coordinating this work and supported the recommendation that the manual be approved and adopted subject to the above amendments.

Ms Firby referred to Section 4 (Board Assurance Policy), para 10.8.2 and the reference to NEDs requiring a nominated Deputy to attend Standing committees in their absence as this statement is not consistent with Committees' Terms of Reference.

Mrs Lavan recommended that this policy document be updated once the review of Committee Terms of Reference is complete to ensure consistency. This was supported.

The Board approved the Governance Manual, subject to the above amendments.

The Chair requested that the review of Section 3 – Committee Terms of reference be completed by the end of March 2009.

RJ/MF

10. Date of Next Meeting

The next public meeting of the Trust Board will be held on Tuesday 31st March 2009 at 1.00 p.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Trust.

Council Members will meet at 4.00pm on Monday 2nd March 2009 at Broadgreen High School. Members of the Public are welcome to attend.

Signed

Date

Mark Fitzsimmons, Chair

**Minutes of the Trust Board (Public Meeting)
held on Tuesday 24th March 2009**

Present:	Mr M Fitzsimmons Mr R Jain Ms P Firby Mr N Large Mrs H Holmes Mr A Cummins	Chair Chief Executive Non Executive Director / Deputy Chair Non Executive Director Director of Nursing Acting Director of Finance
In attendance:	Mrs L Lavan Mr P Rushton Mrs A McEvoy	Trust Secretary Associate Director of Service Development Associate Director of Human Resources and Organisational Development
Members of the Public:	Mr D Renouf	
Members of Staff:		
Apologies for absence:	Mr M Hewitt Dr G Russell	Non Executive Director Medical Director

1. **Apologies for absence**
As noted above.
2. **Legality of Board documentation and decisions**
Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and had advised that there were no legal issues to be highlighted to the Board.
3. **Declaration of Interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.
4. **Minutes of the last meeting of the Trust Board**
The minutes of the meeting held 27th January 2009 were received, approved and signed by the Chair.
5. **Chair's briefing**
The Chair advised that the frequency of public Board meetings would change to quarterly now that Council Members were meeting in shadow form and that these meetings are also open to members of the public.

Recruitment processes are underway to fill the two vacant NED posts, the Chair noting that 27 applications had been received in response to the first advert – interviews will be held on 20th April for the first post and 12th May for the second post.

The Chair thanked Ms Firby for stepping in to chair the Council Members' meeting on 2nd March 2009 and also Mr Large for his presentation to Council Members on the work of the Audit Committee.

The forthcoming Medicine for Members event to be held in North Wales on 31st March was discussed.
6. **Chief Executive's briefing**
Mr Jain reported on the recent joint meeting with RLBUHT's Executive Team, noting in particular the shared interest in provision of vascular services. Dr Russell will lead work by key clinicians to review and develop possible future models of service delivery.

Mr Jain referred to the failure of the Liverpool bid to secure Academic Health Science Centre (AHSC) status and the need to maintain the momentum of the collaboration to strengthen the City's position in attracting future research funding. Initial proposals involve establishing a joint R&D administrative office that would coordinate approval processes and provide a platform for greater cooperation.
The Chair welcomed the collaborative arrangement and this was supported by the Board.
7. **Strategy and Development**
7.1 **Summary Annual Plan**
Mr Jain presented a series of power point slides setting out the key features of the draft annual plan. He drew the Board's attention to influencing factors

including the Operating Framework, NHS Constitution, NHS Next Stage Review (Lord Darzi) and the regional vision ('Healthier Horizons') set out by NHS North West. He noted that all local PCTs' strategic directions had highlighted cardio vascular disease and cancer as key priorities.

Mr Large asked if consideration had been given to the impact of health promotion on the future of the Trust's services.

Mr Jain made reference to the Wanless Report (February 2004) and other research that highlighted that public health initiatives generally 30 years to impact in terms of impacting positively on the health of the population. Mr Jain concluded that minimal impact was therefore anticipated in terms of the Trust's services over the next 5 – 10 years.

Mr Rushton commented that the majority of local PCTs still had morbidity rates that are well above national averages.

Ms Firby commented that smoking cessation initiatives take at least 10 years to impact on the health of the population and also that the greatest positive impact is generally seen in more prosperous areas, with deprived areas seeing minimal benefit.

Mr Cummins advised that a key theme within the Trust's future plans is ensuring flexibility in terms of capacity and workforce to ensure that the Trust is able to respond to the impact of changing demographics.

Mr Large commented on the positive actions that the Trust had undertaken to promote the health of staff and asked what more could be done for patients and relatives. Mr Jain referred to the Trust's public health strategy and Mrs Holmes outlined the cardiac rehabilitation programme, noting plans to release more specialist nurse time to support lifestyle advice.

Ms Firby made reference to the NHS confederation website which had highlighted availability of European funds for public health community initiatives.

Mr Jain outlined a current initiative being led by Liverpool PCT that had enabled the creation of a database of 150,000 residents that would allow targeted public health intervention. This Trust is in dialogue with the PCT around direct support.

The Chair summed up the discussions, noting that the Trust had been formally recognised as a health promoting hospital but recognising the benefit and need for further input in terms of the wider community. He requested that the annual plan incorporate the public health context to demonstrate that the Board's consideration of the impact of the population's health and drive for healthier lifestyles and to note the Trust's position as a key partner in delivering a wider public health campaign.

Mr Jain went on to highlight key priorities for 2009/10 in terms of staff satisfaction, quality, attaining foundation trust status, implementing service line management and developing marketing. He then requested that the Board consider the requirements of Monitor in terms of the format and content of the annual plan, proposing that a final document, meeting Monitor's framework, be brought back for final approval by the Board in April 2009. A communication plan to deliver key messages

PR

to stakeholders would be executed during April and May 2009.
This was supported by the Board.

8. Finance and Performance

8.1 Finance and Performance Overview

Mr Cummins delivered a power point presentation summarising those performance targets rated amber and red. He advised that there had been 5 cancelled procedures in February 2009 (116 YTD) and that the trend continued to improve; he explained the Healthcare Commission's criteria around measuring this target, advising that the level of performance to date would not be classified as a 'fail'. Mr Jain added that if the improved performance seen over the last 5 months is sustained, then the target would be within 0.8% and therefore attainable for 2009/10.

Mr Large asked to be updated on progress in addressing the underling issues.

Mrs Holmes outlined the scope of the patient flow project which would commence with a high level diagnostic focusing on 2 pathways – Pacing and CABG. Tracy Rawlings, Deputy General Manager would be working closely with KM&T and building capacity to apply LEAN principles across the organisation.

Mr Large requested that a paper be brought to the Board outlining the actions identified to systematically change the process.

The Board noted performance on hospital acquired infections : zero MRSA to date; 19 C-difficile, 16 of which were attributable to the trust.
Mr Large asked about the targets for 2009/10 and was advised that these were 7 MRSAs; and 25 C-difficiles.

The Board noted a significant improvement in sickness absence over the last 2 months (4.4% in January 09; 3.8% in February 09), making 4.6% a realistic target in 2009/10 providing this level of performance is sustained.

Mr Cummins advised that all financial targets were on track and noted the FT risk ratings.

The Board noted the performance to date.

The Chair summed up the discussions and noting Mr Large's request, asked that an addendum to the annual plan be prepared setting out the Patient Flow milestones and the systematic processes that will sustain performance on cancelled operations and sickness absence.

HH/PR

9. Governance

9.1 External Assurances Received

Mr Jain made reference to the fact that the HCC had confirmed its satisfaction with the actions taken by the Trust following the visit in November 2008 to check on compliance with the Hygiene Code.

9.2 Report of the Director of Infection Prevention & Control

Mrs Holmes presented the highlights of her report.

The Board was advised that Mr Hewitt had raised a concern about the level

of compliance by medical staff with hand hygiene protocols. Mrs Holmes noted that the numbers of medical staff involved in the audit were much lower than for other staff groups, but acknowledged that there were still issues to be addressed with the medical staff. She had requested that the names of those staff who fail to comply be passed to the Associate Medical Directors who would take appropriate action on an individual basis. Also, that ward staff had been reminded to challenge doctors where they observed that protocols are not being fully met.

Ms Firby expressed disappointment that the local press had not noted the Trust's performance on MRSA in recent coverage of infection rates at other Trusts. Mrs Holmes advised that the Trust had not been approached by the press for information. Mr Jain advised that the Trust would shortly be issuing a press release, assuming that the level of MRSA remained at zero until 31st March 2009.

Ms Firby congratulated the nursing staff on their hand hygiene audit results and went on to ask about the cost implications of the new screening requirement; in particular whether this meant that day case patients would now need to be admitted the day before their procedure in order to be screened.

Mrs Holmes advised that a trial was underway with Isle of Man patients to get the screening undertaken locally. She noted that many day case patients are screened during their pre operative assessment.

Ms Firby asked about emergency admissions, including Primary PCIs.

Mrs Holmes advised that there will be a requirement to screen 50% of emergency admissions by 2010, but that the Trust currently screens all emergency admissions, including Primary PCIs, as a matter of routine.

Mr Large commented that he felt the failure of a significant proportion of medical staff to comply with hand hygiene protocols was unacceptable and asked how the audit results compared with those of other Trusts. Mrs Holmes advised that comparative data was not available but that in her experience, compliance by medical staff tended to be lower than other staff groups and related primarily to junior grade medical staff. The impact of named individuals being reported to Senior Medical staff would be monitored.

The Chair confirmed the need to continue to target medical staff and requested the Board continue to review hand hygiene compliance on a regular basis. He also noted the ward cleaning schedule, commenting on the benefit of having an in house cleaning service, and acknowledging the effort and achievement of the domestic staff.

9.3 Standing Committee Terms of Reference Review

The Board received Section 3 of the Governance Manual, comprising the Standing Committees' Terms of Reference, noting that as the date of the Board had been brought forward, the final documents would be reviewed by the Audit Committee the following day, 25th March 2009.

Ms Firby questioned whether each Committee's designated NED should formally be a member of the Committee rather than simply 'have the right to attend'.

Following discussion, it was agreed that paragraph 1.7.1 of the section on

'Board Standing Committees' be removed from the governance manual. It was noted that expectations surrounding NEDs' roles and responsibilities in respect of Standing Committees had recently been set out in a letter from the Chair and formed an integral part of the NED appraisal process.

The Board was asked to note a comment from Mr Hewitt asking for clarity in relation to the role of the Investment Committee in evaluating and approving investment decisions compared to that of the Finance and Performance Committee and the Trust Board itself.

Mr Large advised that the Board had already requested that the Investment Committee review its terms of reference against the Monitor guidance and ensure clarity in terms of its powers, when it convened for its first meeting.

The Board approved the document for incorporation into the Governance Manual, subject to the removal of paragraph 1.7.1 and final review by the Audit Committee on 25th March 2009.

The Chair closed the public meeting.

10. Date of Next Meeting

The next public meeting of the Trust Board will be held on Tuesday 30th June 2009 at 1.00 p.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Trust.

Council Members will meet at 4.00pm on Monday 8th June 2009 at Broadgreen High School. Members of the Public are welcome to attend.

Signed

Date

Mark Fitzsimmons, Chair

**Minutes of the Trust Board (Public Meeting)
held on Tuesday 30th June 2009**

Present:	Mr M Fitzsimmons	Chair
	Mr R Jain	Chief Executive
	Ms P Firby	Non Executive Director / Deputy Chair
	Mr M Hewitt	Non Executive Director
	Dr R Toomey	Non Executive Director
	Mrs B Leek	Non Executive Director
	Dr G Russell	Medical Director
	Mrs H Holmes	Director of Nursing
	Mr A Cummins	Acting Director of Finance
In attendance:	Mrs L Lavan	Trust Secretary
	Mrs A McEvoy	Associate Director of Human Resources and Organisational Development
	Mr P Rushton	Associate Director of Strategic Development
	Mr D Thornton	Executive Coach
Members of the Public:	Mr M Birch	
	Mr D Broadbent	
	Ms J Cheetham	
	Ms T Gibson	
	Mr D Hannant	
	Mr B Room	
Apologies for absence:	Mr N Large	Non Executive Director

1. Apologies for absence

As noted above.

The Chair welcomed members of the public to the meeting.

He then welcomed Mrs Bridget Leek, Non Executive Director, to her first Board meeting and introduced Mr Dave Thornton, Executive Coach. A paper was tabled detailing Mr Thornton's background and availability and Board members were invited to access his support via Mrs Lavan.

2. Legality of Board documentation and decisions

Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and had advised that there were no legal issues to be highlighted to the Board.

3. Declaration of Interests relating to agenda items

The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.

4. Minutes of the Trust Board (Public Meeting) held on 24th March 2009

The minutes of the public meeting of the Trust Board held on 24th March 2009 were received. Mrs Holmes noted that on page 5 the reference to the requirement for screening emergency admissions should read 50% and not 5%. Subject to this amendment, the Board approved the minutes of the last public meeting and these were then signed by the Chair.

5. Chair's Briefing

The Chair reflected on the success of the recent Medicine for Members meeting, held at Port Sunlight on 24th June 2009 and requested the attendance of a Non Executive Director at the next event in Chester on 9th July 2009. It was agreed that Mrs Lavan would check Mr Large's availability on his return from holiday. The Chair acknowledged the excellent presentation delivered by Dr Rod Stables.

The Chair provided feedback following the Fiveways stakeholder event held on 29th June 2009, outlining the opportunities to collaborate with the education sector on joint ventures targeted at supporting local communities and raising the career aspirations of young people. He noted that whilst the initiative is being piloted in Childwall, there is no reason why it cannot be rolled out across the Trust's wider catchment areas in the future.

The Chair commented on a recent meeting with Les Howell, Chair of St Helens & Knowsley Hospitals NHS Trust, noting support to continue with collaborative work on joint pathways and the benefits achieved from good clinical engagement and relationships between the two Trusts.

He noted that Rosemary Hawley, Chair of NHS Knowsley had recently visited the Trust and had spoken positively about the Trust's interest in preventative work and relationship with the GP network. She had highlighted an interest in piloting a service to test relatives of patients with inherited heart conditions for genetic disorders.

The Chair advised that Gideon Ben – Tovim, Chair of Liverpool PCT had

also spoken passionately about the quality of services provided at LHCH and that overall, exceptional feedback had been received from key partners.

6. Strategy and Development

7. Quality / Value - Performance

7.1 Executive Summary : Finance and Performance – period ended 31 May 2009

Mr Cummins presented the summary report, noting the following exceptions:

- That surgical activity is underperforming. Referral rates fell in the first two months of 2009/10 but appear to be returning to expected levels in June 2009. The financial impact is marginal due to over performance of cardiology activity.
- 6 cases of C-Difficile to date – a root cause analysis of every case is to be undertaken
- Underperformance on 31 day cancer target – 2 breaches attributed to patients who were not treated for clinical reasons
- Cancelled operations have reduced significantly (0.6% year to date)
- Sickness absence rate sustained below target at 3.72% (year to date)
- Financial plan on target (income and expenditure slightly less than planned)

Mr Cummins advised that a full review of income and activity would be undertaken at the end of Quarter 1 enabling a stronger forecast position to be produced for the July 2009 Board meeting.

Mr Jain noted a recent article in the Health service Journal that had applauded LHCH's performance on infection control and the fact that the 500th day without an MRSA bloodstream infection is fast approaching – he congratulated Mrs Holmes and her team for this success. He asked Mrs Holmes to comment specifically on the issue of C- Difficile under agenda item 8.2.

8. Governance

8.1 External assurances Received

None

8.2 Report of the Director of Infection Prevention and Control

Mrs Holmes detailed the actions in progress to tackle C-Difficile:

- Root Cause Analysis on all cases
- Tagging all patient equipment following decontamination
- Increased visual inspections
- Management of named staff who do not comply with hand hygiene policy
- Audit of antibiotic prescribing practice

Mrs Holmes advised that cleaning scores are high and that overall compliance with the hand hygiene policy is high, with the physiotherapy staff working to an improvement plan. Dr Russell emphasised again the importance of leadership by the consultants around hand hygiene practice and advised that audit data providing detail on named individuals who fail to comply will enable individuals to be held to account.

Ms Firby advised that she was pleased to see a clear process in place for dealing with staff who fail to comply with hand hygiene protocols.

She asked about the implications of failing to meet the C-Difficile target.

Mrs Holmes replied that the greatest impact is on the quality of care being provided to patients but that there is also a financial impact and increased scrutiny by regulatory bodies.

Mr Jain advised that if the Board determines to re-enter the Monitor assessment process, and C-Difficile remains off trajectory, it is likely that Monitor will seek strong assurance that the target will be met.

Ms Firby asked if there were any issues or themes emerging from the root cause analyses undertaken to date. Mrs Holmes highlighted the outcome of reviews undertaken to date in conjunction with the antibiotic pharmacist (Appendix 2) and noted that full root cause analyses will involve a wider multi disciplinary team and their interventions along the patient pathway. This work is underway and will provide more detailed findings.

The Board noted the report.

The Chair asked about the Trust's preparedness for an outbreak of swine flu and how the expectation that all front line staff will accept a flu vaccine is being managed.

Mrs Holmes referred to the planned table top exercise on 31st July 2009 involving Executives and senior managers – this will test both the flu pandemic plan and the Trust's business continuity plans. Work with the Communications team and Occupational Health is also underway to prepare for the vaccination programme.

Mr Hewitt asked whether LHCH would provide an overflow facility for other hospitals across the City.

Mrs Holmes replied that the Critical Care Network has identified 2 possible options – LHCH could either provide additional capacity for Alder Hey (paediatrics) or take adult patients from Whiston to allow Whiston to increase capacity for children. The Trust is prepared for either scenario.

The Chair requested that following the exercise on 31st July 2009, a briefing paper highlighting any issues or assurances be circulated to Board members, as there is no Board meeting scheduled in August at which to receive this feedback.

HH

8.3 Safeguarding Adults and Children – Annual Report

Mrs Holmes presented the annual report detailing the controls and assurances in place to safeguard adults and children. She advised that although the Trust does not have a paediatric unit, it receives cystic fibrosis patients from the age of 16 and occasionally other patients under the age of 18. The number of children seen has doubled in the last 12 months due to the expansion of work to detect inherited cardiac conditions.

The findings and recommendations from the external review were discussed and Mrs Holmes advised that the action plan will be progressed by the Safeguarding Group which reports to the Risk Management Committee. The Board will be updated on any key issues via 'Hot Topics'

reports.

The Board noted the report.

8.4 Certification of Independence of Non Executive Director – Dr R Toomey

The Board heard that Dr Toomey had identified no issues in respect of the relationships and circumstances outlined in the NHS FT Code of Governance (Provision A3.1) that might impede his independent character or judgement.

On this basis the Board certified that Dr Toomey is an independent Non Executive Director.

8.5 Membership Recruitment in North Wales and Cheshire

Mrs Lavan presented a paper detailing the progress to date in meeting the membership targets assigned to North Wales and Cheshire in order to ensure good geographical representation. It was noted that member recruitment is more difficult to achieve in these areas compared to Merseyside and the immediate locality. The plans for member recruitment were discussed and supported by the Board. Mrs Lavan highlighted a recent agreement to collaborate with the Countess of Chester NHS FT in terms of shared mailing opportunities and joint recruitment ventures. If successful, she would explore whether the initiative could be replicated with Warrington and Halton Hospitals and the North Wales Trusts.

A discussion followed around the optimum size for the membership, to ensure effective engagement and the Board was asked to set a target for 2011/12. It was agreed that an additional 1,000 members in 2011/12 would achieve a public membership of 10,000 which the Board felt to be an optimum number at which to plateau. The Board requested that future recruitment plans be focused primarily on areas where a political voice is most needed, and therefore a continued drive to increase members in North Wales and Cheshire.

8.6 Appointment of Deputy Chair and Senior Independent Director

Mrs Lavan outlined the process that had led to the nomination of Mr Large to fulfil the role of Deputy Chair with effect from 1st July 2009, following Ms Firby's decision to step down in favour of pursuing the role of Senior Independent Director.

Mrs Lavan referred to the outline role specifications appended to the paper and highlighted the footnote to the Role of Deputy Chair, advising that because Mr Large is also Chair of the Audit Committee it had been necessary to apply a clause that would prevent him deputising for the Chair on a frequent basis or for a prolonged period. This was in order to preserve the independence of the Audit Committee and Trust Chair. This was supported.

The Board approved the role specifications for Deputy Chair and Senior Independent Director.

The Board approved the appointment of Mr Neil Large as Deputy Chair with effect from 1st July 2009.

The Board supported the appointment of Ms Firby as Senior Independent Director, subject to agreement by the Council of Members when the Trust

is authorised as an FT.

The Chair thanked Ms Firby for her support during the last 2 years, noting the passion and commitment that she had brought to the role of Deputy Chair.

8.7 Report from the meeting of Council Members held on 8th June 2009

Mrs Lavan presented the report, highlighting to the Board the current vacancy on the Council of Members in respect of a nominated Council Member representing the Lung Fund (Isle of Man).

Mrs Lavan highlighted also the recent development session at which two Governors from established FTs attended to discuss the role of an FT Governor. The discussion that followed, highlighted some opportunities for future collaboration with the Liverpool Women's Hospital and Clatterbridge Centre for Oncology, particularly around member recruitment and governor induction and development.

The Board noted the report.

The Chair thanked Mrs Lavan and her team for their work in developing the membership and Council of Members, noting that Council Members are now actively engaged and that it feels like they are very much a part of the organisation.

9 Date of Next Meeting

The next public meeting of the Trust Board will be held on Tuesday 29th September 2009 at 1.00pm. The Annual General Meeting will follow at 2.30pm.

Signed

Date

Mark Fitzsimmons, Chair

**Minutes of the Trust Board (Public Meeting)
held on Tuesday 29th September 2009**

Present:	Mr N Large Mr R Jain Ms P Firby Mr M Hewitt Dr R Toomey Mrs B Leek Dr G Russell Mrs H Holmes Mr A Cummins	Acting Chair Chief Executive Non Executive Director Non Executive Director Non Executive Director Non Executive Director Medical Director Director of Nursing Director of Finance
In attendance:	Mrs L Lavan Mr P Rushton Dr M Jackson Mr P Keogh	Trust Secretary Associate Director of Strategic Development Associate Director of Quality Improvement NHS Northwest
Members of the Public:	Mr D Hannant Mrs V Hornby Mr J Room	

Apologies for absence:

1. Apologies for absence

As noted above.

2. Legality of Board documentation and decisions

Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and had advised that there were no legal issues to be highlighted to the Board.

3. Declaration of Interests relating to agenda items

The Acting Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.

4. Minutes of the Trust Board (Public Meeting) held on 30th June 2009

The minutes of the public meeting of the Trust Board held on 30th June 2009 were received, approved and signed by the Acting Chair.

5. Chairman's Briefing

The Acting Chair welcomed members of the public.

The Acting Chair reflected on the NHS financial outlook advising that the actual allocations for the next Comprehensive Spending Review may not be known until Autumn 2010. He expressed confidence, however, in the resilience of the Trust's plans to continue to deliver first class patient care whilst offering the value for money demanded by the taxpayer.

The Board noted the value of the Council of Members, in the context of the financial outlook, in enabling the Trust to understand what is a priority for the people it serves. The Acting Chair advised that at its September 2009 meeting, the Council of Members had reviewed the Trust's strategic objectives and found these to be current and relevant.

The process for recruiting a new Chair is underway, with the Appointments Commission expected to announce who the new Chair will be on 14th October 2009.

6. Chief Executive's Briefing

Mr Jain announced that the nursing team have been short-listed by the Nursing Times for an award relating to privacy and dignity of care for day case patients. The winner will be announced in November 2009.

The Trust has also won a quality award from Liverpool PCT.

The staff involved in both awards were congratulated by the Board.

Mr Jain highlighted a new technology known as TAVI, which enables heart valve replacement through accessing an artery rather than opening the chest. The Trust has invested £0.5m in developing the service and is working with commissioners to ensure that the procedure can be offered to all patients who need it.

On the FT application, Mr Jain expressed confidence that all key risks had now been closed and that the Trust is in a much stronger position than 12 months ago. The Board to Board challenge with Monitor will take place on 5th November 2009 with news of authorisation expected by the end of November 2009.

Week commencing 5th October 2009 has been designated National Customer Service week and the Trust will be raising the profile of Customer Service to patients with Executives and senior staff having a presence at the main entrance.

7. Strategy and Development

7.1 Charitable Funds – Launch campaign

Mr Rushton set out proposals to re-launch the charity under its new name 'Liverpool Heart and Chest Hospital Appeal' with a flagship campaign for a new scanner.

Ms Firby supported this proposal and asked about financial implications of running and maintaining a second scanner and where it is to be sited.

Mr Rushton advised that a business case is being compiled for a CT and an MR scanner and acknowledged that there will be long term staffing and premises costs. The business case will determine which type of scanner is the priority investment.

Mr Cummins advised that provision had been made in the LTFM for the estimated costs of acquiring a new scanner but no income had as yet been anticipated.

The Acting Chair suggested launching the appeal in January as a 2010 Appeal, allowing time for the business case to be finalised and approved by December 2009.

Mr Hewitt expressed a preference to launch the appeal sooner to take advantage of fundraising opportunities over the next 3 months.

It was agreed that Mr Rushton will bring an Outline Business Case to the Board in October in order that the Board can have assurance of strategic fit and the broad financial implications. A decision will be taken in October as to the timing of the appeal launch.

PR

7.2 Implementing the Next Stage Review Visions : the quality and productivity challenge

Mr Jain referred to a letter dated 10.8.09 to all Chief Executives from David Nicholson, NHS Chief Executive, asking Boards to contribute to the 'Quality, Innovation, Productivity and Prevention' (QIPP) challenge. He asked the Board to think about opportunities to influence national policy development.

Mr Hewitt asked whether there is an opportunity to clarify and strengthen the role of tertiary centres in the 'upstream' field of prevention. A discussion followed around the impact of the Trust's Public Health strategy.

Mr Jain discussed the national policy on competition which is aimed at driving improved quality and productivity and noted examples of where competition could actually hinder this aim. He questioned whether competition policy remains current and relevant in the present economic climate.

The Board went on to discuss other policy drivers such as Payment by Results and the national pay structure; also the way in which detailed instructions are issued from the centre to resolve local issues such as provision of single sex accommodation, which potentially are best solved locally.

The Acting Chair asked Mr Jain and the Executive Team to provide a response to David Nicholson's request.

RJ

8. Quality / Value - Performance

8.1 Executive Summary : Finance and Performance – period ended 31 August 2009

Mr Cummins presented the summary report, noting the following headlines:

- 18 week RTT, cancer access and infection prevention all remain 'green' rated
- Performance against Monitor's compliance framework metrics has been measured
- The 'red' rated 62 day cancer target is an NHS Performance framework target rather than a national mandated target – it is difficult to achieve due to the impact of breach on a very small cohort of patients (6 to date)
- Sickness absence has remained below 4% for 7 consecutive months
- Trading surplus achieved to plan
- An action plan is in place to bring activity levels in line with plan

Mr Hewitt asked about the impact of a flu pandemic on delivering the targets and whether additional staff rostering had been planned over the winter as a contingency.

Mrs Holmes advised that the incidence and impact of potential flu was uncertain. The Trust has compiled a database of staff skills so that staff can be redeployed appropriately if necessary. It is recognised nationally that a pandemic will impact upon targets but there is currently no indication that targets will be suspended.

The Board noted the report.

9. Governance

9.1 External assurances Received

None

9.2 Report of the Director of Infection Prevention and Control

Mrs Holmes advised that she will present a new style of report from

Name of Meeting : Trust Board – Public Meeting

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Chair's Initials _____

October 2009 and drew the Board's attention to the performance of mandatory surveillance indicators, expressing confidence that these will remain on trajectory.

1771 observations of hand hygiene practice in August revealed 93% compliance.

The overall mean cleaning score for August is 99.2%.

Surgical site infections continue to decrease.

Mrs Holmes advised that a new Healthcare Associated Infection performance monitoring tool is in place requiring monthly data submissions to Liverpool PCT, from September 2009. The return will be provided to the Board in October 2009.

HH

9.3 Emergency Planning and Preparedness for Pandemic Influenza

Mrs Holmes advised the Board that a table top major incident exercise had been conducted on 31st July 2009, attended by MIAA who assigned an opinion of 'Significant Assurance'. This will be followed up in January 2010 with a site wide major incident exercise which will include testing of updated business continuity plans.

The Board will receive a report in March 2010 discussing the effectiveness of the Trust's business continuity plans.

HH

9 Date of Next Meeting

The next public meeting of the Trust Board will be held on Tuesday 26th January 2010 at 1.00pm, Executive Office Boardroom, LHCH.

Signed

Date

Neil Large, Acting Chair

**Minutes of the Board of Directors (public meeting)
 held on Tuesday 26th January 2010**

Present:	Mr N Large Mr R Jain Ms P Firby Dr R Toomey Mrs B Leek Dr G Russell Mrs H Holmes Mr A Cummins	Chair Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Medical Director Director of Nursing Director of Finance
In attendance:	Mrs L Lavan Dr M Jackson Mr P Rushton	Associate Director of Corporate Development / Trust Secretary Associate Director of Quality Improvement Associate Director of Service Development
Members of the Public :	Mr A Kyle	
Apologies for absence:	Mr M Hewitt Mrs A McEvoy	Non Executive Director Associate Director of Human Resources and Organisational Development

1. Apologies for absence

As noted.

2. Legality of Board documentation and decisions

Mrs Lavan confirmed that Ms Ford, the Trust's legal advisor had reviewed all Board documents relating to today's meeting and advised that there are no legal issues to be highlighted to the Board.

3. Declaration of Interests relating to agenda items

The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.

4. Minutes of the last public meeting held on 29th September 2009

The minutes of the meeting held on 29th September 2009 were received, approved and signed by the Chair.

5. Chair's briefing

The Chair noted that he, Ms Firby and Mrs Leek will be attending the three day NED development programme at the Cass Business School, 3rd – 5th February 2010. Dr Toomey and the two new Non Executive Directors will attend later in the year.

It was noted that the response to the recruitment campaign for the two new Non Executive Director appointments had been excellent. Short listing will take place on 1st February 2010 and interviews will be held on 12th February 2010.

The Chair referred to the success of the recent event held to celebrate the LEAN and productive ward projects, noting the enthusiasm and commitment shown by those staff involved.

He also acknowledged the recent presentation by the Surgical Directorate that had clearly demonstrated the way in which staff had been empowered to deliver improvements.

The Chair commented on the good progress being made across the North Mersey health economy in terms of establishing structures and work streams to work to address the economic downturn.

6. Chief Executive's Briefing

Mr Jain congratulated staff and members on the achievement of foundation trust status, this being the first public meeting of the Board of Directors since authorisation on 1st December 2010.

Mr Jain noted that the unannounced visit from the Care Quality Commission on 8th December 2009 had provided strong assurance around the standards of care and adherence to hygiene regulations.

The Trust has been awarded the tender for provision of community based cardiovascular disease services by Knowsley PCT. The tender was won

on the quality of the service to be provided which will ensure better health outcomes for the Knowsley population.

Mr Jain commended the nursing and finance teams for their success in being shortlisted for national awards by the Nursing Times and the HfMA, respectively.

A discussion followed around the economic outlook and key messages set out in 'From Good to Great' and the 2010/11 Operating framework. Mr Jain outlined the significant financial challenges, re-asserting that the drive for quality and improved service to patients must continue. The efficiencies required equate to approximately 3.5% per year for the next 3 years for LHCH and Mr Jain noted the importance of the process established by the Board to ensure that CIPs are rigorously reviewed to ensure that quality of care is not threatened.

7. Strategy

7.1 Corporate Social Responsibility

Dr Jackson outlined the need for the Board to give some direction to the corporate social responsibility (CSR) agenda, presenting options for consideration.

Mrs Lavan advised that Mr Hewitt had indicated his support for Option 2, involving the prioritisation of CSR initiatives.

Mr Jain asked how the membership would be involved in prioritising this agenda. Dr Jackson advised that the Council of Members had established a CSR working group to consider the priorities and proposed also to issue a questionnaire by e mail to those members who have provided an e mail address (approximately 30% of members).

Mr Cummins highlighted the opportunity to link the CSR agenda with other key work streams, including those across a wider health economy footprint, to benefit services to patients.

The Chair asked if there are any mandates to deliver certain elements of the CSR agenda and was advised that at this point there are none although Monitor is currently consulting on a requirement to deliver targets to reduce the carbon footprint. Dr Jackson noted that this aspect of CSR is the subject of the next agenda item.

Following discussion, Option 2 was supported, subject to engagement with membership around prioritisation and clarity around the financial implications and affordability of any proposals to be progressed. Specific proposals are to be brought back to the Board once these issues are addressed.

MJ

7.2 Carbon Management

Dr Jackson informed the Board of the existence and aims of a new strategic partnership, the 'Liverpool Carbon Collective', formed by Liverpool PCT.

The Board noted the timescales for gathering metrics on the carbon footprint (to November 2010) and for compiling a carbon management plan by March 2011.

Dr Jackson sought support for the Trust's participation in the collective approach whilst also developing a local carbon management programme.

Mr Cummins sought clarity on the resource implications, including commitment of management time.

Mr Rushton advised that the Estates team are already looking at carbon reduction as part of mainstream activity and that involvement in the strategic partnership may be helpful in terms of learning from partner organisations.

Mr Jain offered his support for this initiative provided that it is approached in a way that is sustainable for LHCH.

The recommendations were supported by the Board, subject to the Executive team reviewing and agreeing the resource commitment in terms of management time, information analysis and finance team support.

MJ

8. Finance and Performance

8.1 Executive Summary : Finance and Performance – period ended 31 December 2009

Mr Cummins highlighted that the Quarter 3 outturn demonstrated strong overall performance. Whilst the £1.7m surplus to date had deteriorated slightly compared to Month 8, this was due to loss of operational days over the Christmas period. Mr Cummins expressed confidence that the revised activity plan will be delivered in the final quarter of the year.

The Chair noted that key quality indicators including low infection rates and reduced cancellations had been maintained, acknowledging the challenge of ensuring sustained improvement.

The Board noted the report.

9. Governance

9.1 External assurances Received

Mr Jain noted the receipt of the report from the Care Quality Commission following the unannounced inspection on 8th December 2009, advising that no breaches or concerns had been identified.

9.2 Report of the Director of Infection Prevention and Control

Dr Russell reported that there had been no cases of MRSA bacteraemia in November or December 2009. There was one case of C- difficile in November and one in December, but performance remains well within the trajectory.

During December there had been three cases of norovirus. Dr Russell commended the staff on Ward A for isolating the patients promptly and containing the virus.

Mrs Holmes noted that the indicator for recorded outbreaks should not have been rated 'red' as the criteria for defining an outbreak had not been met.

Mr Jain outlined the scale of the achievement in containing this virus

noting examples of full wards having to be closed as a result of norovirus outbreak in other hospitals.

Dr Russell acknowledged the favourable outcome of the unannounced visit from the Care Quality Commission, noting that it is a credit to staff that infection prevention is now embedded as routine practice.

Ms Firby noted the improved results of the X Ray department in the hand hygiene audit.

The Board noted the report.

9.3 Report from the meeting of the Council of Members held on 7th December 2009

The Chair presented the key items discussed at the last meeting of the Council of Members, noting that under Item 2.3 - Establishment of the Board of Directors – it had been reported that Dr Russell is Deputy Chief Executive.

The Chair noted that he had been pleased with the inaugural meeting as an authorised foundation trust and that the shadow period had proven to be beneficial in preparing Council Members for their statutory role.

The Board noted the report.

9.4 Ratification of consultant appointment

The Board ratified the appointment of Dr Beata Gutowska to the post of Consultant Anaesthetist with effect from 9th December 2009.

9.5 CQC Registration and Outcomes Compliance

Mrs Holmes delivered a power point presentation on the detail of the registration process and explained how compliance with the 16 quality and safety outcomes had been tested by the Executive Team using the CQC's Judgement framework.

At the Board meeting in December 2009, it had been agreed that Mrs Holmes as Director of Nursing will be the 'nominated individual' for CQC registration, supported by Mrs Lavan in order to provide resilience and ensure maximum objectivity during the registration process.

The Chair asked about the ongoing work commitment involved in ensuring compliance with the outcomes compared to the former HCC requirements based around the healthcare standards.

Mrs Holmes noted that the evidence collated for the HCC standards remains valid for 2009/10 but that the new outcome focused approach is welcomed and will be more easily employed in ways that are valuable to the Trust and its patients and service users. The initial workload had been intense due to the CQC's deadlines for registration and the timing of publication of guidance. However a robust assessment had been made and new performance and reporting structures will be implemented to complement the work required moving forward.

The Board noted the presentation and agreed to further scrutinise the process and evidence to support a declaration of compliance in the private meeting, to follow.

Name of Meeting : Board of Directors – Public Meeting
Date of Meeting : 26th January 2010

5

Chair's Initials _____

17. Date of Next Meeting

The next public meeting of the Board of Directors is scheduled to take place on Tuesday 27th April 2010 at 1.00p.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed

Date

Neil Large, Chair

**Minutes of the Board of Directors meeting (held in public)
 on Tuesday 27th April 2010**

Present:	Mr N Large Mr R Jain Ms P Firby Mrs B Leek Mr G Appleton Dr D Bricknell Dr G Russell Mrs H Holmes Mr A Cummins	Chair Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Medical Director Director of Nursing Director of Finance
In attendance:	Mrs L Lavan Dr M Jackson Mr P Rushton Mrs A McEvoy	Associate Director of Corporate Development / Trust Secretary Associate Director of Quality Improvement Associate Director of Service Development Associate Director of Human Resources and Organisational Development
Members of the Public :	Mr D Pearman Mr D Hannan	Representatives of Glaxo Smith Klein
Apologies for absence:	Dr R Toomey	Non Executive Director

1. Apologies for absence

As noted.

2. Legality of Board documentation and decisions

Assurance around legality of the conduct of the Board and decisions made on 27th April 2010 (at the meeting held in public and at the meeting held in private) was provided at the close of the private Board meeting.

3. Declaration of Interests relating to agenda items

The Chair asked Board members if they had any interests to declare in respect of items listed on the Board agenda. All Directors declared that they had no interests.

4. Minutes of the last meeting held in public on 26th January 2010

The minutes of the meeting held on 26th January 2010 were received, approved and signed by the Chair.

5. Chairman's briefing

The Chairman reported that he had received a letter from Dame Jo Williams following her recent visit to the Trust, noting that she had been inspired by her visit and had commented upon the powerful vision for patient experience and the strength of the leadership team. Dame Jo had also invited feedback from the Trust on the CQC registration process.

The Chairman noted the success of an event held on 17th March 2010 in North Wales for the Wrexham Heart Support Group. He expressed thanks to Dr Johan Waktare for providing a talk and to the membership team for organising the event.

The Chairman had attended a recent SURE Group meeting and had valued the lay members' contributions around ensuring that R&D information produced for patients is user friendly.

The Chairman also attended a recent meeting of the Council of Members' Membership & Communications Group and noted his intention to attend meetings of the other working groups in the near future.

The Board received a progress report on the QIPP agenda and noted that the work is expected to conclude in July 2010.

The Chairman expressed his thanks to Alan Birchall for his tremendous effort in organising the annual Hope Mountain Hike and in raising further funds for the LHCH Appeal Fund. Over 100 walkers had participated in what was a very enjoyable day.

The Chairman summarised the responsibilities of the Non Executive Directors in respect of attendance at Standing Committees and circulated a summary document to indicate the name of the Non Executive Director assigned to each Committee.

The Chairman commented on his recent appraisal of the Chief Executive's performance and congratulated Mr Jain on his tremendous performance and leadership of the organisation which is supported by a strong Executive Team.

6. Chief Executive's Briefing

Mr Jain thanked the Chairman for his comment and in turn congratulated the Chairman and Non Executive Directors for their contribution in building a strong and effective Board of Directors.

Mr Jain went on to describe the success of a recent visit to the Trust by Sir Bruce Keogh, noting that Sir Bruce had applauded the Trust's strong focus on quality and the extent to which the clinical leaders are integrated with managers. Sir Bruce visited the Halewood Community Centre during his visit and met with the first patient to receive treatment from the new jointly managed CVD service in Knowsley. He congratulated both NHS Knowsley and LHCH for this innovative development.

Mr Jain provided an overview of highlights of the 2009/10 financial year including the improvement of quality, operations and staff satisfaction and the establishment of an effective Board and leadership team with Directorate teams established and well placed to secure a successful future for the Trust.

2010/11 will undoubtedly see significant challenges but good foundations have been laid to equip the organisation well.

7. Finance and performance

7.1 Executive Summary : Finance and Performance – period ended 31 March 2010

Mr Cummins summarised the key headlines:

- Inpatient activity 4.5% below plan, in line with the trend reported previously
- Sickness absence reduced to 3.9%
- Cancelled operations within target (0.5%)
- 1 MRSA (target 7)
- 15 Clostridium-difficiles (target 25)
- Mortality 2.1%
- £4m CIP
- £2.5m surplus
- £2.5m capital investment

The financial impact of the under performance in activity has been offset by unit revenues which were higher than expected and additional CIPs having been generated. Mr Cummins confirmed that the factors underpinning the under performance had been taken into account in the 2010/11 planning round.

The Chair commended the fact that 2009/10 had been a successful year with all key targets met.

The Board noted the report.

7.2 2009 NHS National Staff Survey Results

Mrs McEvoy demonstrated that real progress had been achieved in response to 18 months' work which had seen the launch of 'More than a Workplace' and achievement of results within the top 20% for 12 out of 40 scores. In general staff had been far more positive in 2009 about their appraisals but had been less satisfied in terms of agreeing that they have an interesting job and about their ability to contribute towards improvements at work.

Mrs McEvoy commented that the Trust had been ranked fourth from top of all Trusts in a newspaper article in response to positive staff response to

the question: "Would you be happy for a relative or friend to be cared for at the Trust?"

She reported on recent research evidence that had established a clear relationship between staff satisfaction and patient outcomes.

The next steps include cascading ward / departmental results to inform local action plans. The patient vision will be used as a powerful way to engage and motivate staff to adopt the values and behaviours that will benefit achievement of the patient vision.

The Board noted the 2009 staff survey results and plans to support sustained improvement. Assurance on continued progress will continue to be received through the Workforce Committee.

Ms Firby applauded the results and noted that a real difference in staff satisfaction was evident throughout the organisation.

Dr Bricknell emphasised the importance of continuing to respond to the actions identified.

Mrs McEvoy acknowledged the risk to sustainability and the Chairman noted that the results show good improvement over what was always acknowledged to be a 3 year journey in terms of achieving turnaround.

7.3 Review of 2009/10 Quality Account Commitments and 2010/11 Prioritisation methodology with recommended indicators

Dr Jackson delivered a presentation to show current performance against the 5 Quality Account priorities set in 2009/10 and outlined the engagement process that had taken place with stakeholders to determine priorities for 2010/11. He also led a discussion to discuss the appropriateness of mortality as an indicator.

On the question of mortality Ms Firby advised that she is primarily interested in monitoring avoidable deaths than mortality per se, acknowledging the increasing incidence of co-morbidities and the impact of a changing case mix that includes an increasing level of non elective activity.

The Chairman asked how preventable deaths are identified within the total number of reported deaths. Dr Jackson explained the process adopted by the Mortality Review Group to screen every death and scrutinise any element of care that may have contributed to avoidable harm.

Dr Russell recommended that mortality relating to a specific procedure such as elective CABG would provide a more useful indicator than global mortality.

Mr Jain reminded the Board of the significant improvement in patient safety resulting from a focus on specific targets such as infection prevention emphasising the need to define a tangible measure that accurately reflects what is happening.

Mrs Holmes noted the importance of aligning trends identified from the 'Learning from Defects' work with service improvement plans, noting that this work has prompted a review of the way in which cardiac arrests are managed and a review of the end of life pathway. She noted that consultant mortality data might well lead a patient to choosing an alternative pathway.

Dr Bricknell asked whether pressure to meet a mortality target would make doctors more selective about which patients they agree to operate on. Dr Russell advised that individual consultant performance data is risk adjusted using Euroscores to account for age and morbidity of each patient treated.

Ms Firby made a distinction between setting an appropriate specific target for the Quality Account and ensuring that the Board looks at all aspects of mortality.

Mrs Leek agreed that the target must be meaningful but warned against focusing only on one specialty.

Dr Russell noted that an important finding of the 'Learning from Defects' Group is that there are avoidable deaths within cardiology as well as surgery.

The Board confirmed its support for the recommendations set out in Dr Jackson's paper including that the Executive Team will discuss further and agree how best to reflect a mortality target within the 2010/11 Quality Account.

8. Governance

8.1 External Assurances Received : Monitor - Q3 2009/10 Report

Mr Jain presented the letter from Monitor confirming that at the end of Q3 the Trust's financial risk rating was '4' and both the Governance Risk Rating and the Mandatory Services Risk Rating were 'green'.

The Board noted the results.

8.2 Care Quality Commission Registration

Mrs Holmes confirmed that written confirmation had been received from the Care Quality Commission that the Trust has been registered without condition for three regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures; and
- Diagnostic and Screening Procedures

Following later advice to all providers from the Care Quality Commission the Trust has applied to register to provide a fourth activity, 'Assessment and treatment of persons detained under the Mental Health Act 1983'. Mrs Holmes explained that whilst this is not a core activity it is a requirement to have registration in the exceptional event of such a person requiring treatment at the Trust.

The Board noted that the Statement of Purpose has been updated to reflect this fourth activity.

The Board noted the report.

8.3 Report of the Director of Infection Prevention and control

Dr Russell highlighted the one indicator with a red RAG rating. This relates to the observational audit results for hand hygiene. The compliance rate for March 2010 did not meet 95% in the X Ray and ECG departments and was due to the observation of incorrect practice rather than a failure to decontaminate.

Performance remained well within the set trajectories for MRSA bacteraemias and clostridium difficile.

8.4 Infection Prevention and Control Annual Report 2009/10

Dr Russell highlighted the infection prevention results for the year 2009/10. There was 1 case of MRSA bacteraemia against a target of 7 and 15 cases of clostridium difficile against a target of 25. The Board heard that in 2010/11 there will be zero tolerance of MRSA bacteraemia with the Trust having been set a target of just 1 case.

Dr Russell advised that there is more work to do on infection prevention to reduce, for example, surgical site infections and urinary tract infections. He added that MRSA screening of patients from peripheral clinics will be a further focus for 2010/11.

Dr Russell reported that there were no recommendations made following the unannounced visit from the Care Quality Commission in December 2009 to assess compliance with the Hygiene Code.

The Chairman highlighted the surveillance trends noting the considerable improvement in infection prevention that has been seen over recent years. Dr Russell commented that as performance has been sustained this is an indicator that behaviours are embedded.

Mrs Holmes noted that in 2010/11 the trajectory for clostridium difficile will be 18 and therefore challenging in view of the 15 cases seen in 2009/10. The target for 2011/12 is likely to be significantly less than 18.

The Chairman acknowledged that considerable investment has been made to ensure that infection is minimised and acknowledged that the targets for the next 2 years will be extremely challenging.

The Board noted the report.

8.5 Report from the meeting of the Council of Members held on 1st March 2010

The Chairman highlighted the key issues from the last meeting of the Council of Members.

The Board noted the report.

8.6 Certification of Independence of Non Executive Directors – Dr David Bricknell and Mr Geoffrey Appleton

The Board heard that neither Dr Bricknell nor Mr Appleton had identified any issues in respect of the relationships and circumstances outlined in the NHS FT Code of Governance (Provision A3.1) that might impede her independent character or judgement.

A declaration to this effect had also been required by the application process for their appointments to the positions of Non Executive Director.

On this basis the Board certified that Dr Bricknell and Mr Appleton are both independent Non Executive Directors.

8.7 Register of Interests – Board Directors and Register of Interests – Senior Staff

The Board reviewed the register of interests for Board Directors. Mrs Leek advised that she is also a Governor at a local primary school and will declare this. The Chairman recommended that all Directors who are members of the Charitable Funds Committee declare this also. Dr Russell highlighted that he is Chairman of the Mersey School of Anaesthesia which the Board noted. The Board confirmed that there are no interests of Board Directors that conflict with the management of the organisation.

BL
ALL

The Board reviewed the register of interests declared by senior staff. As this register did not include nil returns, Mrs Lavan advised that she will follow this up and the register will be reviewed again at the next meeting of the board to be held in public.

LL

8.8 Council of Members' Procedure for Raising Serious Concerns

This was ratified subject to inclusion of the right of the Senior Council Member to contact Monitor directly.

LL

9. Date of Next Meeting

The next meeting of the Board of Directors to be held in public is scheduled to take place on Tuesday 27th July 2010 at 1.00p.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed

Date

Neil Large, Chairman

Board of Directors

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Friday 22nd October 2010**

Present :	Neil Large Raj Jain Pat Firby Geoffrey Appleton David Bricknell Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Glenn Russell	Chairman Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Medical Director
In Attendance:	Mark Jackson Lucy Lavan Ann McEvoy Paul Rushton	Associate Director of Quality Improvement Associate Director of Corporate Development / Trust Secretary Associate Director of Human Resources and Organisational Development Associate Director of Service Development
Apologies for absence:		

		Action
1	Apologies for absence None.	
2	Declaration of interests relating to agenda items The Chairman asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story Hazel Holmes read the patient story.	

Board members were asked to comment on the delivery

mechanism and agreed that the story is more powerful when read without a paper copy provided in advance of the meeting. A discussion followed around different processes and ways of presenting the story and it was agreed that the format would be varied at future meetings.

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4 Strategy and Development

4.1 Early views on Government Spending Review

Raj Jain provided a summary of the headline announcements, noting that the detail had not yet been issued via the NHS Chief Executives Network.

The NHS is to receive the lowest funding settlement yet, amounting to 0.4% per annum for the next 3 years with an indication that the settlements for years 4 and 5 are likely to be similar. There is a strong indication that this will include delivery of new spending commitments, including the transfer of £2billion activity from social care to the NHS, and a re-statement of the significant savings expected.

Raj Jain noted the impact of changes to the wider taxation and benefits system on individual members of staff, highlighting the forthcoming increases to VAT, rise in pension contributions and pay freeze as factors that are likely to make the next few years difficult financially for individuals.

The importance of managing expectations and being open with staff was discussed, Raj Jain noting that he has called a meeting on 25th October 2010 to brief leaders on the known implications to date and how these may impact upon the Trust.

The Chairman concluded the discussion, noting that there will be greater clarity on the impact upon the organisation and individuals once the detail emerges.

4.2 Strategic Implementation Tracker

Paul Rushton advised that the portfolio of projects and service developments within the SIT had been updated, noting that Primary PCI has been removed from the SIT as it was implemented in January 2009 and successfully rolled out to a wider geographical area in June 2010. The ongoing performance of this service is now monitored routinely at the Finance and Performance Committee.

As noted in the Board Action Log (Action 2), a report on the impact of primary PCI in terms of its impact on the wider health economy will be prepared for consideration by the Board in November 2010, along with a similar report on the impact of the Knowsley CVD service.

This change to the SIT portfolio was supported.

The remaining projects within the SIT were reviewed by the Board:

OD: Engagement – Incomplete Assurance

Ann McEvoy noted that there had been some slippage in the engagement programme to support the patient experience delivery plan and therefore the assigned assurance level had been re-assessed. She confirmed that the work is likely to be back on target by the end of Q3, outlining the ongoing work involving consultation with staff around the values and behaviours underpinning the patient vision.

The Chairman asked if the overall assessment should be rated amber rather than green and this was confirmed.

Raj Jain asked what action is being taken to mitigate the increase in sickness absence and the Board heard that interventions by the Occupational Health service are being targeted in the 3 areas of highest absence – musculo-skeletal problems, stress and pregnancy-related illness.

OD: Management Development - Fully Assured

Ann McEvoy updated the Board on the rollout of the Management Development Programme to include all Band 7 post holders within the next 12 months; and the strong focus on leadership emphasised at the recent Management Congress.

The Chairman asked about the involvement of consultant staff in leadership development and heard about the clinical leads programme that is being developed and introduction of a monthly consultants team brief.

Glenn Russell outlined ambitions to identify potential leaders and role models within the consultant body and to focus a programme based on values and behaviours, as emulated by the Mayo Clinic in the USA, as the starting point, with the aim of disseminating these attributes throughout the cohort of medical staff.

For clarification, it was noted that the SIT document should read 'Fully Assured' and not 'Incomplete Assurance' in respect of this development.

Marketing Strategy – Incomplete Assurance;

Paul Rushton outlined progress to date in developing and rolling out the brand, with particular emphasis on Knowsley and the resultant excellent feedback from GPs.

The Board heard that the GP events led by the Trust's cardiologists are being more formalised and adapted to focus on marketing messages as well as clinical content and also that marketing activity is now being directed towards private and overseas patients.

Dr Foster data is now being utilised to better understand where to focus marketing effort.

Rob Toomey asked whether marketing activity is being employed at service line level and was advised that service line reporting is

now helping to inform marketing activity by identifying where there is operational capacity to expand as well as the relative profitability of individual service lines.

Stakeholder Management – Incomplete Assurance

Paul Rushton outlined progress to date, noting that there is still work to do to understand the stakeholder map in terms of hit rates, quality of engagement and identification of gaps to focus future effort.

Geoffrey Appleton commented that he did not believe that the non executive directors are being sufficiently utilised in this area as yet and that the pace of engagement with local authorities and GPs in particular needs to increase.

It was agreed that use of a regular reporting tool to enable effective use of the stakeholder map be employed and Paul Rushton agreed to produce a proposal for consideration at the next Board meeting.

The Chairman concluded that it will be important to consider the detail of the White Paper in terms of where engagement activity should be targeted, given plans to create new bodies including Commissioning Boards and Health and Well Being Boards. In the meantime, non executive directors should continue to use their existing networks whilst making connections with the changes planned for the future.

Estates Development – Incomplete Assurance

Paul Rushton outlined progress with Phase 1, noting that delay had been experienced as a result of the need to remove asbestos found in a duct on the old surgical corridor. It is likely that the time lost can be recovered but there is a paramount need to ensure safety and additional costs of £50,000 will be incurred as a result.

Raj Jain expressed concern about the individuals who may be at risk of exposure to asbestos and asked if any health screening is available to offer to those concerned.

Glenn Russell advised that the symptoms relating to asbestos exposure do not generally present until 25 years later; and therefore screening at this time is of limited value.

Pat Firby requested that enquiries be made to establish whether records need to be kept in respect of potential exposure to the individuals concerned.

Bridget Leek referred to the SIT and asked for an explanation of the 'compensation event' described. Paul Rushton explained that a compensation event is where additional work is requested over and above the initial contract. This event described relates to additional work requested to convert the former Ward E into a research and learning and development area.

Paul Rushton advised that additional costs associated with this

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event are unlikely to be incurred, providing that the work is completed within the planned timeframe for Phase 1.

Research & Development Strategy – Fully Assured

Mark Jackson updated the Board on the status of the project, noting the recent success in securing funding to support a cardiovascular nurse post. He advised that there have been significant developments in securing a research alliance partnership, which will be discussed further under agenda item 9.

The Chairman congratulated Mark Jackson and his team in respect of progress made.

Patient Experience Delivery Plan – Fully Assured

Hazel Holmes outlined the next steps involved in embedding the patient experience delivery plan at directorate level and provided an overview of projects underway, noting:

- some slippage in implementing the volunteers scheme, but noting that the first cohort of volunteers has been recruited and placements will begin by the end of November
- the Support Nurse pilot is well underway
- an experience based design day involving 50 patients and relatives has recently taken place and has provided a valuable insight into how experience can be improved for each of the six steps.
- the development of the patient contract
- plans for a full day workshop on 'Enhancing the Healing Environment', facilitated by the Kings Fund, aimed at stretching the imaginations of staff in respect of what can be achieved.

David Bricknell asked how patients had been recruited for the experience based design day and heard that a random sample of 300 patients discharged within the last 6 months had been contacted. A representative cross section of the patient population had been identified to include representation from surgery, cardiology, Knowsley and the cohort of cystic fibrosis patients. The commitment from patients and relatives in supporting this event was commended.

Geoffrey Appleton commented on the importance of embedding the right attitudes and behaviours and asked how this would be achieved and monitored in respect of junior doctors who are on rotation for relatively short periods and are not recruited by the Trust.

Glenn Russell emphasised the need for clinical leaders to be role models and noted that the required values and behaviours will be incorporated into the junior doctors' induction programme.

Geoffrey Appleton commented that he had been impressed to hear a doctor advocating the need for the right values and behaviours at a recent meeting of the Patient Experience Committee.

A discussion followed around whether displaying the right values and behaviours could be linked to the reward system in place for consultant medical staff.

Glenn Russell advised that he would be reluctant to reward what is expected as standard practice and that instead he would look to work with any outliers. He commented on strong evidence that demonstrates that high levels of staff satisfaction are associated with healthcare models that ensure that the patient experience is mainstream and paramount.

Ann McEvoy advised that whilst the trust does not recruit junior medical staff, the induction programme provides an opportunity to reinforce the Trust's expectations. She advised that the appraisal system provides a vehicle for providing feedback to individuals and will be further developed to re-emphasise the importance of behaviours. Ann McEvoy added that staff will be given permission to challenge the inappropriate behaviour of others and that there may be opportunity to look at linking in non-monetary rewards that are discretionary such as overseas study leave.

Raj Jain summed up the discussions, highlighting the power of the patient contract as a tool for setting out expectations of how staff will behave and obtaining feedback at the end of stay, empowering patients to understand our offering and to police it.

The Board noted progress on each of the strategic projects and confirmed support for the assigned levels of assurance.

Paul Rushton presented the scorecard for each of the SIT service developments :

**Service Developments:
Knowsley Community CVD Service**

Paul Rushton noted that to date 600 patients had been seen and that feedback from patients and GPs continues to be very positive.

Cardiac and stroke rehabilitation services have been re-designed to work more effectively and key performance measures were introduced from 1st October 2010.

In the last 6 months the length of inpatient hospital stays have demonstrably reduced as a direct result of the new community based service.

It was noted that Knowsley PCT has won the Northwest Health Award for 'Commissioner of the Year' and has also been short-listed for the national award, in respect of this service.

Rob Toomey asked whether activity in respect of this contract is on target and heard that there is a block contract in place that supports the rollout of the service in Year 1.

Aaron Cummins noted that there is provision to recover costs at marginal rate if the tolerance limits set within the block contract are

exceeded.

The Board is to receive a more detailed report on the impact of this service in November 2010.

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Private Patients Unit

Paul Rushton presented a comprehensive update on the progress of the private patient strategy, in response to a request from the non executive directors.

The Board heard that income had increased in September 2010 following introduction of new pricing and development of the overseas market through work with MMG in Texas.

The establishment of the Private Patient Board has increased clinician awareness and growth areas identified for aortic aneurysm and EP Studies. A private patient business manager is to be appointed to drive forward the business plan.

Rob Toomey enquired about the profile of the Business Manager post, emphasising the importance of attracting someone with the right skills and experience required to make this role a success.

Paul Rushton advised that the post is for a fixed term of two years with an annual salary in the region of £40,000. The Trust is seeking an individual who is experienced in developing business, ideally in private healthcare.

A discussion followed around the motivations of consultants in expanding private practice and Glenn Russell expressed his personal feelings about this and asserted that NHS activity must not in any way be compromised.

Raj Jain confirmed that the key principle of the Private Patient Board is to ensure that any expansion of private work does not impinge on NHS treatment, but importantly generates monies that are to be re-invested in the NHS. He noted that the overseas aortic work consumes critical care capacity but that there have been no cancellations of scheduled NHS procedures as a result. The Board heard that the UK Trade and Industry Department has been helpful in advising how to access the overseas market, including engagement of British Embassies.

Pat Firby asked how the impact on critical care and other operational capacity is assessed prior to overseas work being accepted.

Raj Jain advised that the General Managers are fully engaged and work to match capacity with demand as for all service developments; if there is insufficient capacity then overseas work will not be accepted.

Paul Rushton added that capacity is identified by product line, noting that EP Studies do not consume any critical care resource; aortic work yields a significant profit but there is less capacity

available. In addition to critical care capacity, the Trust has only 6 inpatient beds for use by private / overseas patients.

David Bricknell sought clarity on the strategy for improving private accommodation and facilities and was advised that marketing is focused on the clinical aspects of care as there is limited scope to improve Ward AL1, other than minor refurbishing.

Geoffrey Appleton noted the plans of a local NHS Trust to lease facilities to BUPA.

Paul Rushton advised that private activity at this trust will continue to focus on unique specialist services that cannot be provided easily elsewhere.

Hazel Holmes commented that the White Paper should extend patient choice significantly such that GPs cannot impede access to this hospital.

The Chairman summarised that first and foremost, this is an NHS hospital, but where private work provides an opportunity to generate income to reinvest in the NHS this should be accepted only where it is demonstrated that NHS work will not be compromised and contracts with NHS commissioners fulfilled. He added that the ambition is for all patient facilities and accommodation to be brought up to the best possible standard.

4.3 Investment – a framework to support decisions

Raj Jain set out a proposal for a framework that will enable the Board to explore the wider opportunity costs involved when making an investment decision.

Aaron Cummins circulated a supporting document to supplement the framework proposed, which set out a projection of cash headroom, including cash reserves, working capital facility and the prudential borrowing limit against which capital expenditure plans can be assessed.

A discussion followed around the inherent limitations of strategic planning processes and it was accepted that the framework proposed would provide a useful tool to support decision making.

The Chairman supported the approach but advised that greater clarity of presentation is required to fully understand the sources of funds and offsetting commitments. He advised that the Board would welcome this clarity and detail to support consideration of the 2011/12 annual plan.

4.4 Imaging Strategy

Raj Jain briefed the Board on a conversation he had held with the Chairman prior to the Board meeting, advising that there is a need to address leadership issues within the radiology department in advance of approving the business case proposed.

He advised that the management of the radiology service is

complicated by the fact that the department is a general radiology department providing services to the RLBUHT and LHCH in broadly equal proportions. Raj Jain advised that this trust requires a strategy for diagnostics that is tertiary focused.

The Chairman requested that the item be deferred until the next Board meeting. He advised also that the full Board would require more detailed financial analysis to support the proposed investment in imaging technology.

RJ

David Bricknell asked whether there are any time critical constraints affecting the approval of the business case and heard from Raj Jain that capacity constraints mean that there is a need to make quick progress.

4.5 Electronic Patient Record (EPR)

Aaron Cummins presented his paper which outlined a change in direction towards adopting an EPR solution, in light of new evidence that the Lorenzo system offered by the national solution is not fit for purpose.

He outlined a governance process for defining the 'art of the possible' in the context of delivering the vision for patient experience, which is likely to constitute a combination of tailoring existing systems and developing bespoke solutions.

Bridget Leek emphasised the need to ensure that any developments are future proof, noting the speed at which information technology is evolving.

Rob Toomey asked whether the Trust will be working in partnership with other organisations and advised that this will be considered once a specification has been set out.

Geoffrey Appleton suggested that there may be opportunity to learn from overseas and heard that a 3 day visit to the USA is being explored.

Glenn Russell commented that staff engagement has already been significant across all professional groups and highlighted the need to consider integration with primary care in the context of future proofing.

Aaron Cummins outlined the impact of the change in direction upon the planned efficiency savings associated with implementation of EPR, noting the potential to ultimately achieve savings at a level significantly greater than originally estimated but noting that as timeframes are currently uncertain, the 2011/12 and 2012/13 schemes are now at risk. He emphasised the importance of getting the right long term solution rather than allowing the scheme to be pushed by planned efficiencies that will benefit only the short term.

The Board heard that the Finance and Performance Committee will be undertaking a 'deep dive' review of planned CIPs at its next

meeting.

Hazel Holmes expressed concern that CIP targets will be re-allocated to Directorates and was assured that the Executive Team will assess the full range of risks to any proposals before these are brought to the Board for further challenge.

David Bricknell noted his concern that the service improvement A3 reports currently highlight a number of 'red rated' issues associated with the IT programme, that do not appear to have been escalated via the risk management process. He recommended that the Board have opportunity to review the overall IT structure in its entirety, given the importance of this work in delivering the vision for patient experience.

Aaron Cummins outlined the work in progress, including the need to clarify the requirements of the outsourced HIS service and strengthen performance management arrangements. He confirmed that he will be attending the NEDs meeting in November to present the governance structure and associated risk assessment to the non executive directors.

AC

The Board supported the recommendations set out in support of the change of direction, new timeframe, development of a specification and proposal to seek market interest for a solution based on the specification produced.

The Chairman asserted the need for vigorous testing of the proposals at every stage and requested that the Board be kept fully engaged throughout.

5 Quality / Value - Performance

5.1 Executive Summary : Finance and performance – period ended 30th September 2010

Aaron Cummins presented the status and trends of key indicators, noting that the CQC targets for 2010/11 have not yet been confirmed. The Board noting the following headlines:

- Activity remains ahead of plan – inpatients, 1.3% and outpatients 5.5%
- Performance against the 62 day urgent RTT cancer target has dipped below the 85% tolerance limit to 83.7% - this is due to the receipt of late referrals and the complexity of cases
- Cancelled operations – there has been 1 breach of the requirement to reschedule a cancellation within 28 days
- 1 MRSA bacteraemia to date against a target of 1
- 1 breach of the 6 week diagnostic target due to downtime of the CT scanner and the fact that the patient concerned was unable to re-attend within the timeframe of the target
- Strong trading position with surplus ahead of plan
- Financial Risk rating of 4 at the end of Q2

Pat Firby asked if the MRSA case would impact upon payment from the PCT and was advised that this is not a CQUIN indicator;

the threshold of 1 case having been set by the CQC.

Pat Firby then asked how the over-performance of activity from Wales is being managed.

Aaron Cummins advised that the value of over-performance could be as much as £3million by the year end and that the Trust had been notified that payment is at risk as the Welsh Commissioners can only afford the agreed contract value. Discussions have taken place between the respective Finance Directors and clinical leads, with steps to manage demand agreed. Clinical Working groups are reviewing pathways and in addition, a risk sharing agreement, aligned to the English process is being put in place in respect of device prices.

Aaron Cummins advised that a financial provision is in place to mitigate the residual in year financial risk but effective demand management by the Welsh commissioners will be essential to protect the recurrent trading position.

Pat Firby noted that the situation could mean that patients will have to wait longer, possibly having their treatment deferred until the new financial year.

The Chairman advised that every effort will be made to continue to provide services to patients from Wales and if there is a need to review the service for Wales then a recommendation will be brought to the Board for consideration.

Bridget Leek noted that conversely, the underperformance of the English contract is significant.

Aaron Cummins noted that the £0.5million value of under performance to date could culminate in a year end variance of £350 – 700k but on a total contract value of £72million this is not a major concern. The Board heard however that English commissioners are seeking to re-base the contract at a lower level in 2011/12 to reflect the trend.

Aaron Cummins added that the level and complexity of contract management is in itself placing greater pressure on staff resources and that this has been noted in the risk register.

The Chairman concluded that commissioning will pose greater challenge in years to come and potentially there could be a return to differential waiting times for England and Wales. He confirmed that clinical quality must not be compromised in ensuring the delivery of financial targets and that as far as possible, all patients must continue to be treated equitably.

5.2 Quarterly Report to Monitor: Q2 2010/11

Aaron Cummins advised that the Q2 return to Monitor reflected the performance trends reported within the integrated finance and performance report at Month 6.

He noted that the issue concerning the diagnostic waiting time breach will be highlighted to Monitor, although this target is not a component of Monitor's governance rating.

Aaron Cummins advised that the Q2 financial risk rating is likely to be 4 with a planned reduction to 3 by the end of the year.

The Board noted the governance highlights and Lucy Lavan reported that since drafting the report, written approval of the proposed changes to the constitution had been received from Monitor, and therefore point b) in section 2 should be updated to reflect this.

AC

Bridget Leek noted the earlier discussion relating to the EPR solution and its impact on forward plans and Aaron Cummins advised that this will be reflected to Monitor within the next annual planning round.

It was agreed that Aaron Cummins will complete the Q2 Monitor submission following further validation of the 62 day cancer breach and the single case of MRSA.

AC

5.3 Trend Analysis of activity vs WTE

Ann McEvoy presented the analysis, previously requested by the Board, noting that there had been a 6% increase in staff in post over the 3 year period alongside a 12% increase in activity; however the total pay bill had increased by 10%. This demonstrates improved workforce productivity but a growth in pay costs requiring greater scrutiny and control and largely attributable to inflation, incremental drift and a change in the profile of the workforce that includes additional consultants.

A discussion followed around the impact of the Spending Review, the magnitude of future pay related CIPs and the potential lost opportunity to reconfigure health records as a result of EPR implementation. Ann McEvoy stressed the potential impact on staff morale. She recommended a review of workforce plans and associated cost reductions following clarity of detail in respect of the comprehensive Spending Review. This was supported.

Geoffrey Appleton noted that he had expressed a wish to see at Workforce Committee an expansion of the workforce report to enable a better understanding of pay costs and risks associated with the workforce.

Pat Firby noted that some other foundation trusts had ceased incremental payments to staff with attendance or performance records.

Raj Jain reflected on a view expressed by the Strategic Health Authority that trade unions are likely to strive to protect terms and conditions over and above any need to reduce the number of staff employed. He urged a need to fully understand rewards and consequences and noted that the trust had recently reduced its pay

protection policy from 3 years to 1 year, as an example of proactive work on terms and conditions.

The Chairman accepted the impact of service developments on the workforce profile but advised that he still had further questions in relation to the trends presented compared to the declining workforce depicted in the Integrated Business Plan and would pursue this further with Ann McEvoy outside of the meeting.

NL

6 Governance

6.1 Update on the development of the Board Assurance Framework

Lucy Lavan set out proposals for changing the Board Assurance process, in light of recent Board discussions and the clear ambition that the Board Assurance Framework should better meet the needs of the Board and directly aid the signing of the annual Board Statement.

The Board supported the view that the framework should be distinct from the operational risk management process and that this in turn should be adapted to better meet the needs of operational managers.

The next steps, including a Board workshop planned for 17th December 2010, were supported and board members were asked to give advance consideration to the questions posed in section 3.0 of the report.

ALL

6.2 Recommendation of Consultant Job Plan Appeal Panel

Pat Firby explained the background to a case concerning a consultant surgeon's job plan appeal hearing. The recommendations are that the consultant's contract be reduced to 12 PAs in line with all other consultant contracts and that there should be no 'clawback' of salary in respect of payment of 13 PAs since January 2008. At this time, the contract should have reverted to 12 PAs following a temporary increase to 13 PAs between November 2007 and January 2008.

Raj Jain noted that the circumstances of the case meant that Pat Firby, as chair of the panel had secured a good outcome, but the case had highlighted organisational learning required in respect of proactive management of consultant contracts. The Board sought assurance that controls are now in place to prevent a similar recurrence in the future, and this was confirmed.

Pat Firby requested that during the course of this case it had come to light that some consultants may be working in excess of a 48 hour week and if this is the case, then they should be certifying to this effect and there should be a process in place for the monitoring and review of the hours being worked. She requested that this be explored and a report brought back to the Board to enable the implications to be carefully considered.

RJ /
AMcE

6.3 Report of the Director of Infection Prevention and Control

Glenn Russell reported that the root cause analysis of the single MRSA bacteraemia that occurred in September 2010, did not reveal any key learning points. The case had been an unusual strain of MRSA that may have been missed on screening or developed after screening; there was no cross infection to other patients.

David Bricknell noted that the target of 1 case is extremely challenging.

Glenn Russell noted that this had been raised with the Strategic Health Authority, noting that the fact that the Trust has made extraordinary progress does not mean that MRSA bacteraemia will never occur.

Hazel Holmes advised that Monitor had indicated that a threshold of six had been set. She added that community acquired MRSA's continue to increase and it remains unclear where responsibility and actions rest with this.

The Board heard that from 2011/12 there will be new performance targets for MSSA and e-coli infections. Glenn Russell advised that reporting of these infections is already in place and that international benchmarking data indicated that incidence of central line associated infections at LHCH is well below the national average.

C-Difficile rates remain well below trajectory and progress with hand hygiene and cleaning scores remains good.

Glenn Russell went on to explain the difficulties associated with monitoring compliance with the sepsis care bundle and the move towards measuring its success by outcomes and ensuring an ongoing education process to ensure awareness of the importance of early intervention.

The Board noted the report.

**6.4 External Assurances Received :
Monitor – Q1 2010/11 Report**

Raj Jain presented the letter from Monitor confirming that at the end of Q1 the Trust's financial risk rating was '3' and both the Governance Risk Rating and Mandatory Services Risk Rating were 'green'.

The Board noted that the Trust had triggered the requirement, as set out in the Compliance Framework, to submit a re-forecast of its capital expenditure plans.

The Board noted the report and the comparative Q2 results from the foundation trust sector.

NHSLA Level 3

Raj Jain advised that the Trust has now received formal notification

of attainment of NHSLA Level 3.

6.5 Ratification of Consultant Appointment

Glenn Russell informed the Board that an appointment panel had been convened in June 2010 to recruit to the post of Consultant Anaesthetist, and had recommended that Dr James McKeivith be appointed with effect from 13th September 2010.

The Board ratified the appointment.

6.6 Standing Committees – Hot Topics and review of approved minutes

6.6.1 Clinical Quality Committee

Glenn Russell advised that a Trust wide policy on nutrition is being developed following review of a NCEPOD report on intravenous feeding.

In response to the Francis Report, the Committee had sought assurance from the directorates of Surgery, Anaesthesia & Critical Care, Cardiology & Chest Medicine and Support Services that there are no significant gaps in policy or process – this had been confirmed.

It had been agreed that in future Directorates will undertake reviews in response to high level inquiries and provide assurance to the Clinical Quality Committee via Directorate Governance meetings.

Further to a review of the use of the Global Trigger Tool, it was confirmed that resources are better utilised in supporting the work of the Mortality Review Group.

In response to a question raised by Bridget Leek, Glenn Russell advised that the Mortality Review Group and other ongoing clinical audit processes provided assurance that incidences of avoidable harm are identified and acted upon.

The approved minutes of the meetings of the Clinical Quality Committee held on 2nd July 2010 and 3rd September 2010 were noted.

6.6.2 Risk Management Committee

Raj Jain advised that the Committee had received the full report and detailed scores for each standard from the NHSLA assessor; work is in progress to close the gaps on some minor issues that could be improved further.

The Committee has requested a review of stores processes by the Health and Safety Officer, following advice that the RLBUHT has received an improvement notice in respect of transportation of goods to departments around the Broadgreen site.

The approved minutes of the meeting of the Risk Management Committee held on 13th July 2010 were noted.

6.6.3 Finance and Performance Committee

Aaron Cummins reported on progress of Service Line Reporting and the work of the Committee in seeking assurance that the Estates Strategy, Phase 1 will be completed to plan over the winter period. It was noted that the anticipated completion date for the 10 bed ward scheme is now 22nd April 2011 and that cash flow projections and capital forecasts have been adjusted accordingly.

The approved minutes of the meetings of the Finance and Performance Committee held on 29th June 2010 and 29th July 2010 were noted.

6.6.4 Patient Experience Committee

Hazel Holmes reported on the progress and next steps for delivering the patient experience vision.

She noted that the Committee had received an update on the Nursing Assessment and Accreditation System (NAAS), now in operation for 12 months. One ward is rated 'amber', with all other wards now rated 'green'. The NAAS is now based on CQC outcomes and will move to a process of self-certification by ward and departmental managers.

The report of the Liverpool LINK 'Enter and View' visit on 9th July 2010 was received. The findings were very positive. The report will be presented to the Council of Governors and published on the Trust's website.

The approved minutes of the meeting of the Patient Experience Committee held on 1st June 2010 were noted.

6.6.5 Workforce Committee

Ann McEvoy reported that the Committee had reviewed the recent audit of the Trust's Learning Needs Analysis in respect of risk management training and that an action plan is in progress to maintain compliance with NHSLA requirements.

The integrated HR report confirmed that sickness absence targets continue to be achieved and that actions have been identified to support staff absent due to musculo-skeletal injury, stress and pregnancy related illness, the three most significant causes of sickness absence.

The Committee received an update on the Pensions Choice Exercise and approved the Organisational Change Policy which reduces pay protection from 3 years to 1 year.

The approved minutes of the meetings of the Workforce Committee held on 15th June 2010 and 27th July 2010 were noted.

6.6.6 Audit Committee

Rob Toomey advised that the Audit Committee had received assurance from MIAA that there had been extensive progress in respect of addressing the issues identified within Critical Care and

that the 'deep dive' review of the radiology department had been assigned 'significant assurance'. The Internal Audit Plan for the remainder of 2010/11 and going forward is to be re-prioritised to reflect the revisions to the Operating Framework and new CQC requirements and the 'deep dive' reviews will be scheduled according to known risks identified by the Committee.

The annual report of the Risk Management Committee was received and the Audit Committee had heard from Ann McEvoy in respect of the arrangements in place for handling the raising of concerns by staff.

Rob Toomey advised that he is pleased with the way in which the Audit Committee has scrutinised and influenced the 'deep dive' process implemented by MIAA.

The Chairman congratulated Rob Toomey on the work of the Audit Committee and thanked him for his ongoing leadership.

The approved minutes of the meeting of the Audit Committee held on 20th July 2010 were noted.

6.6.7 Investment Committee

Rob Toomey advised that the Committee had reviewed the Treasury Management Policy to restrict the amount of cash invested with banks outside of the UK to a maximum of 25% at any one time.

The strength of the current cash flow forecast to support investment decisions was noted with risks identified in respect of over performance of Welsh contracts and longer term impact of the tariff.

The Investment Committee had undertaken a detailed review of the business case for investing in additional scanners, in advance of presentation to the October meeting of the Board of Directors.

The approved minutes of the meeting of the Investment Committee held on 6th May 2010 were noted.

6.6.8 Charitable Funds Committee

The Board heard that the Charitable Funds Committee has requested a policy on the use of 'dormant' funds and is seeking to better align the fundraising strategy to the Trust's annual planning cycle.

The approved minutes of the meeting of the Charitable Funds Committee held on 14th June 2010 were noted.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 30th September 2010

The Board noted the report.

8 Chairman's Briefing

The Chairman thanked Board Members for their contributions to the joint development day with governors held on 28th September

2010 and commented that it had been a very worthwhile day.

The Board was advised that the judicial review of the RLBUHT's business plan is still in progress and also that John Graham has been appointed as the Trust's Director of Finance.

The Chairman updated the Board on key messages from the recent FTN Chair's meeting noting the following:

- The FTN and NHS Confederation are actively reviewing their future arrangements
- Ian Dalton is leading on the FT transition plan and individual plans are to be finalised by the end of November 2010 which will see all remaining trusts becoming foundation trusts by April 2014
- The changing role of Monitor as independent regulator responsible for licensing, price regulation, promotion of competition and service continuity

The Board discussed the mixed messages emerging in respect of QIPP collaboration versus competition and the fact that the detail underpinning the headline reforms is still unclear.

9 Chief Executive's Briefing

Raj Jain tabled a paper outlining two key developments:

- i) the Board heard the background that is leading to a potential opportunity for a research alliance with Imperial College London and the Royal Brompton and Harefield NHS Foundation Trust. This follows a clear signal from the University of Liverpool that it has no plans to invest in cardiovascular research. The Board discussed the initial proposals for the alliance and noted the next steps outlined and the fact that the proposal, still in exploratory phase remains subject to a strict confidentiality agreement. Glenn Russell confirmed that the proposal has his full support.
- ii) The Board heard about three developments arising from the North Merseyside QIPP programme:
 - Payroll and HR transactions are to be put out to tender under OJEU regulations and bids are to include an option to provide a centre in the North Mersey area with the aim to secure local employment
 - A specification for a single pathology service for North Merseyside is to be developed with the aims of reducing costs, providing greater flexibility and better client relationships – any new service is not likely to be established until 2012/13.
 - A £20million Local Development Fund has been established by Liverpool PCT against which provider trusts in North Mersey can bid primarily for 'invest to save' schemes. The PCT Board has prioritised the bids and has earmarked a proportion of the fund to implement organisational change.

Raj Jain informed the Board that Hazel Holmes, Director of Nursing

has been short listed for the prestigious Florence Nightingale Award. The Chairman congratulated Hazel Holmes on behalf of the Board and wished her every success with her interview.

The Board heard that written approval of the changes to the constitution has been received from Monitor and that the new constitution adopted with immediate effect.

10a Minutes of the Board of Directors Meeting (in private) held on 27th July 2010

The minutes of the meeting held on 27th July 2010 were reviewed for accuracy.

Bridget Leek referred to Minute 6.6, 3rd paragraph and clarified the point she had made in respect of data quality. She explained that whilst the report had indicated that processes could be improved, the input of the clinical quality team ensures that the data produced is robust. This was noted by the Board.

The minutes of the meeting of the Board of Directors held (in private) on 27th July 2010 were received, approved and signed by the Chairman.

10b Minutes of the Board of Directors Meeting (in public) held on 27th July 2010

The minutes of the meeting held on 27th July 2010 were reviewed for accuracy and no amendments were requested.

The minutes of the meeting of the Board of Directors held (in public) on 27th July 2010 were received, approved and signed by the Chairman.

11 Schedule of Dates for Board of Directors Meetings 2011

The proposed schedule of dates for Board meetings and development days, 2011, was received and accepted.

12 Action Plan from previous meeting

Lucy Lavan advised that the performance measures to support the patient experience delivery plan had not been reported as planned as the Executive Team wished to earmark time for the Board to consider in some depth. As a result the Chairman had supported the recommendation that time be devoted to this topic at the next Board Development Day scheduled for 17th December 2010.

On Action 3, The Board confirmed that the Reward Strategy should be formulated and progressed via the Workforce Committee.

The Imaging Strategy (Action5) has been discussed as recorded above and the Board has deferred this item.

Action 6 has been dealt with at Finance and Performance Committee.

Action 7 relating to the randomised trial to support the development

of TAVI will be brought back to the Board once it is confirmed when the trial will commence.

Actions 8,9 and 10 have been addressed via the Board's agenda.

The Board noted that the further actions requested in respect of the investigation into the discovery of a retained organ had been successfully completed, with no breaches identified. (Action 11)

On Action 12, Lucy Lavan noted the Chairman's intention to review the makeup of appointed governors once the new structures proposed in the White Paper are clear. The current composition will stand at the present time.

The Board noted the action plan and confirmed that the above actions had been satisfactorily addressed and could be closed.

13 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.

14 Date and Time of next meeting:

The next meeting of the Board of Directors is scheduled to take place on Tuesday 30th November 2010 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Board of Directors

Item 10

minutes

Minutes of the Board of Directors meeting

held on Tuesday 30th November 2010

Present :	Neil Large Raj Jain Pat Firby Geoffrey Appleton Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Glenn Russell	Chairman Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Medical Director
In Attendance:	Mark Jackson Lucy Lavan Ann McEvoy Paul Rushton	Associate Director of Quality Improvement Associate Director of Corporate Development / Trust Secretary Associate Director of Human Resources and Organisational Development Associate Director of Service Development
Apologies for absence:	David Bricknell	Non Executive Director

		Action
1	Apologies for absence As noted above.	
2	Declaration of interests relating to agenda items The Chairman asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story The Board heard an audio recording of a patient story.	
4	Strategy and Development	
4.1	Strategic Objectives Paul Rushton summarised the process that had led to the	

identification of the five strategic objectives articulated in the integrated business plan and identified a number of new themes for consideration by the Board in its review of the Trust's strategic objectives. He advised that there would be opportunity for the Board to consider these further at the development session scheduled to follow the Board meeting.

The Chairman noted that David Bricknell had expressed a wish to be able to articulate the Trust's strategic direction in a concise way and Geoffrey Appleton highlighted three key aspects: managing future uncertainty, being 'ahead of the game' and effective partnership working.

It was agreed that further consideration of the Trust's strategic direction will follow the Board meeting with a view to the executive team developing this work in readiness for Board review on 17th December 2010.

RJ

4.2 Evaluation of Service Developments

Paul Rushton presented detailed post implementation reviews of two major service developments – Knowsley CVD and Primary PCI.

Knowsley CVD:

The Board heard that the contract allowed a 6 month period to establish the stroke and cardiac rehabilitation services element but that diagnostic and treatment services are fully in place and performing well against all agreed KPIs. The key risks going forward relate to the demise of the PCT and work is ongoing to secure and maintain good relationships with Practice Based Commissioning (PBC) leads and GPs.

The Chairman highlighted the reported DNA rates and asked whether patients are given a choice of appointment dates.

Raj Jain advised that the maximum waiting time following referral to these clinics is 10 days and that evidence elsewhere had shown that shorter waiting times equate to higher DNA rates.

A discussion followed around the administrative processes in place and the Board heard that 'choose and book' technology was not yet fully implemented at GP practice level.

Aaron Cummins advised that the IT Programme Board is exploring the use of text reminders and a pilot study is likely to commence in early 2011.

The Chairman referred to data set out in Page 6 of the report, indicating reductions in short stay non elective admissions at Aintree, Whiston and the Royal Liverpool hospitals.

Raj Jain advised that there could be a correlation with the introduction of this service, showing that GPs are using the new community based service and thus avoiding emergency hospital admissions. The Board heard that GPs are gaining from working more closely with Consultant cardiologists.

Paul Rushton advised that more work will be done to promote the presence of the LHCH service in the community as the brand is not always obvious within GP premises.

Pat Firby reported that she had been inspired by her recent visit to Knowsley and went on to ask what progress is being made in respect of direct GP engagement.

Paul Rushton advised that within Merseyside, the focus to date had been upon engaging with PBC leads and GPs with a special interest in cardiology. The Chairman advised that the Board will discuss stakeholder engagement in further detail under Item 4.4.

Aaron Cummins commented on the financial appraisal of the scheme, noting that to date the service has been profit making and asked about the resource impact of further rollout of the service. Paul Rushton advised that the planned rollout will be delivered within existing resources and noted that a quarterly contract review process has been established.

Primary PCI:

The Board heard that the service had been introduced in January 2009 and rolled out in June 2010 across the Cheshire and Merseyside network.

Paul Rushton presented data on activity, response times, impact on length of stay and mortality. A financial appraisal was presented and risks linked to operational capacity and potential competition from DGHs discussed along with plans to provide a helicopter landing pad to enable air ambulance transfers from North Wales.

The Board reviewed the mortality data and discussed the impact in terms of health outcomes with Mark Jackson providing further explanation and clarification of the data relating to 'call to balloon' times. The Chairman noted that there appeared to be an increase in mortality from June 2010 and was advised that it was known that extending the catchment area would impact on mortality as the increase in distance and time taken to receive the patient increases the risk.

The Chairman highlighted that prior to the rollout of the service, Whiston Hospital appeared to be an outlier in terms of its mortality rate relating to ST-elevation myocardial infarction.

Raj Jain noted that it will be important to understand why this is the case, particularly in view of Whiston Hospital's interest in extending its cardiology provision.

Geoffrey Appleton requested further analysis of mortality across the three hospitals (Aintree, Whiston and Royal Liverpool).

Pat Firby referred to the graph depicting the trend in 'door to balloon' times and asked whether the downturn seen in April to June in both 2009 and 2010 reflects a seasonal trend. Mark

MJ

Jackson advised that the fluctuation evidenced is not statistically significant and noted also that every case is subject to clinical audit review. The most common reason for delay is clinical in that infarction does not always manifest itself until the patient is being reviewed in an A&E department.

In response to a question on income for this service from Pat Firby, Aaron Cummins advised that the Trust is currently paid at full tariff for the eventual treatment that is provided. The 2011/12 contract is subject to negotiation as part of the next contracting round. The Board heard that 73% of patients received on the pathway undergo primary PCI and that this is in line with national benchmarks.

Glenn Russell applauded the service in terms of improved outcomes but highlighted to the Board the consequential operational pressures placed upon the hospital, and in particular critical care. He advised that in addition to the need to fully understand the financial implications of the service, there will be a real impact on future bed capacity.

Aaron Cummins advised that whilst the primary PCI service yields a positive margin at Month 7, there is a risk that the service could become loss making as the cost structure differs from the assumptions made in the original business case.

The Chairman concluded that both of the above service developments had demonstrated impressive outcomes and requested that a briefing sheet of key facts and figures be produced for each of the two developments, enabling all Directors to provide a clear and consistent message to stakeholders. Aaron Cummins advised that it would be useful to produce similar fact sheets for aortic aneurysm and TAVI. This was supported and Paul Rushton agreed to action.

PR

Paul Rushton advised that the Board has previously received quarterly reports on Knowsley CVD and Primary PCI via the SIT and asked whether the Board wished this reporting to continue or whether instead, KPIs be included in the integrated performance report which is scrutinised by the Finance and Performance Committee and provided to the Board for information.

It was agreed that both developments should now be removed from the SIT and KPIs tracked via the integrated performance report.

PR

The Chairman expressed his appreciation of the effort that had gone into ensuring successful implementation of these important service developments.

It was noted that a presentation and similar report on these services will be provided to the Council of Governors at their December 2010 meeting.

4.3 Brand Development – Ward Names

Paul Rushton outlined the consultation process that had culminated

in a recommendation that the majority of wards are re-named in line with the theme, 'trees'. The new ward names and associated new signage should help to guide patients and visitors more effectively throughout the site.

The Board supported the proposal with one exception that Audrey Leigh Ward should not be re-named 'Ashleigh'. The Board raised a concern about the potential sensitivity of re-naming the ward and requested that the family of Audrey Leigh be contacted. If following this contact, it is appropriate that the ward be re-named then it should take the name of a suitable tree. The Board agreed that the Executive Team should follow this action through and make a final decision.

PR

The proposal to retain the name Amanda Unit for the cystic fibrosis ward was supported.

4.4 Stakeholder Engagement

Paul Rushton presented a plan for developing a stakeholder strategy that supports both the service development portfolio and annual activity plan. Eight objectives were proposed along with criteria for measuring success. A delivery plan will be formulated by either the Management Board or the Board of Directors, as is most appropriate for each objective.

Geoffrey Appleton referred to the approach described to support GP engagement and asked whether Directors of Public Health will be invited to participate in the annual GP engagement event.

Paul Rushton advised that the focus for this event is primarily a programme of education for GPs and it is unlikely that engagement in clinician to clinician discussion about treatments will be of value to the public health leads.

Raj Jain noted the importance of engaging with public health leads at local authority level by other means once new structures are clear and it is understood what issues are of importance to them.

A discussion followed around the clinical relationships already in place to support effective engagement with DGH based cardiologists.

Geoffrey Appleton commented that the role of Health Improvement Boards is still unclear and that better use should be made of non executive director (NED) networks and intelligence.

Pat Firby expressed the view that she did not feel the pace at which the stakeholder engagement plans are progressing is fast enough and that there is still insufficient clarity around the role of NEDs in this work.

Raj Jain concurred and clarified that the ambition of the paper was to provide clarity around what needs to be done and to identify the need for significant NED involvement in articulation of the plan. He

cited Geoffrey Appleton's understanding of local authority focus and the need for NEDs to identify and work with patient groups as key examples.

A further ambition is to actively engage the Management Board in these plans in order to exploit the influence of clinical leaders.

The Chairman noted the importance of timing in terms of gaining clarity around the health reforms and operating environment for the new financial year. He stressed the importance of continuing to engage with existing networks for the present time alongside developing a plan that targets new key stakeholders post White Paper reforms. He suggested that this plan should link directly with the 2011/12 annual plan.

The recommendations set out in section 6.0 of the report presented were accepted, namely:

- i) that the stakeholder strategy be aligned to the requirements of the service development portfolio and annual plan
- ii) Board support for the objectives SP1 – SP8
- iii) Board is to review progress of the delivery plans twice each year, in September and March
- iv) Delivery plans for SP1 and SP4 – SP8 are to be developed by the Management Board
- v) NED skills and experience are to be utilised to develop delivery plans for SP2, SP3 and SP8 (membership aspect).

In respect of recommendation v) above, it was agreed that Paul Rushton will attend a future NEDs meeting to discuss and facilitate NED involvement.

PR

4.5 **Imaging Strategy**

Paul Rushton presented the paper, noting that previous iterations of the business case had been reviewed at Board of Directors, Investment Committee and Management Board. The business case has been refreshed to include the impact of a challenge to the original assumptions relating to the scope for expansion of the CT service.

As a result the following conclusions were presented:

- there is a good strategic case to invest in both CT and MR
- the criteria set out in the investment policy is not fully met for either CT or MR; however,
- there is an economic case to support investment in MR (but not CT)

Paul Rushton tabled an analysis of the capital programme over a 5 year period to provide context to the consideration of future competing investment priorities.

Pat Firby asked about the risk to the planned surplus in respect of the over-performance of Welsh contracts.

Aaron Cummins drew the Board's attention to the table at page 4 of the report that mapped the year end forecast for base case, best

case, downside and mitigated downside scenarios.

Rob Toomey reflected on a previous Board discussion that meant IT investment is likely to be significantly greater than the provision indicated.

Aaron Cummins advised that the increase is potentially significant with investment in the solution for Electronic Patient Record within a range of £3m- £15m. A realistic estimate will only be available following completion of the Pre-Qualification Questionnaire stage of the procurement process.

Raj Jain requested that an estimate be reflected in the horizon scanning analysis (page5).

The Chairman summarised that the purpose of the horizon scanning exercise is to ensure Board awareness of the opportunity costs of any decision to invest in imaging.

The Board accepted the conclusion that there is no economic case for investment in a CT scanner and went on to consider the issues associated with managing future capacity and planning now for expiry of the existing lease. The Board noted the work to be undertaken by the radiology department to increase efficiency in order to provide the required capacity going forward.

The Chairman invited Glenn Russell to comment on the consequence of the Board not supporting investment in a new CT scanner at the present time.

Glenn Russell advised that CT capacity is stretched but that this provided an opportunity to re-evaluate processes and improve efficiency. A potential consequence is that waiting times lengthen but there should be sufficient scope for the management team to deliver improvements.

The Chairman summarised the Board's conclusion that investment in CT is not supported at the present time.

The Board moved on to discuss the business case for investment in MR.

Pat Firby turned to the opportunities listed for extending business and questioned the affordability of the assumptions made.

Aaron Cummins drew attention to the notes provided in the table presented at Pages 16-17 and the fact that the assumptions around future opportunities are prudent.

Paul Rushton noted the potential to revert to a single scanner after two years when the existing lease expires, thus mitigating this risk.

A discussion followed around the fact that the financial analysis indicates a positive EBITDA return (45% over 7 years) and an

AC

almost neutral internal rate of return. Despite this it was noted that the requirements of the Trust's Investment Policy had not been fully met. The Board requested that the Investment Committee re-visit the Investment Policy and review the criteria for investment decisions to ensure that these are fit for purpose in the current economic climate.

AC/RT

Glenn Russell summarised the strategic importance of investing in MR equipment in aspiring to provide a first class imaging service, commenting on the need to ensure the right people and equipment together with strong leadership.

Rob Toomey urged caution around utilising cash surplus in the current climate requesting that consideration be given to the option of leasing. The Board discussed the pros and cons associated with retaining a large cash balance and resolved that it would be for the Investment Committee to determine the vehicle for investment at the appropriate time, once the business case has been approved.

The Board approved the business case supporting investment in MR.

4.6 Research & Development – Becoming World Class

Mark Jackson briefed the Board on recent developments involving the alliance with the Royal Brompton and Harefield NHS Foundation Trust and Imperial College London, noting that both partners are prestigious in the field of cardiovascular research.

Recent discussions with the new Pro Vice Chancellor for Health and Life Sciences at the University of Liverpool have confirmed a continuing ambition for research partnerships in the fields of respiratory medicine and cancer but no intent to invest in cardiovascular disease.

There is the potential to significantly enhance the Trust's academic portfolio and reputation through this new alliance, including the potential to become a partner in the 2012 Biomedical Research Unit. LHCH clinical leaders have participated in a workshop session to identify the strengths, weaknesses, opportunities and threats associated with this alliance.

Raj Jain outlined the next steps, highlighting the need to establish a robust governance framework as well as securing some quick wins to maintain the momentum. He outlined proposals to establish a legal entity as a means of conducting business and identifying a project for early collaboration that will test out how the organisations might work together in practice.

The Board discussed the potential threat to the existing partnership with the University of Liverpool but concluded that this is minimal in light of recent dialogue summarised above.

The Chairman highlighted the potential risk of early collaboration in advance of the governance structures being formalised.

Raj Jain advised that there are already research governance processes in place and existing policies will be adhered to; the creation of a legal entity will enable the partnership to operate more efficiently and engage in business with external companies.

Aaron Cummins highlighted the potential resource considerations at a time of economic restraint and heard that a business case will be developed and that this may involve re-focussing existing research initiatives.

The Chairman asked if the partnership is likely to impact in any way on the local community, such as other NHS Trusts or local authorities.

Raj Jain advised that the venture should be regarded positively as it will undoubtedly translate into better care for patients. He added that at an appropriate time and once the purpose and nature of the collaboration is clear via a Memorandum of Understanding, then a press statement will be issued.

The Board noted the proposals and work in progress and confirmed support for the next steps outlined. It was agreed that the Board will be kept informed of progress and receive recommendations once these have been determined.

MJ/RJ

4.7 Proposal to develop HR & OD Partnership with the Liverpool Women's Hospital NHS FT

Ann McEvoy outlined a proposal to develop a partnership model with the Liverpool Women's Hospital NHS Foundation Trust for the delivery of Human Resources and Organisational Development (OD) services. She explained the key considerations that had led to this proposal, noting the potential for £150k savings across both organisations, subject to meeting potential pay protection and redundancy costs in the short term.

The Board heard that the Walton Centre had expressed an interest in participating in the OD aspect of the partnership and that there may be opportunities for income generation and benefits such as improved accommodation and location for staff.

It was noted that Directorates are examining the implications of reducing back office functions and potential risks around the change programme were discussed.

It was noted that the proposed staffing structure will be subject to further consultation and possible refinement and the implementation plan was outlined with plans to operate a Shared Learning and Development function in the first phase by 1 October 2011.

Aaron Cummins sought assurance that the Trust will retain its existing level of influence in terms of delivering the vision for patient experience.

Ann McEvoy described the longstanding and trusting working relationship between the three current Directors of HR and confirmed that she had no concerns regarding leadership.

The Chairman asked for financial context of the planned savings and was advised that the current staffing budget is £700k. The current estimate is that this initiative would generate circa 10% saving.

The Board congratulated Ann McEvoy for leading this excellent piece of work.

5 Quality / Value - Performance

5.1 Executive Summary : Finance and performance – period ended 31st October 2010

Aaron Cummins advised of an error in the report and asked the Board to note that there has been one case of MRSA, in October 2010, as previously reported by the Medical Director.

The key headlines as at 31st October 2010 are:

- Activity remains ahead of plan with the over performance of inpatient activity slightly reduced at 1% above plan
- The rate of over performance of Welsh activity appears to have slowed and will continue to be monitored closely
- Performance of the English contract has deteriorated further at Month 7 with an adverse financial variance of £700k to date
- Private patient activity has increased
- There has been an improvement in delayed transfers of care
- Compliance with the 62 day cancer target remains slightly below the accepted threshold at 83.3%; dialogue with the cancer network regarding the reporting of late referrals from DGHs continues
- Sickness absence has increased to 4.1% to date; completion of annual staff appraisals has reduced to less than 85% - the Finance & Performance Committee are conducting a 'deep dive' review of workforce data to establish whether there is a correlation with this performance and the number of vacancies
- The financial surplus stands at £890k at the end of M7 – the year end forecast assumes a stabilisation in the pattern of activity for the remainder of the year, although the downturn in performance of the English contract seen this month could be a risk if this trend continues.

Aaron Cummins advised that Directorates are focussing on demand management in order to identify actions to discuss with commissioners in Wales. A timeframe has been determined for escalation of the discussion with Welsh commissioners to Director of Finance and Chief Executive level. The Board noted that provision has been made for a level of non payment.

Aaron Cummins noted the relationship between the level of

vacancies and payment of overtime and agency staff, advising that he would expect these payments to reduce as posts are recruited to. The Chairman noted the need to be mindful of these costs in planning 2011/12 CIPs.

Glenn Russell noted that there is little time left before the end of the financial year to instigate effective demand management of Welsh activity, noting the likely need to look at extending waiting times and curtailing benign thoracic work.

Aaron Cummins advised that the clinical leads are actively engaged in developing the plans.

Pat Firby questioned whether the over performance of the Welsh contract meant that consultants had been focussing on Welsh work rather than English and also whether this meant they had been paid premium rates to deliver excess activity.

Glenn Russell advised that the consultants are prioritising work only on clinical need and do not consider the source of the contract. He advised that if necessary an elective waiting list will be implemented and this will be communicated to Wales. If activity is actively managed down, then the first call will be to eliminate any additional sessions being worked by consultants.

Raj Jain highlighted the fact that the contract had been re-based in 2010/11 to reflect previous underperformance and in fact the level of activity being seen is as anticipated. He advised that clinical staff are fully occupied.

The Chairman added that the total activity plan is on target, the over performance of the Welsh contract being offset by the under performance of the English contract.

Hazel Holmes referred to the patient experience indicator for complaints, noting that the green rating reflected the fact that complaints are responded to within the mandated timeframe. She noted however that there had been an unusually high level of complaints in October and that the level of complaints now appeared to be curtailing. The Cardiology Directorate has seen the most significant rise in complaints although there are no consistent themes emerging from the analysis of these complaints. Work is ongoing with Directorates to review and address the reasons.

Bridget Leek noted that there had been references in the Board papers to new posts being established and asked what impact this will have on next year's challenging CIPs.

Aaron Cummins outlined plans for a CIP challenge day on 14th December 2010 and advised that the financial plans indicated that the workforce may need to reduce by approximately 65- 80 WTE per year, with around 30 posts identified so far for 2011/12.

The Chairman advised that this discussion leads on to the next

agenda item.

The Board noted the report.

5.2 Quarterly Finance and Activity Forecast – Q2

Aaron Cummins presented the financial forecast, noting that the report considered the period up to the end of 2011/12 only.

The 2010/11 position is strong subject to the risks around contract payment but there remains significant uncertainty going forward into 2011/12 and 2012/13.

The Board reviewed the base, best and worst case scenarios for 2011/12 and discussed the surplus strategy, noting the need to deliver an annual surplus in the region of £1-1.5m to secure a continued risk rating of 3. This equates to an estimated CIP requirement of 4 – 4.5%.

The key risks were considered, including those outside of the Trust's influence such as the tariff deflator and changes to the tariff structure.

Glenn Russell referred to the impact of the required CIPs on the headcount and expressed concern that such a significant reduction in the workforce could threaten the Trust's sustainability. He outlined recent discussions held with the Management Board around potential salary reductions in favour of losing posts and indicated that there will be difficult discussions to progress with consultants and other staff in the coming weeks.

Aaron Cummins advised that a further piece of work will be undertaken to review and update the mitigation plans set out within the integrated business plan.

The Chairman summarised the significant challenge ahead and advised that Aaron Cummins will be attending the NEDs meeting in January 2011 to facilitate a more detailed discussion around CIPs.

AC

The Board noted the report.

6 Governance

6.1 Assessment of compliance with the NHSFT Code of Governance (Monitor, March 2010)

Lucy Lavan presented a paper on the work of a task group appointed by the Chairman to review compliance with Monitor's Code of Governance which was updated in March 2010.

The task group comprised Pat Firby, David Bricknell and Lucy Lavan.

The Board noted the key changes to the Code and in particular the change to the tenure of NED appointments and deletion of the provision relating to fixed term contracts for Executive Directors.

The Board supported the recommendation that a written procedure be put in place to deal with a dispute arising in the event of removal of a governor from office. The procedure presented was approved.

The Board confirmed its satisfaction with the work of the task group and supported the group's recommendation that the Trust is compliant with each of the provisions of the Code of Governance.

6.2 Governance Manual Refresh

Lucy Lavan advised that the Governance Manual had been refreshed to account for :

- i) the revised constitution (approved by Monitor, October 2010)
- ii) revisions to delegated limits as supported by the Audit Committee in July 2010.

The Board noted work in progress around developing the Board Assurance Framework and Committee structure along with a review of Directorate autonomy and agreed that the necessary operational changes will be reviewed by the Audit Committee and subject to Board approval at an appropriate time.

The Board supported the recommendation made in respect of the process for maintaining the governance manual to meet operational needs such that :

- i) Minor changes (such as changes to job titles, organisations etc) can be actioned by the Trust Secretary or Director / Deputy Director of Finance and reported to the next meeting of the Audit Committee
- ii) Significant changes (such as those cited above) are to be reviewed by the Audit Committee and recommended to the Board for approval prior to adoption.

6.3 Report of the Director of Infection Prevention and Control

Glenn Russell presented his report, noting that there are no exceptional issues to bring to the Board's attention.

A discussion followed around the Board's requirement for a monthly report or whether the key indicators might instead be included within the integrated performance report.

Glenn Russell advised that it is his intention to expand the report in future to include new indicators for wound infections. He recommended that the reporting frequency be reduced to quarterly with the caveat that if indicated by an adverse trend he will bring an exceptions report to the Board at the earliest opportunity.

GNR

This recommendation was supported.

6.4 External Assurances Received :

None to report.

6.5 Board Assurance Framework / Risk Register

Raj Jain presented the report, inviting Executive leads to comment

on key risks by exception.

Ann McEvoy referred to page 9 noting that sickness absence is assigned a score of 12 but that the Risk Management Committee had considered whether this should be inflated to a score of 16. She therefore wished to highlight this to the Board as a concern and noted that an action plan aimed at achieving a sustained reduction in sickness absence is being developed.

Mark Jackson referred to Page 8, Objective 2.3 on CQuIN indicators highlighting a potential loss of up to £150k income as a result of insufficient management capacity to deliver the actions required. The Chairman requested that this be addressed by the Executive Team.

MJ

The Board approved the Board Assurance Framework / Risk Register and confirmed the adequacy of assurances that the systems of internal control are operating effectively in the management of risk.

6.6 Integrated Incidents, Complaints and Claims Report

Hazel Holmes presented the report noting that the number of incidents reported remains stable although the top categories of incidents reported had changed. She described the top 4 four categories in some detail, noting that three of these are the focus of current service improvement work – documentation, falls and drug incidents.

The Board heard that the Risk Management team has now been aligned to Directorates and that weekly meetings are being held to review and close down quickly any incidents with a green or yellow rating.

Hazel Holmes advised that there are good mechanisms in place to support organisational learning including the Mortality Review Group and directorate governance meetings.

Bridget Leek asked how the positive reporting culture will be sustained and measured , particularly once issues cease to have a high profile at Service Improvement Board.

Hazel Holmes advised that she will always expect to see incidents reported but would anticipate a shift in the reasons and a lower incidence of harm over time. She went on to note the importance of 'softer intelligence' gained through informal mechanisms such as walkabouts and the impact and presence of clinical leads and the senior nursing team.

6.7 Proposed agenda for Board Development Day – 17.12.10

Raj Jain presented the proposed agenda and this was accepted by the Board.

6.8 Care Quality Commission : Quality Risk Profile (QRP) Review

Raj Jain explained the Care Quality Commission's process for compiling and issuing a monthly QRP and how this should be

utilised at Executive Team, Directorate and Board level. It was agreed that the QRP will be distributed electronically to Board members along with a summary of key changes month to month.

Raj Jain will meet separately with Rob Toomey to discuss how the QRP might be utilised by the Audit Committee to identify future work plans and areas of focus.

The Board supported the recommendation that the summary QRP be presented to the Council of Governors each quarter.

RJ/RT

LL

6.9 Standing Committees : Hot Topics and review of approved minutes

6.9.1 Risk Management Committee

Raj Jain reported on the progress of the documentation review and its contribution to managing risk through improved quality of documentation.

The Board noted that the processes for responding to recommendations of high level enquiries, alerts and learning from incidents and complaints had been reviewed.

The Risk Management Committee set out an approach for assessing the CQC's Quality Risk Profile and has made recommendations for the Board's consideration. (Refer Item 6.8 above)

The approved minutes of the meeting of the Risk Management Committee held on 12th October 2010 were noted.

6.9.2 Finance and Performance Committee

Aaron Cummins reported on the ongoing discussions with Welsh commissioners regarding the over-performance of activity and plans to review pricing and manage a reduction in activity for the remainder of the financial year.

The 2010/11 CQC targets were published in October 2010 and the implications will be assessed in detail by the Information Governance Committee.

New guidance on the reporting of shared breaches of the 62 day cancer target is expected to protect the Trust from the impact of late referrals from the secondary sector.

The approved minutes of the meetings of the Finance and Performance Committee held on 24th August 2010 and 27th September 2010 were noted.

6.9.3 Workforce Committee

Ann McEvoy reported on the rise in sickness absence and plans for all departments to achieve compliance with the target for staff appraisals.

A summary of workforce change plans, by Directorate, was presented.

The approved minutes of the meeting of the Workforce Committee held on 17th August 2010 were noted.

6.9.4 Audit Committee

Rob Toomey updated the Board on the Audit Committee's review of the scope of 'deep dive' departmental audits and advised that the Committee will be focusing on the assurances in place to secure effective service delivery by third party suppliers.

The Audit Committee has expressed concern that the internal audit plan is skewed heavily towards Quarter 4 and will be monitoring work delivered closely as well as ensuring that the 2011/12 plan is profiled more evenly across the course of the year.

The approved minutes of the meeting of the Audit Committee held on 20th September 2010 were noted.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 31st October 2010

The Board noted the report.

8 Chairman's Briefing

The Chairman noted that the Board will be discussing the latest implications of the NHS reforms at the development session directly following the Board meeting.

9 Chief Executive's Briefing

Raj Jain reported that Ann McEvoy has been short-listed for an NHS Northwest Award for 'HR Director of the Year' under the category of patient experience. The Board wished her success.

The Board heard of work being led by Mid Cheshire NHS Trust in respect of a collaboration to address three pay policy issues:

- i) Recruitment and retention premia, with a particular focus on estates and maintenance staff who are no longer in short supply
- ii) Payment to staff who are absent due to sickness
- iii) Increments, with a view to a potential freeze

Approximately 12 Trusts have expressed an interest in this work and are seeking commitments from their Boards to progress this area of joint working. This was supported.

10 Minutes of the Board of Directors Meeting held on 22nd October 2010

The minutes of the meeting held on 22nd October 2010 were reviewed for accuracy.

The minutes of the meeting of the Board of Directors held (in private) on 22nd October 2010 were received, approved and signed

- by the Chairman.
- 11 Action Log from previous meeting**
 The Board reviewed the action log, confirming that Actions 1,2,4,5,6,7,8,11,13 and 14 could be closed down.
- On Action 3, Aaron Cummins advised that he will bring an update on TAVI to the next Finance & Performance Committee and update the Board in January 2011. **AC**
- Action 9 (development of BAF) is to be addressed at the Board Development Day on 17th December 2010.
- The Board confirmed that Action 10 (EWTD compliance) is to be progressed via the Workforce Committee and can be removed from the Board's action log. **AMcE**
- Action 11 was closed but the Board noted a typographical error in the note provided by Aaron Cummins – the reference to 'Sue Slipman' should have read 'Sue Ford'.
- Action 12 on the provision of a development session on cost structures will be addressed by Aaron Cummins who will attend the NEDs meeting in January 2011. **AC**
- 12 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.
- 13 Date and Time of next meeting:**
 The next meeting of the Board of Directors is scheduled to take place on Tuesday 25th January 2010 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Board of Directors

Item 10

minutes

Minutes of the Board of Directors meeting

held on Tuesday 25th January 2011

Present :	Neil Large Raj Jain Pat Firby Geoffrey Appleton Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Glenn Russell	Chairman Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Medical Director
In Attendance:	Mark Jackson Lucy Lavan Ann McEvoy Paul Rushton	Associate Director of Quality Improvement Associate Director of Corporate Development / Trust Secretary Associate Director of Human Resources and Organisational Development Associate Director of Service Development
Apologies for absence:	David Bricknell	Non Executive Director

		Action
1	Apologies for absence As noted above.	
2	Declaration of interests relating to agenda items The Chairman asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story Hazel Holmes read a patient story.	
4	Strategy and Development	
4.1	2011/12 Operating Framework Raj Jain delivered a power point presentation and led a discussion	

on the impact of NHS policy changes and the 2011/12 Operating Framework, noting that all Board members had previously been circulated full copies of both the Operating Framework 2011/12 and the NHS Outcomes Framework. He highlighted to the Board a number of world trends including unsustainable levels of spending, a shrinkage of the acute sector, the impact of the information revolution and questioned the adequacy of primary care which is characterised in many countries, and notably in the UK, by significant variability.

The Board discussed the opportunities and risks that these factors would bring.

Raj Jain highlighted the key components of the new Health and Social Care Bill and discussed where these would impact most upon the Trust's strategic plans. A discussion followed around the new commissioning structures, regulation, and policy, including how priorities are set.

The Board discussed the philosophy behind the new Bill, based on the belief that opening competition will drive quality and better value for money; and that the nature of the public sector will need to change if good leaders are to flourish.

Raj Jain referred to academic research from the USA, that had looked at the application to hospitals of well accepted principles in industry that take organisations from being 'good to great'. These included a strong, stable and long-lasting leadership team; a profound sense of mission, ensuring an external facing focus, investment in research, education and development and a mobilised workforce ('majoring on the minor').

Geoffrey Appleton acknowledged the importance of these factors, noting that a common mistake for Boards is focusing too heavily on current performance data at the expense of looking to the future.

The Board considered the risks posed by the 2011/12 Operating Framework across the time horizon of the strategic plan, noting the lessons learnt from development of TAVI and the fact that commissioning decisions are not always logical given the evidence for the efficacy and value for money demonstrated in the business case for this service. Raj Jain noted that the commissioning stance is weakening following media interest, emphasising the importance of patient groups in influencing future service provision.

The Board noted also the recent decision of NHS Halton and St Helens to divert PCI activity from LHCH to Warrington Hospital, and speculated that this decision may have been based upon local funding issues rather than just quality.

These examples illustrated the uncertainty around future commissioning decisions and the reality of competitive threat. The Board discussed its plans for continued cost reduction, articulating the Trust's 'offer', with a stronger focus on market share and

assessing the risks of competition early, in light of emerging rules around designated services and price flexibility.

The Chairman asked whether local PCTs had shared their commissioning strategies. Aaron Cummins advised that plans to set out commissioning intentions last October had not yet materialised but that the Strategic HA are now pushing for plans to be developed and shared.

The Chairman noted that PCTs would gain from the reduction in tariff and Raj Jain advised that the North Mersey Compact is due to present financial plans that will enable a better understanding of the funding gap.

Raj Jain recommended that the Board move on to consider the strategic direction in the context of the policy changes outlined and principles and issues raised both in his presentation and through Board debate.

4.2 Strategic Direction

Raj Jain advised that the purpose of the paper presented was to capture recent work and discussions of the Board and to propose the next steps. The Board was asked to consider :

- the strapline set out on Page 1, designed to capture the Trust's strategic goal
- the 7 key components of the Trust's strategic goal, as set out in 2.2, previously presented at the last Board development day but refined and developed in light of the Board's feedback
- the 10 change programmes set out in 2.3 and described in further detail (appendix 1) in terms of the key vehicles for delivery
- Next steps to refine outcomes and develop supporting strategies and governance arrangements.

Bridget Leek asked about how the strategic objectives would be communicated to and understood by staff. Raj Jain explained that it was important to keep a strong, consistent and relevant message. The patient vision is the key vehicle for presenting strategic ambitions to staff. Staff will be actively engaged in key change programmes such as the Patient Experience Delivery Plan in a way that is meaningful to them.

Pat Firby questioned Component 4: 'A Hotter Hospital', asking how this would be achieved given the resource constraints and potential loss of further elective activity.

Raj Jain acknowledged that there is no additional funding in the system but that the Trust's ambition is to attain a larger market share.

Aaron Cummins highlighted the policy directive on pricing, enabling a variation from tariff, and the importance of a hotter hospital in the context of increasing demand for primary PCI.

Pat Firby expressed concern about the operational capacity to become 'hotter' noting that there is no designated A&E area to accommodate peaks in the volume of primary PCI activity. She noted that there had recently been a run of five primary PCI admissions. As the workload is uncertain, this makes the planning of staffing requirements difficult.

Raj Jain advised that all A&E departments are exposed to the same issues in dealing with peaks and troughs in activity. The operational managers have experience in deploying staff skills to best possible effect. He added that it is not the Trust's intention to create an A&E department but to effectively deliver part of a pathway of care. He advised that a recent peak of 11 PCIs had been managed well with no risk to patients.

Bridget Leek noted that the Trust must provide a primary PCI service and added that she was pleased to see that the 'hotter hospital' component of the strategy had been clearly articulated, as this enabled the Board to assess and manage the associated risks.

Raj Jain thanked Bridget Leek for this insight, adding that previously insufficient focus had been given to the requirements of a 24/7 service. He added that the purpose of the strategic objectives is to articulate the changes and direct the focus of the strategic portfolio of clinical service provision.

Bridget Leek referred to Component 6 : 'Associated Services' , suggesting that this 'catch all' category be given greater definition.

Pat Firby concurred but added that she was pleased to see education feature within this objective as she felt that to date this had not received sufficient emphasis. She asked about a clear timeframe for developing an education strategy and this was noted on the Board action log.

AMcE

Rob Toomey highlighted his concerns about the pace of change for the commissioning environment and difficulties in managing the Welsh contract, reflecting also on his observations of a stark regression of the commissioning function apparent at a recent national Audit Committee conference.

The Board concurred that this highlighted the importance of clearly defining the 'offer' to facilitate decision making by the new commissioning structures.

Bridget Leek commented that the paper sets out a clear direction of travel, with sufficient flexibility to adapt, building also on the Board's firm belief in its ambitions.

The Chairman invited Executive Directors to comment upon their personal view of the key risks and opportunities.

Hazel Holmes noted the importance of influencing GP pathfinders

who are likely to focus their initial attention on value for money in favour of long term outcomes for the population. This again emphasises the importance of the clarity and structure of the service offering. As an example, she noted that outcome data relating to the Knowsley CVD service showed a reduction in admissions to Whiston Hospital.

The Chairman referred back to the paper presented, commenting that components 2 and 3 described in 2.3 include a statement on what the Trust will do in respect of 'certain lines', noting that this would require further clarity in terms of effectively defining the service offering.

Paul Rushton questioned whether sufficient emphasis had been given to innovation.

Mark Jackson referred to the NHS Outcomes Framework which would guide direction of travel.

Glenn Russell emphasised the need to focus on pathways of care and longer term benefits.

Ann McEvoy noted the importance of staff understanding the benefits of changes to the ways in which services are provided, citing that Cath Lab staff could clearly see the benefit to patients resulting from the introduction of the primary PCI service. She added that there would be renewed focus on staff well-being in the delivery plans going forward.

Aaron Cummins expressed his confidence in the strength of the product offering and highlighted the need to ensure that the 7 components are underpinned by appropriate surplus and pricing strategies.

Raj Jain highlighted the importance of the Trust's increasing prominence on a national stage, directing the Board to the description of Component 5, the Trust's ambitions around research and positioning to secure the ability to influence the new NHS National Commissioning Board.

Bridget Leek commented that the strategy was not simply about generating revenue but improving the health of the population whilst generating savings for the health economy.

A discussion followed around the proposed strapline and consideration of the meaning of the term 'not for profit' and whether this should be reflected. No decision was reached but the Chairman requested that follow up on this debate be recorded on the Board action log to prompt further consideration at a future time.

The Chairman recommended removing the final part of the strapline 'by 2014' in order that the curtailed phrase would serve as a more effective marketing tool. This was supported. He then

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asked Raj Jain to summarise the next steps.

The Board heard that the Executive Team will now progress the development of detail of the 10 change programmes through the people, Committees and Boards detailed in the paper. The SIT (Strategic Implementation Tracker) process will be adapted to ensure that progress is monitored by the Board.

RJ /
PR

The Board adopted the refined strapline to describe the strategic ambition : ***'To be the premier integrated cardiothoracic healthcare organisation in the country'***

The 7 components of the strategic goal as described in the paper, section 2.2 were adopted as the Trust's strategic objectives

The 10 change programmes described and outlined in Appendix 1 were approved in principle as being the key change programmes that will deliver the strategic goal and objectives, subject to Board approval of supporting strategies and associated scheme of delegation.

5 Quality / Value - Performance

5.1 Executive Summary : Finance and performance – period ended 30th November 2010

Aaron Cummins advised that the Executive Summary presented an overview of performance to 30th November 2010, but that the Integrated Performance Report issued to the Board following publication of the Board papers, set out the detailed analysis to 31st December 2010.

Aaron Cummins explained the assumptions underpinning the reported forecast outturn, highlighting the implications of responding to the emergency flu situation and projected activity.

The Board heard that the forecast surplus of c£1m, required to sustain a financial risk rating of 3 is dependent upon assumptions made in respect of the flu crisis:

- i) the expected level of financial re-imburement due; and
- ii) the extent of 'catch up' in Quarter 4 resulting from delayed elective activity and resultant capacity constraints.

Pat Firby asked about the underperformance of English and Isle of Man contracts and how this would impact upon 2011/12 contracts. Aaron Cummins advised that it is likely that commissioners will consider December and January to be atypical months and adjust their assumptions accordingly. He noted that the key risk is the assumptions that commissioners will make around the impact of competition and QuIPP delivery.

The Chairman asked for an update on the financial risk associated with underachievement of CQuIN targets.

Mark Jackson advised that the targets are challenging and relate to sickness absence rates for nursing staff, reduced DGH length of

stay for patients awaiting cardiac surgery and improvement in the timeliness of discharge letters, the latter being the focus of an improvement project which is now well underway.

Aaron Cummins advised that the maximum risk in the current year equates to £250k and that the improvement work undertaken has provided clarity around the extent and pace at which these targets can be achieved and this work and progress to date will inform discussion and agreement of a final settlement with the PCT.

Bridget Leek asked whether the Board had paid sufficient attention to CQuINs and heard that a monthly dashboard is received by the Clinical Quality Committee and the associated risks escalated via the risk register.

Pat Firby added that CQuIN performance is reported within the Integrated Performance Report.

Mark Jackson noted that demonstrable improvements can be evidenced and expressed confidence that a partial payment will be secured.

The Chairman requested an outturn report to the Board after the year end to reflect on the experience of the first year of 'live' CQuIN targets.

MJ

Aaron Cummins provided an overview of activity and performance targets advising that he will present a detailed analysis on the performance of the 31 and 62 day cancer targets under the next agenda item, Q3 Report to Monitor.

The Board noted the report.

5.2 Quarterly Report to Monitor – Quarter 3 2010/11

Aaron Cummins advised that performance at Q3 would secure from Monitor a financial risk rating of '3' and a governance rating of 'amber-green'. The 'amber-green' governance rating would apply for the second quarter in succession.

He advised that in Quarter 2, the Trust had failed to meet the 62 day cancer target and in Quarter 3, the Trust had failed the 31 day cancer target.

A powerpoint presentation was then delivered to the Board to provide clarity on the definition of each of these targets and how weightings were applied in accordance with the Compliance Framework to determine the overall risk rating.

Aaron Cummins presented a detailed review of the 62 day pathway in terms of the number of patients on the pathway each month and when and how the breaches had occurred. He noted that although Monitor has recognised that the Trust is entitled to a 6% tolerance due to the small numbers and complexity of caseload, Monitor had stated that this tolerance will not be applied until failure is seen in

three successive quarters.

A similar analysis of the 31 day pathway was presented with two breaches occurring in October 2010. Whilst root cause analysis had revealed that it was clinically necessary to cancel the appointments in both cases, an administrative error in respect of one of the cases had been identified. In the other, the referring hospital had failed to identify co-morbidities that needed prior attention. The Board heard that both patients concerned had now been treated and are recovering well at home.

Aaron Cummins highlighted that breach in a third successive quarter could prompt escalation by Monitor, but that Monitor had confirmed that this would only happen if successive breaches relate to the same target. The position is that the Trust has breached one target in Q2 and a different target in Q3; further in respect of the 62 day breach (Q2), Monitor would be expected to apply the 6% tolerance in the event of three successive breaches.

In summary, there is no immediate risk of escalation by Monitor but the Board was asked to note the continuing risk associated with meeting the cancer pathway targets as a result of the small numbers involved. Aaron Cummins advised that Monitor had been kept fully informed about these breaches, as well as the impact of flu on operational capacity.

The chairman stressed the importance in terms of patient care and reputation of ensuring a sustained green rating going forward and assurance was sought regarding the ongoing oversight of administrative processes, given that the current cancer manager is shortly to take up a new post within the Trust.

Geoffrey Appleton also questioned how the failure of a referring hospital to identify co-morbidities would be addressed.

Raj Jain advised that in her new role as Assistant Director of Nursing (SACC), Justine French will retain a strong oversight of the cancer pathways until her replacement is established in post; and also that it is important to recognise that with one exception, the administrative processes have worked very effectively to date. In respect of the 62 day target, timely referral is very much dependent on the referring hospital as is identification and treatment of any co-morbidity.

The Board authorised the signing of Declaration 2, highlighting breach of the 31 day cancer pathway target, in respect of the Q3 submission to Monitor.

6 Governance

6.1 External Assurances Received :

6.1.1 Letter from Monitor: Q2 Risk Ratings

Raj Jain presented the letter from Monitor confirming that at the end of Q2 the Trust's financial risk rating was '4' and the Governance Risk Rating was 'amber-green', as a result of failure to

meet the 62 day cancer target.

The letter was supplemented by Monitor's Q2 Report on the performance of the foundation trust sector.

The Board noted the content of the letter and the comparative Q2 results from the foundation trust sector.

6.2 Workforce Committee : Annual Report

Ann McEvoy highlighted the key headlines from the report and noted that future priorities included delivery of the OD strategy, leadership development and development of an integrated education and training plan, as noted in the earlier discussion on strategic objectives.

Pat Firby asked about progress on reviewing induction programmes, an action which has been ongoing over a lengthy period of time.

Ann McEvoy acknowledged that the process had taken longer than she had hoped and advised that the programme is continuing to evolve in response to the articulation of required values and behaviours. A new programme is to be rolled out from February 2011.

Pat Firby asked about staff feedback on the induction process and advised that a survey process is in place and feedback analysed by the HR team with programme content and frequency of refresher training adjusted in response to feedback.

The Chairman noted the section of the report relating to membership and attendance and questioned why there had been a poor level attendance at Workforce Committee meetings by the Staff Side representative.

Ann McEvoy highlighted that the Committee meets only six times per annum but felt that there may have been a reluctance by the staff side representative to attend meetings at which the organisational change policy was to be debated.

The Chairman stressed the importance of Staff Side attending these meetings and feeling able to explain the reasons where they disagree with the proposed policy and to challenge the proposals prior to policy implementation.

The Board noted the report and confirmed its satisfaction that the Committee had worked to the terms of reference set.

6.3 Patient Experience Committee : Annual Report

Hazel Holmes highlighted the key headlines including the alignment of the patient vision to the work of the committee and approval of a Strategy for End of Life Care. The Committee's membership had been widened to ensure better representation and engagement in the patient vision of second tier managers and

improved provision of support to directorate governance arrangements. Work is ongoing to embed new assurance systems based upon self certification by Directorates.

The Chairman noted the section of the report relating to membership and attendance and heard that there are logistical problems in securing regular attendance by the Medical Director due to clinical commitments. Consideration is being given to the nomination of a suitable deputy.

The Board noted the report and confirmed its satisfaction that the Committee had worked to the terms of reference set.

6.4 Clinical Quality Committee : Annual Report

Glenn Russell noted that the Committee's workload had been heavily dominated by the need to evidence NHSLA assurances in the early part of the year. Subsequently, there has been evidence of stronger clinical engagement through introduction of 'deep dives' into areas such as the measurement of outcomes, mortality and infection rates. Greater ownership has been given to Directorates with the Committee examining the quality of Directorate Governance Reports.

Glenn Russell noted that due to the nature and competing workload of clinicians it had been difficult to ensure the timeliness of production of reports but overall he expressed that he is pleased with how the Committee has developed and re-focused over the last 12 months, noting the paramount importance of increased clinical engagement over the administrative process.

Rob Toomey commented on the extensive workload and large membership of the Committee and asked whether there is scope to reduce its remit.

Glenn Russell advised that he felt the workload to be manageable and advocated the benefits of improved clinical engagement achieved through a wider membership.

Pat Firby concurred with this, noting that the meetings are chaired well and that the work plan is scheduled carefully to spread the workload over the course of the year. She added that attendance by clinicians is much improved and advocated that other NEDs attend the Committee occasionally. It was agreed that the work plan would be issued to all NEDs to enable them to identify topics of interest for which they might wish to attend.

Pat Firby also noted that attendance at this Committee might provide a useful development opportunity for other members of staff.

Glenn Russell expressed his thanks to Mark Jackson for his work in supporting the Committee and noted that the transparency and openness in outcomes reporting had reinforced individual accountability and enhanced engagement by the consultant staff.

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The Board noted the report and confirmed its satisfaction that the Committee had worked to the terms of reference set.

6.5 Proposed agenda for Board Development Day – 1st March 2011

Raj Jain presented the proposed objectives for the forthcoming Board Development Day and these were accepted by the Board.

6.6 2009/10 Charitable Funds Accounts and Annual Report

Aaron Cummins advised that the Charitable Funds Committee had received and reviewed the 2009/10 Liverpool Heart and Chest Hospital Charity Annual Report and Accounts and had recommended that these are approved by the Board of Directors for submission to the Charities Commission by 31st January 2010.

The Board noted that there is no requirement for the Audit Committee to review the charity's report and accounts, as suggested in the covering paper presented.

The Board noted that an unqualified audit opinion on the financial statements had been given and approved the Liverpool Heart and Chest Hospital Charity Annual Report and Accounts 2009/10 for submission to the Charities Commission. These were then signed by the Chairman and Director of Finance.

6.7 Standing Committees : Hot Topics and review of approved minutes

6.7.1 Risk Management Committee

The Board received the written hot topics report detailing the findings of the investigation into the recent failure of the telephony system, introduction of new guidance for staff in dealing with potentially disruptive visitors and the results of an audit on medical device training.

The approved minutes of the meeting of the Risk Management Committee held on 16th November 2010 were noted.

6.7.2 Workforce Committee

The Board received the written hot topics report detailing an exceptions report on sickness absence and appraisal coverage, actions in response to European Working Time Directive compliance by consultant medical staff and the launch of a consultation on the new Single Equality Scheme.

It was noted that Board members would be participating in a development session on equality and diversity directly following the Board meeting.

The approved minutes of the meeting of the Workforce Committee held on 12th October 2010 were noted.

6.7.3 Patient Experience Committee

The Board received the written hot topics report noting that the Committee will review the progress of the Patient Experience

Delivery Plan at every meeting; ongoing work to improve on copying letters to patients; and receipt of the Ombudsman report on a review of complaints handling 2009/10.

The approved minutes of the meeting of the Patient Experience Committee held on 15th October 2010 were noted.

6.7.4 Clinical Quality Committee

The Board received the written hot topics report detailing the Committee's work in monitoring consultant specific mortality, an audit of senior led review of patients and a review of the revascularisation MDT.

The approved minutes of the meeting of the Clinical Quality Committee held on 3rd December 2010 were noted.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 31st December 2010

The Board noted the report.

8 Chairman's Briefing

The Chairman reported that Merseyrail has nominated Liverpool Heart and Chest Hospital Appeal as their Charity of the Year, acknowledging the efforts of Chris Bell in raising the profile of the appeal and the opportunity that this brings for extensive publicity for the Trust in the coming year.

In response to a question from Geoffrey Appleton, the Chairman advised that Merseyrail staff had nominated the trust's appeal and the nomination had been successful following a vote by employees. The Board heard how one member of Merseyrail staff and a family member of another had received excellent care, compassion and an exceptional patient experience during their treatments and that these experiences had prompted the nomination.

The Chairman advised that Merseyrail representatives had visited the hospital and had expressed an ambition to maximise their fundraising efforts in the hopes that £125k could be raised for specialist equipment following their discussion with Mr Modi.

Geoffrey Appleton noted that this was affirmation of the Trust's reputational brand and presented opportunity to raise the profile of the Trust further.

The Chairman suggested giving consideration to providing a Medicine for Members type event for Merseyrail employees.

The Chairman advised that governor elections would take place for the 8 seats for which the term of office expires following the 2011 annual members meeting. The process will commence in May 2011 in order to complete by the end of July, thus avoiding the August holiday period. The Board noted the enhanced role for governors outlined in the Health and Social Care Bill and the need

LL

to work to equip governors with the skills and experience necessary to fulfil their roles effectively.

The Chairman reflected on the recent Chair's Lunch meeting with governors, noting his observation that the staff governor role was becoming more effective with staff governors contributing more actively to discussion and how policy changes are impacting on frontline staff.

The Chairman advised that he will be meeting with governors individually or in pairs prior to scheduled meetings and will invite them to accompany him in a walk around the trust.

9 Chief Executive's Briefing

Raj Jain presented a written briefing on the position of the 2010/11 contract with Wales and invited Aaron Cummins to update the Board on recent events.

The Board heard that an appropriate risk sharing settlement had been reached comprising additional income at a marginal rate for over activity and a price reduction in respect of device costs. The agreement will apply to 2010/11 only and plans are being progressed to open negotiations around the 2011/12 contract.

The Chairman stressed the importance of maintaining strong clinical relationships in Wales and to build relationships with the Welsh commissioners to plan for future activity and potential repatriation.

Aaron Cummins stressed the importance of packaging the Trust's 'offer' to Wales and recommended that next steps for building relationships be discussed and agreed by the Executive Team.

In response to a question from Rob Toomey, Aaron Cummins noted that the Welsh commissioners do not generally work to the same timescales as English commissioners and that he would expect a 'heads of agreement' to be in place by around June 2011 in respect of 2011/12 contract.

Raj Jain referred to his written briefing on critical care and the role played by the Trust in managing the regional emergency caused by flu.

On the North Mersey economy, Raj Jain updated the Board that there is now unlikely to be a service review of provider functions.

Raj Jain provided informal feedback following the recent National Lung Cancer Peer Review noting the thoroughness of the process, the experience of the review team and the exceptional feedback received, providing strong assurance about the quality of the service provided. A formal feedback letter is awaited.

The Board heard that at a recent meeting of the local cancer task force, data presented had shown Merseyside and Cheshire in a

AC

poor light in terms of discovery of the disease. Raj Jain noted the contrast with data on treatment which is amongst the best in Europe, reinforcing the Board's ambitions around integrated healthcare.

Raj Jain announced that the latest 'Advancing Quality' results highlighted that the Trust is top performer in the North West for CABG and heart failure and joint top performer in heart attack; the three areas of the programme in which LHCH participates. The Board acknowledged the special contribution of two members of staff – Karen Dickman and Lorraine English- to achieving this success. The Chairman advised that he would write to both members of staff on behalf of the Board.

NL

10 Minutes of the Board of Directors Meeting held on 30th November 2010

The minutes of the meeting held on 30th November 2010 were reviewed for accuracy.

The minutes of the meeting of the Board of Directors held on 30th November 2010 were received, approved and signed by the Chairman.

11 Action Log from previous meeting

The Board reviewed the action log, confirming that Actions 1, 3,4,6,7,9,10,11,12,13,14 could be closed down. (Actions 2, 5, and 8 to be completed in February / March 2011)

In respect of Action 1, Aaron Cummins provided the Board with a written briefing on the background relating to the TAVI service and financial risk associated with its continued provision, along with a copy of the business case prepared by the four North West cardiac providers. The Board heard that the business case has been initially rejected by the North West Specialist Commissioning Team (NWSCT), on the grounds that they did not believe that the described savings for the healthcare system would be delivered.

Since this time, the clinical outcomes of the US TAVI trial have been published and a cost effectiveness analysis is pending. In addition, there has been media interest focused on the Blackpool centre which has led to NWSCT requesting further clarity on the delivery of savings and some indication that there may be a move to support TAVI in 2011/12.

Aaron Cummins recommended that the issue be included in contracting discussions with both English and Welsh commissioners and reflected in planning assumptions, as appropriate. This was supported.

AC

In respect of Action 4, Mark Jackson presented a further analysis of mortality data, as requested by the Board. The analysis showed that the contrast between direct admission to LHCH for primary PCI and presentation at a DGH with onward transfer to LHCH were in line with national averages.

Glenn Russell advised that to date there is insufficient data to draw any meaningful conclusions other than that outcomes appear to be consistent with national benchmarks.

12 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.

13 Date and Time of next meeting:

The next meeting of the Board of Directors is scheduled to take place on Tuesday 29th March 2011 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Board of Directors

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Tuesday 29th March 2011**

Present :	Neil Large Raj Jain Pat Firby Geoffrey Appleton David Bricknell Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Glenn Russell	Chairman Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Medical Director
In Attendance:	Mark Jackson Lucy Lavan Ann McEvoy Paul Rushton	Associate Director of Quality Improvement Associate Director of Corporate Development / Trust Secretary Associate Director of Human Resources and Organisational Development Associate Director of Service Development

		Action
1	Apologies for absence None.	
2	Declaration of interests relating to agenda items The Chairman asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story The patient story took the form of a video recorded interview with a Upper GI surgical patient.	
4	Strategy and Development	
4.1	Annual Plan 2011/12 Paul Rushton outlined the key stages of the annual planning	

process noting that the report presented reflected a culmination of the Board's work undertaken at recent Board Development Days and set out the vision, strategic objectives and 2011/12 annual priorities for the Board's confirmation and approval. Key risks to relating to the 10 change projects had been articulated and a recommendation to discontinue the SIT (Service Implementation Tracker) process in favour of the new Board Assurance arrangements was proposed.

The Board noted and confirmed the analysis of external influences and internal reflections (SWOT analysis) that underpinned the plan.

The Chairman asked how the outcomes of the activity plan (c. 13000 procedures per year) could be captured in such a way as to provide assurance that the Trust's core service delivery is making a difference.

Mark Jackson referred to benchmarking data and the introduction of PROMs (Patient Reported Outcome Measures).

Raj Jain advised that at the present time the main way that the Board knows it is delivering an effective service is through the employment of capable, skilled staff and that over time it will be possible to capture more outcome focussed data that reflects the impact on peoples' lives.

Hazel Holmes noted the ongoing work to establish gold standards for key procedures and assessment of compliance with NICE guidelines by the Clinical Effectiveness Committee.

Mark Jackson advised that a national PROMs pilot for revascularisation is currently in progress and that he would bring a paper to the Board once the data is available.

MJ

Raj Jain added that it would be useful for the Board to schedule a wider discussion on this topic at this time.

MJ/RJ

The Chairman commented that the aims of the QIPP programme in terms of improved outcomes at better value were not always consistent with the push for local access and that David Nicholson had recently signalled a clear role for specialist and niche markets.

Raj Jain stressed the importance of being innovative, noting that remote monitoring of devices now meant that patients only have to travel to hospital for an out patient appointment every 2 years rather than every 3 months. This is a key example of where the local access argument diminishes. He added that the work of organisations such as Heart Rhythm UK in establishing quality standards for device implantations provides further strength to the argument to retaining specialist markets in certain clinical fields.

The Chairman added that it is now likely that the National Commissioning Board will receive a greater share of commissioning resource than that originally planned; and thus it will

be important to influence and educate the future key commissioning stakeholders in order to shape the direction of travel and secure the best outcomes for patients.

He advised that the Trust will need to redefine its geographical boundaries for different services, noting that patients still retain their right of choice.

The Chairman then led a discussion on the investment strategy, noting a need for clarity in terms of the aims for long term investment which must support the strategic direction whilst delivering Monitor metrics.

Raj Jain outlined ongoing work with directorates to specify the requirements for developing the estate in line with the patient Vision and investing in IT and medical equipment.

Bridget Leek questioned whether the estates strategy should be a change plan in its own right and accepted Paul Rushton's explanation that all investment proposals would be aligned to and tested for fit with the 7 strategic objectives.

Paul Rushton took the Board through the delivery of the annual plan, explaining how progress would be measured and noting the future work that the Board would be undertaking in April 2011 to define KPIs for 2011/12 and the ongoing monitoring of these via the appropriate assurance committee.

Rob Toomey questioned the rationale for discontinuing the SIT process, noting that he had found the reports a useful aide memoire for tracking key service developments.

A discussion followed around the assurance process and the mechanisms in place for reporting exceptions and risks to the Board.

Raj Jain advised that twice each year in March and September, service developments are reviewed at Management Board and suggested that these could also be presented at the NEDs meeting at these times. This was supported with a view to NEDs determining the sufficiency of information to meet their needs going forward.

The Chairman added that ultimately this was a key responsibility of the Board and that whilst the integrated performance report and hot topics reports from Assurance Committees would give assurance on progress, the Board would expect to see exception reports as necessary.

The Board turned to section 4.0 of the report and concluded that it would be helpful to reinstate the detail of the 10 change programmes within the body of the report. This was supported.

A discussion followed on the risk assessment (section 5.0), the

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Board noting that risks had been aligned one of the 7 key objectives to avoid replication. Further clarity was requested in respect of better defining actions as distinct from controls within the Executive Group Risk Register 2011/12.

PR

The Board discussed the risks rated as 'major', noting the requirement to progress service improvement work to minimise readmissions within 30 days.

HH

The Chairman questioned why Risk 19 relating to staff satisfaction has been rated 'major' and heard that this was to signal the need to implement change programmes as at the current time the trust cannot be confident of success, particularly given the impact of external economic factors beyond the Trust's direct sphere of influence.

Ann McEvoy outlined forward plans that focus on the health and well being of staff in favour of effective absence management alone.

Geoffrey Appleton commented that the staff survey can be used as a mechanism for voicing dissatisfaction with external factors, such as increasing taxation and changes to pensions, and that there is a need to identify better ways of understanding staff satisfaction.

Hazel Holmes confirmed that major risks would be flagged to the Board via Assurance Committee hot topics in accordance with the controls identified within the BAF. She added that the Service Improvement Board meets weekly and that monthly updates are provided at the NEDs meeting. The Executive Team reviews the risk register on a monthly basis. If insufficient progress was being made then risks would be escalated to the Board in circumstances where it is not timely to await Assurance committee review.

HH

The Chairman sought confirmation that the risk register would be accessible to NEDs via the intranet. This was confirmed.

HH

Paul Rushton summarised the recommendations and :

- i) the Board approved the vision, strategic objectives and annual priorities
- ii) the Board confirmed that the moderate and major risks identified described fully the context of the plan, subject to greater clarity on the definition of actions and controls; and
- iii) the Board supported the proposal that the current SIT process be discontinued, in favour of the new BAF, subject to greater clarity on Board involvement in the tracking of service developments and inclusion of the 10 change programmes within the annual plan.

PR

PR

The Annual Plan will be updated and presented to the Board in April 2011, following which the Board will agree KPIs for 2011/12 and these will form part of the final plan to be presented in the format required by Monitor, at the May 2011 Board meeting.

4.2 **3 Year Financial Plan 2011/12 – 2013/14**

Aaron Cummins presented the 2011/12 financial plan, outlining the prudent contracting assumptions that had been made in lieu of contracts being signed. Aaron Cummins advised that commissioning intentions are likely to be confirmed during Quarter 1.

Geoffrey Appleton noted that the application of pacing in North Wales is well below European benchmarks and asked whether there is an understanding of costs to the health economy in managing patients who do not receive pacing therapy.

Aaron Cummins highlighted the issue of affordability.

Raj Jain advised that commissioners see greatest opportunity to improve health via primary care and therefore focus attention and investment on primary care. He added that whilst the North Wales standard is well below the European standard it is not far from the UK standard.

The Chairman reflected on the Board's earlier discussion about the importance of commissioners' understanding of longer term health outcomes and his hopes that the National Commissioning Board will focus attention on pathways rather than bespoke services.

Pat Firby asked about the financial consequence of LHCH patients being re-admitted to their local DGH under the penalty scheme described in the 2011/12 Operating Framework.

Aaron Cummins advised that the DGH would be paid for the follow up activity, but it was yet to be determined how this would impact on LHCH.

Hazel Holmes advised that the pilot study on the role of the specialist support nurse is focused on follow up after discharge and that a bid had been submitted to the PCT to pump prime additional support nurse posts in 2011/12 to enable the improvement project to be rolled out and embedded prior to imposition of greater financial penalties expected in 2012/13. She added that the PCT is aware that the extent of this penalty regime could destabilise the NHS but the aim of reducing readmissions is clearly in the interests of patient care.

Bridget Leek asked whether emergency activity is likely to increase as more PCI work is repatriated and what the financial consequence will be.

Aaron Cummins advised that where commissioning intentions reflect an increase in emergency admissions then strict PbR rules around increased admissions will not apply to the contract and the trust will ensure recompense at the full tariff rate.

In response to a question by Geoffrey Appleton, Aaron Cummins confirmed that if LHCH received a readmission following a DGH

procedure then LHCH would receive the tariff for any further procedure undertaken.

Bridget Leek questioned the inflation assumptions and associated risks.

Aaron Cummins advised that an informed assessment had been made, noting a key risk in relation to utilities given that no invoices have been received from RLBUHT for the past 4-5 months. Raj Jain emphasised the successful work of the finance team in locking down prices within contracts to protect against excess inflation.

The Chairman stressed the importance of noting the Trust's strong track record and commented on the sizeable benefits arising from Service Line Reporting (SLR) and increased clinical engagement.

Aaron Cummins advised that the evidence base derived from SLR has been invaluable in enabling the tariff structure to be challenged and noted the recognition of the effectiveness of SLR at LHCH received through a research project led by Imperial College. The emphasis now is upon better utilising SLR to inform decision making.

Rob Toomey asked if there would be an SLR version of the financial plan and heard that Q1 metrics would inform the rolling forecast going forward and readily provide the impact on a service line basis of proposed service developments.

The Chairman congratulated Aaron Cummins and the finance team, in particular Paul Ronald, for compiling a robust financial plan with strong awareness of future pressures, risks and opportunities.

The Board went on to discuss the first drafts of the 2012/13 and 2013/14 financial plans which yield a breakeven position in the two outer years.

Aaron Cummins advised that the plans will be adjusted in light of clarity of commissioning intentions. CIPs identified to date are at 3.5% with directorates working on further plans for Years 2 and 3.

The Board noted that the mitigated downside is currently a deficit position in Year 3 and that directorates are working on further mitigation schemes and potential capacity reductions in respect of competition.

The Board approved the 2011/12 financial plan and noted work in progress to develop further the plans for Years 2 and 3.

4.3a Patient Experience Measures of Progress

Hazel Holmes set out proposals for the Board to consider in relation to measuring patient experience, noting that defining KPIs

in this area is a difficult task given the uniqueness of the Patient Experience Vision, lack of any meaningful benchmarks and heavy reliance on 'soft' intelligence over 'hard metrics' alone.

A clear goal has been defined for each of the six steps of the patient vision with the aim of 'bringing to life' each step at ward and departmental level, such that each team can personalise the vision within their own area.

Quantitative measures have been aligned to each goal and include selected questions from national and local surveys with the results depicted in a spider chart constructed to compare actual and expected results in 2011/12.

Qualitative measures include patient stories which will be developed in 2011/12 to focus on emotions as well as experiences and to capture family feedback; and patient involvement days will be scheduled twice each year.

Geoffrey Appleton commented on the risk of inherent bias in selection of patient stories.

Hazel Holmes advised that there is no systematic way of selecting stories but that the volume collected is increasing with more widespread use of stories at a variety of meetings. She acknowledged the need to remain open minded and continually seek new ways of obtaining feedback. This will begin with extending to family stories in 2011/12.

Geoffrey Appleton commented that the use of visual media such as today's video recording had greatest impact.

The Chairman supported a recommendation that NEDs participate in the patient involvement days, inviting Bridget Leek and David Bricknell to participate in the next scheduled event on 19th May 2011 and to feedback their recommendations for how NEDs can best support future events.

In response to David Bricknell's comment that the Board tends to hear positive stories, Hazel Holmes noted that whilst there are generally aspects of positive and negative feedback in most stories, many patients hold LHCH in high regard. She noted that the NEDs gain a richer picture through their role on Complaints Panels and offered to explore how complaint letters might be used in a different way to inform the Board of stories.

Raj Jain referred to evidence that 'Appreciative Inquiry', understanding the reasons for success, provides more learning than focussing on what has gone wrong.

Raj Jain asked how we can ensure that the needs of individual patients are being met.

Hazel Holmes replied that it is important to acknowledge the

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individual requirements of patients with greater / different needs than general patients. She described how the ESQS process had been developed to prompt questions relating to personal characteristics and to drive staff to recognise individual additional needs. Traditional focus on equality and diversity had been to treat everyone the same and this is misdirected. By way of an example, Hazel Holmes cited a story of a patient with visual impairment who had recently been admitted as an emergency and staff were not immediately aware of the patient's impairment and consequential needs.

The Board approved :

- i) the proposed measures;
- ii) the proposal for ongoing exploration for methods to better understand patient and family experiences and emotions
- iii) the presentation of measures in the form of a spider chart contained within the integrated performance report
- iv) the proposal to review progress against the delivery plan and on the measures described twice a year.

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4.3b Workforce KPIs for Patient Experience Vision

Ann McEvoy proposed a series of measures designed to assure the Board on whether or not staff are consistently demonstrating the values and behaviours that have been developed as an integral part of the patient vision.

Quantitative measures include staff and patient survey data; a new rated appraisal process and a leadership assessment questionnaire designed to measure the extent to which leaders are effective role models. Data from these sources along with information drawn from complaints, grievances and disciplinary issues will be used to compile a dashboard enabling measurement across the organisational hierarchy.

Qualitative measures include observation, aspects of the patient story, NED walkabouts and experience based studies involving staff.

Geoffrey Appleton asked whether observations could form part of individual assessment.

Ann McEvoy advised that she would expect managers to use direct observation to inform appraisal.

Glenn Russell advised that consultant staff participate in a 360° appraisal process.

Ann McEvoy referred to the Appendices presenting data currently available and the dashboard for delivery of trust values and behaviour based on the dial system used by the CQC in compiling the Quality and Risk Profile.

The Chairman requested that for consistency, a spider diagram be

constructed to compare actual and expected results. Ann McEvoy agreed to explore this.

AMcE

The Board supported the recommendations as follows:

- i) the current information is to be used as a baseline for assessment
- ii) further diagnostic work as described in the paper should be progressed
- iii) the leadership assessment questionnaire and rated appraisal system should be developed and implemented
- iv) a dashboard / spider diagram be used to report progress within the integrated performance report
- v) progress on the measures described to be reported to the Board twice each year.

AMcE

4.4 Stakeholder Management Strategy Update

Raj Jain presented a paper illustrating the activity that has taken place to date in support of meeting ambitions around stakeholder engagement, noting that the analysis may exclude some activities undertaken by NEDs.

Rob Toomey asked about the relative weightings of the stakeholder strategy objectives and heard from Raj Jain that all had importance in terms of future strategic development or day to day operations and that a number of key stakeholders are the same people in respect of some objectives.

The Chairman recommended that the Member Newsletter be used as a vehicle for engagement.

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Raj Jain noted that the published elements of the annual plan and the quality account are important documents that should also be geared towards marketing the Trust's services to stakeholders.

The Board noted the report.

5 Quality / Value - Performance

5.1 Executive Summary : Integrated Performance Report – period ended 28th February 2011

Aaron Cummins presented the report highlighting the following headlines:

- activity remains in excess of plan for Wales
 - activity is below plan for England
 - 31 day cancer target achieved for year to date
 - 62 day cancer target underachieved in quarter to date but data awaiting validation and possible correction
 - Sickness absence has improved but remains below target
- £1m surplus forecast subject to management of year end position - commissioners are seeking to pay full contract value in respect of underperformance in lieu of funding TAVI in 2011/12. Lodgement options are being pursued but this arrangement has added complexity to the management of the year end position.

The Board noted the report

6 Governance

6.1 External Assurances Received :

6.1.1 Letter from Monitor: Q3 Risk Ratings

Raj Jain presented the letter from Monitor confirming that at the end of Q3 the Trust's financial risk rating was '3' and the Governance Risk Rating was 'amber-green', as a result of failure to meet the 31 day cancer target.

The letter was supplemented by Monitor's Q3 Report on the performance of the foundation trust sector.

The Board noted the content of the letter and the comparative Q3 results from the foundation trust sector.

6.1.2 Elimination of Mixed Sex Accommodation

Hazel Holmes reported on a recent visit at the request of the Trust from a representative of the Strategic Health Authority to review progress on eliminating mixed sex accommodation on Day Ward and the Surgical Admissions Unit.

The representative had confirmed support for the level of compliance with DSSA regulations declared by the Trust, giving support to the provision of lounge wear to patients on Day Ward and noting the Trust's plans to address remaining issues on the Surgical Admissions Unit.

6.2 Closure of 2010/11 BAF / Risk Register

The Board reviewed the 2010/11 BAF and risk register and supported the recommendations of the Risk Management Committee in respect of those risks that had been closed, subject to those that are red rated being re-graded. The Board reviewed each 'closed' red rated risk in turn and confirmed that the risk had been effectively mitigated, noting that the rating should reflect the current position.

The Board approved the risks that would be carried forward to 2011/12, these having been re-assessed in accordance with the new risk scoring methodology and included in the 2011/12 risk register.

The Board confirmed that the 2010/11 BAF / Risk Register provided comprehensive coverage of all the organisation's main activities in that year and supported its closure, subject to ongoing risks, as identified in the paper, being carried forward.

6.3 Board Assurance Framework 2011/12

Lucy Lavan presented a report and documents reflecting a culmination of the Board's work on redesign of the Board Assurance Framework, BAF Policy, Committee structure and Committee Terms of Reference.

The Board heard that the Audit Committee had reviewed the documentation and had recommended approval by the Board

subject to expansion of paragraph 1.7 in the Board Assurance Framework Policy. The proposed revision to this paragraph was set out in the Audit Committee hot topics report (Item 6.7.6) for the Board's consideration.

Hazel Holmes requested that the BAF policy be reviewed by the Risk Manager to ensure that the wording is sufficiently explicit to meet NHSLA requirements.

The Board approved the policy, including the appended templates for hot topics and annual reports from Assurance Committees, for adoption from 1st April 2011; subject to the revisions described above.

The Implementation plan and transitional arrangements set out in the report were supported.

The Board reviewed the BAF, noting that it had been fully populated to reflect the Board's detailed review and discussion at the last Development Day (1st March 2011). The Board received the accompanying reference document describing key controls and assurances as referenced in the BAF.

Lucy Lavan advised that two additional risk areas had been included in the BAF since the Board's review of the draft document.

The first of these relates to elections (Risk 22) as described in the recently published template from Monitor for Board self – certification of statements for submission with the 2011/12 Annual Plan.

The second risk area relates to board assurance in respect of the governance arrangements supporting joint ventures including research alliances. This section of the BAF (Risk 16) has not yet been populated but will become applicable once any joint venture is entered into. At this point the Board will need to define the controls and assurances required to ensure safe self certification in respect of governance of such a venture.

Lucy Lavan advised that the BAF had also been enhanced by aligning each principal risk to either or both of :

- 'A' – the Trust's 7 strategic objectives;
- 'B' – the requirement to retain foundation trust status.

The Board reviewed and supported this addition.

The Board then assigned assurance levels to each risk area as follows:

- Fully Assured
- Incomplete Assurance
- Concerned
- Immediate Action.

Risk 3 was assigned 'Incomplete Assurance' reflecting the further work required to develop the competency framework for

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assessment of clinical practitioners – the Board noted that this reflects an ambition over and above the mandatory requirement that clinical staff meet relevant registration and revalidation requirements.

Risk 10 was assigned 'Incomplete Assurance' reflecting the need to attain appropriate levels of information governance training for staff; a target that has been extended to 30th June 2011 nationally.

Risk 28 was assigned 'Incomplete Assurance' on the same basis as Risk 3 although this risk relates to the competency of non clinical staff.

Risk 32 was assigned 'Incomplete Assurance' reflecting further work required to progress the collection of E&D data for the patient population, but does not imply that the Trust is not meeting its obligations in respect of equality, diversity and human rights. The objectives set out within the terms of reference of all assurance committees have been significantly strengthened in this area as a key control.

Following a discussion, Bridget Leek confirmed her satisfaction that that the assignment of 'incomplete assurance' to the above risks would not impact upon the 2010/11 Statement on Internal Control or Board declaration.

In respect of all other risks the Board confirmed that it is 'Fully Assured'.

The Board concluded that the BAF for 2011/12 is comprehensive in terms of coverage and definition of the controls in place and reflects the assurance requirements of the Board.

The Board reviewed the Committee structure.

Hazel Holmes recommended inclusion of the Executive Team and Service Improvement Board in the structure chart in recognition of the new governance arrangements for reviewing and escalating risks.

This was supported and the Committee structure was approved subject to this addition.

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The Board reviewed and approved the revised Terms of Reference for the following Committees, noting the recommendation of the Audit Committee that these be adopted:

Audit – Lucy Lavan advised that the new terms of reference reflected the best practice guidance recently published by the FTN and listed a number of minor amendments to the document presented that had been proposed by the external auditor (as recorded in the addendum to the Audit Committee minutes of the meeting held on 22nd March 2011).

Nominations and Remuneration (Executive) – Lucy Lavan advised that these had been amended, in consultation with the Chairman, Chief Executive and Associate Director of HR and OD to reflect best practice guidance published by the FTN.

Charitable Funds – Aaron Cummins advised that minor amendments had been proposed following annual review by the Charitable Funds Committee.

Investment – Aaron Cummins advised that the Committee wished to meet routinely once each year to review the Capital Investment Policy and Treasury Management Policy. The Committee would be convened as required by the Finance Committee to consider investment proposals that meet the criteria for Investment Committee review as set out in the Capital Investment Policy and Monitor’s rules governing the risk evaluation of investment decisions.

The Board reviewed the proposed Terms of Reference for all Assurance Committees, supporting a recommendation that the Executive Team complete a final review and refinement of membership and assignment of CQC outcomes and NHSLA standards to Assurance Committees.

Clinical Quality – approved subject to the above review
Patient and Family Experience - approved subject to the above review

Finance - approved subject to the above review
Workforce - approved subject to the above review
Corporate Readiness - approved subject to the above review

The Chairman thanked colleagues, in particular, Lucy Lavan, for successful completion of this lengthy and complex piece of work.

6.4 LHCH assurances and actions to the Mid Staffordshire NHS Foundation Trust Inquiries (The Francis Report and Healthcare Commission Report)

Hazel Holmes presented assurances in respect of the actions determined by the Board in response to its review of the Mid Staffordshire NHS FT Healthcare Commission Report (March 2009) and The Francis Report (2010).

She noted the importance of staff satisfaction in relation to maintaining the organisation’s culture of openness, confirming her support for this featuring prominently on the risk register.

The Board heard how Directorate Management Teams had reviewed progress against relevant recommendations via directorate governance structures and were updating workforce plans and reviewing the support systems for patients with non cardiothoracic co-morbidities. This will be monitored via the Clinical Quality Committee in 2011/12.

The Board heard that the Engagement Strategy is yet to be

formalised following considerable work to explore how best to capture the contribution of patients, families, members, support groups and other stakeholders in relation to delivering the Patient Experience Vision. A number of patient and family involvement events have already taken place and more are planned for 2011/12. The Engagement Strategy will be developed in early 2011/12.

The effectiveness of the Complaints Review Panel will be evaluated in November 2011, following 12 months of operation.

Rob Toomey advised that the internal audit review requesting independent assurance on the implementation of the recommendations had been received but that he was dissatisfied with the depth of the review. The report had however confirmed the actions identified within Hazel Holmes' report which was far more comprehensive.

Raj Jain referred to a recent publication by the National Quality Board, 'Quality Governance in the NHS – A Guide for Provider Boards' (March 2011), noting that this document reinforces the Trust's work in focussing on patient experience as well as safety and effectiveness. He advised that aspects of the detailed guidance will be reviewed by Assurance Committees in 2011/12.

The Board accepted the report and confirmed its satisfaction with the response and learning from the failings at Mid Staffordshire NHS FT, noting that work in progress would be monitored by assurance committees with hot topics reported to the Board in 2011/12.

6.5 Director of Infection Prevention and Control Report

Glenn Russell presented the DIPC report for the 3 month period October 2010 to February 2011.

He reported that since publication of the document, there had been a second incidence of MRSA affecting a thoracic surgical patient and that a full root cause analysis has been instigated. The Board noted that the patient is making a good recovery. The total number of MRSA bacteraemias in 2011/12 now stands at two.

The Board noted the report.

6.6 Report of Nominations and Remuneration Committee (Executive) held on 30th November 2010

The Board supported the decisions of the Committee :

- That all directors on incremental scales agreed by the Committee in 2009 be awarded incremental rises subject to their performance rating, to a maximum of one increment
- There would be no inflationary award
- The Chief Executive would be informed of his rating and award by the Chairman
- Members of the Executive Team would be informed of their rating and award by the Chief Executive; and

- An annual review of performance will take place in December each year but in line with arrangements for other staff, no inflationary award will be applied.

6.7 Standing Committees : Hot Topics and review of approved minutes

6.7.1 Risk Management Committee

The Board heard that the Risk Management Committee had discussed and fully supported the proposals for the revised CQC compliance and operational risk management arrangements.

External assurance had been received on the suitability of the telephony system and consideration is to be given to options for further strengthening the system.

The approved minutes of the meetings of the Risk Management Committee held on 11th January 2011 and 8th February 2011 were noted.

6.7.2 Workforce Committee

Following a review of sickness absence, further assurance has been sought from Directorates as to how staff are being motivated and more actively engaged in decision making to ensure a good level of staff satisfaction.

The Committee received a progress report on the impact of the Apprenticeship Scheme, noting that a full evaluation report will be presented to the Committee in June 2011.

The Committee received assurance on the progress of the Medical Secretary and Access team review involving restructuring to streamline services and provide more efficient support to managing the patient pathway.

The approved minutes of the meeting of the Workforce Committee held on 15th December 2010 were noted.

6.7.3 Patient Experience Committee

The Board heard that the Committee had received assurance of the 2010/11 aspects of the patient experience delivery plan and noted the key priorities for 2011/12 including goals to reduce patient and family anxiety and to achieve recognition for world class standards for patient and family experience.

The Committee had scrutinised CIP proposals put forward by Directorates and endorsed all but one scheme which proposed a reduction in pharmacists – this scheme was rejected.

The Committee had reviewed the recent Ombudsman Report ‘Care and Compassion?’, identified key themes and requested assurances from directorates. A follow up report will be presented to the Committee in May 2011.

The approved minutes of the meeting of the Patient Experience

Committee held on 18th December 2010 were noted.

6.7.4 Clinical Quality Committee

A review of CQuIN performance had indicated that the Trust is likely to recover 93% of income assigned to the scheme.

Directorate priorities for the Quality Account were considered with discharge processes and reducing the number of re-admissions being identified and supported as key priorities.

The Committee received audit results on policy compliance, noting that compliance with the Patient ID policy is excellent and that some further improvement is needed in compliance with the VTE policy, particularly in the use of TED stockings post operatively.

The approved minutes of the meetings of the Clinical Quality Committee held on 7th January 2011 and 4th February 2011 were noted.

6.7.5 Finance and Performance Committee

The Trust has received full reimbursement of the £597k funding request from Liverpool PCT in respect of the recent disruption to services as a result of the H1N1 outbreak.

The Board heard about development projects in progress in respect of service line reporting.

The Board approved the submission of the assessment of compliance at Level 2 with the Information Governance Toolkit, as recommended by the Finance and Performance Committee.

The approved minutes of the meetings of the Finance and Performance Committee held on 23rd December 2010 and 24th January 2011 were noted.

6.7.6 Audit Committee

The Audit Committee reviewed the proposals for the new Board Assurance Framework, including the revised BAF policy, revised Committee structure and Committee Terms of reference and recommended that these be adopted by the Board, subject to the amendment noted in the hot topics report.

Highlights from MIAA's progress report were noted and the Board heard that the Head of Internal Audit Opinion 2010/11 had been received in draft and a conclusion of 'significant assurance' is expected.

The Committee reviewed and modified the draft Annual Governance statement (/SIC) 2010/11.

Rob Toomey advised that MIAA would be assigning a new internal auditor to the Trust in 2011/12.

The approved minutes of the meetings of the Audit Committee held

on 22nd November 2010 and 21st February 2011 were noted.

6.7.7 Investment Committee

It was agreed that the Trust's relationship with Royal London Cash Management will continue throughout 2011/12.

Approval was given to extend the procurement process governing the EPR business case by 3 months to enable further assurance on costs and benefits to be developed.

The Committee reviewed its terms of reference and made recommendations to the Board.

The Treasury Management policy and the Investment Policy were reviewed and approved with the following key revisions:

- A quarterly treasury management review will be included in the integrated performance report and monitored at Finance Committee
- The Investment Policy will include a new requirement for 'expert sign off' of specifications underpinning investment proposals and a new section on non capital investments.

The approved minutes of the meeting of the Investment Committee held on 10th January 2011 were noted.

6.7.8 Charitable Funds Committee

The Committee considered the governance arrangements for expenditure over £25k and approved a policy for dealing with dormant funds.

The charitable funds annual report and accounts 2010/11 were approved for submission to the Charities Commission by 31.1.11.

The approved minutes of the meeting of the Charitable Funds Committee held on 6th September 2010 were noted.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 28th February 2011

The Board noted the report.

8 Chairman's Briefing

The Chairman reflected on a recent engagement event involving the Archbishops of York and Liverpool.

He advised the Board that he had not been able to secure a meeting with the Chair of BCW, North Wales who has now announced his retirement; therefore a meeting will be convened with his successor as soon as opportunity arises.

The Chairman advised of his plan to attend the Wrexham Health Fair on 30th March 2011.

The Board congratulated those colleagues who had recently

completed the Liverpool Half Marathon in support of the LHCH Appeal Fund.

The Chairman invited Lucy Lavan to brief the Board on the increasing volume of requests for Board documentation to be released under the Freedom of Information Act. The Health Service Journal, in particular, has made an ongoing request for all Board papers and minutes. The administrative task of producing redacted versions of voluminous documentation is extremely onerous. Under the Trust's constitution, the Board of Directors meets in private but is held to account by the Council of Governors, which meets in public with a full set of public documents. This does not however exempt the Trust from responding to requests for release of its Board documentation and because much of the Board's focus is upon strategy development and understanding the competitive environment, there is a need to avoid publishing data that is of a commercial interest, therefore, the Board agreed to produce and publish, on its website, copies of redacted minutes.

9 Chief Executive's Briefing

Raj Jain updated the Board on the appointment process for establishing the executive board of the North Mersey PCT Cluster.

Ann McEvoy was invited to update the Board on the key headline results of the national staff satisfaction survey and tabled a briefing paper for directors to review.

10 Minutes of the Board of Directors Meeting held on 25th January 2011

The minutes of the meeting held on 25th January 2011 were reviewed for accuracy.

The minutes of the meeting of the Board of Directors held on 25th January 2011 were received, approved and signed by the Chairman.

11 Action Log from previous meeting

The Board confirmed completion of actions 1,2,3,5, 7 and 8. Actions 4 and 6 will remain on the action log.

12 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.

13 Date and Time of next meeting:

The next meeting of the Board of Directors is scheduled to take place on Tuesday 26th April 2011 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Board of Directors

Item 10

minutes

Minutes of the Board of Directors meeting

held on Tuesday 26th April 2011

Present :	Neil Large Raj Jain Pat Firby Geoffrey Appleton David Bricknell Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Glenn Russell	Chairman Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Medical Director
In Attendance:	Mark Jackson Lucy Lavan Paul Rushton	Associate Director of Quality Improvement Associate Director of Corporate Development / Trust Secretary Associate Director of Service Development
Apologies for absence:	Ann McEvoy	Associate Director of Human Resources and Organisational Development

		Action
1	Apologies for absence An apology for absence was received from Ann McEvoy, Associate Director of Human Resources and Organisational Development.	
2	Declaration of interests relating to agenda items The Chairman asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3i	Patient Story Hazel Holmes provided context for the patient story which followed, taking the form of a video recorded interview with a patient.	
3ii	National Inpatient Survey Results	

Raj Jain advised that the Chairman had supported inclusion of this late agenda item to enable the Board to receive a timely update on the recently published results of the 2010 National Inpatient Survey. He invited Hazel Holmes to brief the Board.

The Board heard that the Trust had again attained the top position nationally for overall patient care with improved scores over last year in 36 of the areas surveyed. This result is a significant achievement reflecting the positive impact of the work towards implementing the patient vision.

Hazel Holmes highlighted the following key factors that she believed contributed to this success:

- i) Presentation of the Patient Experience Vision to engage with staff teams and use of the 6 steps which has enabled staff to relate easily to the statements that underpin the vision. In addition, patient stories have been used more widely at ward team meetings, Directorate Governance meetings and Assurance Committees. Hazel Holmes acknowledged that the use of stories may have a limited time impact but noted that members of staff have said that these stories have led them to reflect upon and adapt their behaviour in a positive way.
- ii) Service Improvement work, in particular around reducing falls and pressure ulcers, has provided momentum for staff who have been actively engaged in this work and been able to readily relate improvements to positive patient experience. The Board heard that staff had initiated the idea of hourly comfort checks, which have been well received by patients and enabled improvements such as timely administration of analgesia, rather than patients relying on the next scheduled medicines round.
- iii) The elimination of mixed sex accommodation.
- iv) Discharge arrangements achieved an increase in survey scores this year following the improvement work relating to 'After Stay'.

Hazel Holmes concluded that the overall achievement is excellent, but noted that there remain some areas for further improvement which will be progressed in 2011/12.

Raj Jain thanked the Chairman and each non executive director in turn for their strong leadership in firing the ambitions for patient experience and providing constructive challenge within an environment that allows the executive team to work effectively. He went on to thank each member of the executive team for their extraordinary work and commitment, noting that consistently remaining at the top position over time is harder than attaining the position in the first instance. He then acknowledged the efforts of the staff in delivering high standards of care to patients.

In response to a question from Glenn Russell, Raj Jain outlined

plans for a communications campaign that will commence in June 2011 to highlight the following features:

- Best patient experience as demonstrated by consistent top achiever in national inpatient survey results
- Quality of technical outputs as evidenced by Advancing Quality results
- Impact on community as demonstrated by initiatives such as the hairdressing campaign to raise awareness of heart disease in women
- Link with Imperial College and Royal Brompton, evidencing forward thinking approach and the importance of research in planning for future specialist care provision.

The Chairman acknowledged the excellent results and asked how staff would be recognised for the contribution they are making, noting that the inpatient survey results do not appear to translate to overall staff satisfaction.

Glenn Russell commented upon the anxiety of staff towards change that is reflected in staff survey results and advised the Board that he and Raj Jain are to meet with the cardiologists as a group to ensure effective engagement and understanding of the risks and opportunities relating to competition and service integration.

The Chairman acknowledged that difficult decisions including reduced pay and changed working practices for some staff had been taken to enable the Trust to arrive at this position, noting also that cultural change takes time to become embedded.

Hazel Holmes noted an example in respect of the tightening of absence management processes, noting that this had been seen in a negative light by some staff; also the fact that there are still some managers who do not consistently display the required values and behaviours and as a result there is ongoing developmental work with some individuals.

She stressed the importance of setting the future direction in line with the OD strategy rather than development of individual action plans relating to staff survey responses. The key will be to ensure that all staff receive meaningful appraisals that include living up to the expected values and behaviours.

Geoffrey Appleton commented that in practice middle and junior managers are most threatened by change and that he had suggested the development of a 'People Vision' that is complementary to the Patient Experience Vision.

Rob Toomey referred to the use of press advertising as a marketing tool, cautioning on the short shelf life attributable to the impact of newspaper content.

Paul Rushton advised that the plan will be to secure news features and editorials to follow up the adverts which will be just one

component of a wider campaign.

The Board heard that a summary of key messages is being prepared to support management teams in thanking and promoting success to staff, again part of a campaign that will culminate in the 'Team of the Year' awards in July 2011.

The Chairman noted the opportunity for non executive directors to emphasise these messages during their walkabouts.

4 Strategy and Development

4.1 Annual Plan 2011/12 and certification of Board statements

Paul Rushton presented a paper summarising the updates to the annual plan since the Board's review of the first draft in March 2011, the Board statements that need to be self certified for submission to Monitor at the end of May, and signposting of the areas that must be included to meet Monitor's submission requirements. He tabled an Appendix detailing the 10 change projects and detail on how these will be measured and monitored going forward, primarily via the KPIs set out in the Integrated Performance Report and the work of the Assurance Committees.

A discussion followed around the benefit of the Board having sight of the full SWOT analysis and it was agreed that a separate supporting paper will be brought to the next Board meeting.

PR

The Chairman referred to Statement 16 within the Board certification and asked how the Board would demonstrate compliance.

Mark Jackson advised that the research alliance partnership is likely to be ready for sign off at the end of June and at this point, the Board will receive an assurance paper demonstrating that the Trust has complied with the requirements underpinning the statement, as set out in Monitor's Compliance Framework 2011/12.

MJ

The Chairman confirmed that there is no requirement for the Board to sign Statement 16 at the present time but requested that the Trust's Relationship Manager at Monitor be briefed on the Trust's intentions surrounding this venture.

RJ/MJ

Pat Firby referred to the Clinical Quality Statement, noting that the Board had assigned a level of 'Incomplete Assurance' to the principal risk relating to the competency of clinical staff within the Board Assurance Framework,

Lucy Lavan advised that this related to an ambition that the Board had expressed that is over and above the requirements of the statement to Monitor. The statement requires the Board certifying that there are procedures in place to ensure that all medical practitioners have met the relevant registration and revalidation requirements.

Raj Jain confirmed that there are clear processes in place to meet

these minimum standards but that improvement work is underway to achieve standards that exceed these requirements.

Mark Jackson advised that he had undertaken a detailed assessment of compliance with Monitor's Quality Governance Framework, confirming that most requirements are evidenced through the Integrated Performance Report, but that he would bring an assurance statement to the next meeting for the Board to review in support of making the self certification.

MJ

Bridget Leek referred to Statement 10 and the requirement to certify achievement of Level 2 performance against the key requirements of the Information Governance Toolkit, noting that a recent internal audit review of the evidence supporting this assessment had given only limited assurance.

Aaron Cummins confirmed the validity of the level 2 assessment, as reviewed by the Finance and Performance Committee and referred to a recent discussion with the external auditor regarding the positive statement of compliance within the Annual Governance Statement 2010/11.

Lucy Lavan advised that the Annual Governance Statement had been amended to reflect the improvement work identified and being progressed, as discussed at the recent Audit Committee.

The Board approved the updates to the annual plan as outlined in Section 2.0 of the report, subject to the further actions described above.

The Board confirmed that it expects to make a full self certification, subject to receipt of assurance in respect of compliance with the Quality Governance Framework at the next Board meeting.

The Chairman thanked Paul Rushton for his efforts in compiling a helpful update and for undertaking the task of re-presenting the Trust's annual plan to fit Monitor's template.

4.2 3 Year Financial Plan Update

Aaron Cummins reported on progress in compiling the 3 year annual plan, noting that the strong 2010/11 outturn performance provided a degree of headroom for mitigating financial risk in 2011/12. He advised that 2011/12 contracts have not been signed but that the financial value of the contract had been agreed with English commissioners with work in progress to agree activity, risk management and CQuIN targets.

The Board heard that some 2011/12 CIPs have been re-profiled and will be subject to the scrutiny of the assurance committees. Work to support 2012/13 and 2013/14 CIP plans includes workforce planning, further review of clinical standardisation and the development of a revised procurement strategy.

Aaron Cummins noted the new focus by Monitor on an unplanned financial risk rating (FRR) of 2, which emphasises the need for accurate profiling across each quarter to ensure that FRR 3 is sustained for each reporting period.

Work to be completed includes the prioritisation of £19m capital expenditure over the 3 year life of the plan and clarity of mitigation plans which will need to recognise competition and downside tariff risk.

Pat Firby asked about the support being provided by an independent consultant and heard that a modest financial envelope had been capped. The consultant has a good working knowledge of the trust and extensive experience in turnaround. He will be working with the senior management team, primarily to equip and enable them to identify new CIPs and maximise productivity.

The Chairman advised that the Board would need to have sight of the detailed capital plans ahead of signing off the final business plan submission at the end of May 2011. It was agreed that following discussions about prioritisation at the next Management Board, the proposals will be shared with non executive directors at their next meeting on 17th May 2011.

PR

In response to a question from the Chairman, Aaron Cummins confirmed that the potential 'upsides' that may accrue as a result of contracting discussions, as listed on pages 2-3 of the report have not been reflected in the plan.

Aaron Cummins advised that these will be factored into the quarterly forecasts for scrutiny by the Finance Committee; in addition to greater focus on reserves, provision and how any headroom will be deployed.

The Board supported the updated financial plan and noted the work in progress.

4.3 Draft IT Strategy

Aaron Cummins presented a 3 year strategic vision for IT highlighting the backdrop of a period of under-investment and poor end user satisfaction in the IT service.

The report set out the significant progress to date in creating a robust and resilient IT infrastructure and restoring the confidence of end users; and the developments planned for the future including a strategy for the EPR (Electronic Patient Record) aligned to the Patient Experience Vision and an ambition to create a paperless environment.

The Board heard that the information function had been separated from IT to facilitate the creation of a clinical informatics function, incorporating clinical audit, with enhanced business intelligence capability. The IT function is to be strengthened through a new

management structure with clarity of roles and responsibilities and a robust governance framework.

Aaron Cummins advised that the key issue is affordability, setting out a capital investment plan of £9m over 3 years, of which £2m is assigned for 'catch up'. He advised that the plan will be subject to prioritisation of investment along with the trust's other capital requirements, and a robust business case process in respect of implementing an EPR solution.

Glenn Russell congratulated Aaron Cummins and John Coleman on progress made in restoring and stabilising the current IT infrastructure. He advised that the future strategy for EPR must consider connectivity with the IT systems of partners in recognition of the Trust's goal to develop integrated healthcare. He cautioned against the Trust being a pioneer in this area, noting the need to focus on functionality and learn from the experiences of other organisations, but recognised that the proposal set out an excellent direction of travel.

The Chairman highlighted the importance of interoperability, citing timeliness of discharge letters as an example of a key priority.

Rob Toomey advised that it would be useful for non executive directors to have knowledge of the key people employed in IT and their roles; and asked for further clarity about the future interface with North Mersey HIS. He went on to comment that the financial benefits associated with the investment proposals appear to be minimal and questioned the strategic vision statement which outlined the ambition to deliver a 'world class' technology service, given that IT is an enabler rather than the core business of the trust.

Aaron Cummins responded to these points, advising that he will prepare a communication for the organisation to include names, roles and responsibilities of the team and will also provide pen portraits of key individuals for the non executive directors to review.

AC

He advised that the North Mersey HIS is itself undergoing transition and has recognised a need to strengthen governance arrangements. In the short term, the SLA will be strengthened and time invested to improve relationships and ensure active management of performance.

Aaron Cummins advised that there is no direct financial benefit from the catch up work to create a resilient infrastructure. The EPR development will be subject to business case but benefits will be largely qualitative.

Bridget Leek commented that very few IT projects deliver financial benefits, noting that the investment to date had served to mitigate future financial risk relating to disaster recovery; future investment will need to be supported by clear outcomes in terms of clinical, patient experience and efficiency criteria. She concurred with Rob

Toomey's view on the wording of the vision statement.

Glenn Russell noted that there would be flexibility around implementing the strategy in terms of time frame and priorities to be considered as part of the business case process.

The Chairman noted that there would be further discussion on prioritisation and the resource envelope at the NEDs meeting following the next Management Board. He welcomed the paper and noted the need for further work to fully justify the investment proposed.

Glenn Russell recommended that once the plan is clear, this should be supported by a communications strategy to ensure that the expectations of users are managed carefully in light of the dissatisfaction with IT expressed by service users in recent months.

Aaron Cummins supported this and confirmed that a communication plan would be put in place.

The Board supported the overall approach of the IT strategy, with implementation subject to future agreement of the resource envelope and business case process.

The strategic vision was supported, subject to the words 'world class' being related to cardiothoracic services; as were the principles and guidelines set out in the paper.

AC

5 Quality / Value - Performance

5.1 Executive Summary : Integrated Performance Report – period ended 31st March 2011

Aaron Cummins summarised the outturn performance for 2010/11, noting the following headlines:

- Good financial performance despite the pressure of the H1N1 outbreak and some difficult commissioning decisions - 4% CIP achieved and surplus just over £1m;
- 2 MRSA's
- Sickness absence above target but evidence of stabilisation
- Activity and waiting time targets achieved
- Cancer targets met and improvements made to the cancer pathway reporting system

Pat Firby asked whether a financial penalty will be incurred in respect of the 2 cases of MRSA given that the target of zero had been exceeded and was advised that no penalty will be applied.

She commented that turnover had reduced markedly and asked if this presented a risk.

Raj Jain noted the importance of having the right people in the right posts and noted that the turnover rate was particularly low within

the administrative and clerical staff groups. He confirmed that this could be a risk to the delivery of CIPs as the trust is reliant upon a degree of turnover and natural wastage to reduce costs. However, he advised that measures are already in place around the employment of temporary staff to fill vacancies, where appropriate and schemes to reduce hours worked by certain staff groups.

The Chairman concluded that performance in 2010/11 had been exceptional and acknowledged the personal commitment and excellent work of the executive team in ensuring these results.

5.2 Quarterly Report to Monitor – Q4 2010/11

Aaron Cummins advised that the reported results would be reflected in the Q4 return to Monitor, and the trust would revert to a 'green' governance rating and maintain a financial risk rating of 3.

The Board authorised the signing of Declaration 1 in support of the Q4 return, confirming that all targets and indicators have been met.

5.3 Draft Quality Account 2010/11

Mark Jackson presented the draft Quality Account 2010/11, noting the purpose in respect of publication and the extensive guidance that had influenced the length and detail of content. He advised the Board of key timescales and the requirement to consult.

The Board heard that considerable engagement had taken place with Liverpool LINK this year but that it is unlikely that the Liverpool City Council's Overview and Scrutiny Committee will comment given the current election process in progress. Any statements from these key stakeholders and the PCT must be published verbatim; the final document will be submitted to Monitor by 8th June 2010 and be subject to external audit.

The Board noted that all improvement priorities set for 2010/11 had been met and considered each of the six priorities selected for improvement in 2011/12.

Paul Rushton noted that Priority 6 for 2011/12 relates exclusively to Knowsley residents and asked whether other stakeholders would be supportive of this.

Mark Jackson advised that Liverpool and Sefton had been involved in the consultation and stakeholders will have further opportunity to review and comment. The reason that this priority is specific to Knowsley is this is the only area that has commissioned a community based cardiac rehabilitation service from the Trust.

Rob Toomey referred to the graphical illustrations on page 10, recommending adjustment to better emphasise the differential results achieved on the Advancing Quality initiatives. This was supported.

Hazel Holmes requested that the attainment of NHSLA Level 3 be

included in the list of key achievements for 2010/11 (Page 5).

She went on to question the wording of the target for diabetes, suggesting that this be amended to focus on outcome rather than process.

Hazel Holmes then referred to Page 25 and the list of national clinical audits, recommending an expansion of the narrative to explain the context and reasons why the trust had not participated, where this is the case.

Raj Jain commented on the length of the document and suggested including an executive summary that highlighted the patient experience and advancing quality results in particular. Such a summary would be useful to stakeholders and constitute a useful stand alone marketing document.

The Chairman suggested re-positioning the Vision for Patient Experience 2013 at the start of the document.

Raj Jain recommended the inclusion of appropriate national benchmarks, where applicable, to strengthen and clarify the Trust's strong performance on clinical outcomes.

He also advised that a number of the appendices require commentary to make them understandable to the lay reader.

Pat Firby highlighted that further narrative is required in respect of improvement work, noting as an example, that the presentation of data on pressure ulcers gave the incorrect impression that performance had deteriorated in 2010/11.

She went on to congratulate the team of staff involved in embedding the implementation of the sepsis bundle.

Hazel Holmes noted the impact of the significant change programme in improving the experiences of care for patients.

Glenn Russell cautioned against the use of raw mortality as an indicator and advocated instead the use of risk adjusted data, noting that the nominator for raw mortality is constantly changing in light of casemix and the trust's clinical portfolio.

It was agreed that amendments to the document would be made in respect of all of the above points.

The Chairman turned to the 2011/12 priorities (pages 18-23) and asked for further clarity on Priority One and confirmation that all six priorities are achievable.

Mark Jackson explained the use of risk adjusted mortality data to provide assurance that observed deaths remain fewer than expected deaths based on key risk factors.

MJ

He stated that he believed that the indicators selected would be challenging but achievable.

Glenn Russell advised that there was significant work to do to meet Priority Four in respect of diabetes management but that the target is important and should remain a key focus for improvement. He noted that whilst the target will pose a significant challenge, the service improvement work in this area to date is progressing well.

A discussion followed around the relationship between the Quality Account priorities and CQuIN targets; the Board noting that whilst ideally these would set the same goals, CQuIN targets are set on a health economy wide basis whilst Quality Account priorities are bespoke to individual providers and do not incur penalty within the commissioning framework.

Hazel Holmes advised the Board that Liverpool PCT had commended the trust for its engagement work in compiling the Quality Account.

The Chairman congratulated Mark Jackson and his team.

The Board approved the six priorities recommended for improvement in 2011/12 and supported release of the document for external consultation, subject to the amendments noted above.

5.4 Commissioning for Quality and Innovation – outturn position 2010/11

Following an earlier request from the Board, Mark Jackson presented an outturn report on the 2010/11 CQuIN targets set by commissioners.

Performance against each target was explained and the Board heard that the Trust is likely to recover 94.7% of its maximum CQuIN allocation for the year, subject to a final review meeting with Liverpool PCT.

Geoffrey Appleton highlighted the continued underperformance in respect of issuing timely discharge letters and heard that improvement work underway includes exploring the value of using automated discharge summaries from the EPMA system for a significant proportion of patients along with an implementation plan for digital dictation.

The Chairman highlighted the importance of ownership of this issue by clinical staff.

Glenn Russell noted the need for a consistent process that medical staff must comply with, enabling him to then manage the performance of any outliers.

Hazel Holmes noted that this issue links in with the improvement work around readmissions, as it has been found that some readmissions occur because GPs do not have access to full

information on discharge.

The Chairman acknowledged the work in progress to improve discharge processes and reduce readmissions and concluded that overall the Trust and directorates had performed well on the CQUiN contract in 2010/11.

The Board noted the report.

6 Governance

6.1 External Assurances Received :

Results of National Patient Survey 2010 – refer 3ii above.

6.2 MRSA Exception Report

Glenn Russell presented a report detailing the facts surrounding an increase in acquired MRSA colonisation since January 2011.

The Board noted that the colonisation was largely confined to thoracic patients and an isolated ward which had been subject to a deep cleaning plan, assessment of environmental factors in theatre and ward areas, screening of staff and patients and changes made to the procedures involving the management of chest drains.

The Board confirmed its satisfaction with the root cause analysis and actions instigated.

6.3 Risk Management Strategy

Hazel Holmes presented the new Risk Management Strategy that had been re-written to reflect the Board's recent discussions and work to re-classify risks and strengthen risk identification and escalation processes. The Board heard that the Audit Committee had previously reviewed and supported the Risk Management Strategy.

The Chairman recommended inclusion of a description of the role of the Audit Committee and this was supported.

He noted that the new structure and process outlined was innovative and thanked Hazel Holmes and her team for the considerable effort involved in developing the new approach. He encouraged Board members to keep challenging the process given the significant changes that had been made.

The Board approved the Risk Management Strategy, subject to the above addition.

6.4 Review Register of Interests

The Board received and reviewed the Register of Interests of Board Directors and Senior Staff.

Rob Toomey advised that the Audit Committee had reviewed the process and the register itself and had noted that the current arrangements appeared to be robust.

HH

He commented that he had been pleased to note that senior staff had been specifically asked to express any interests in relation to the recent tendering exercise for the Knowsley COPD service.

The Audit Committee had requested that the Register of Interests be forwarded to the Procurement Manager as an extra safeguard in respect of procurement decision making and it was confirmed that this had been actioned.

The Board noted the register and confirmed that there are no declared interests that present a material conflict.

6.5 Annual Report of Audit Committee

Rob Toomey presented the annual report of the Audit Committee.

The Chairman noted that further work had been undertaken to review and manage the performance of internal audit and the Board heard that a new framework for measuring the performance of internal audit will be introduced in 2011/12.

The Board accepted the report and confirmed that the Audit Committee had satisfactorily discharged its responsibilities in 2010/11.

6.6 Investment Committee Annual Report

The Board received and accepted the annual report of the Investment Committee, noting the changes made to the terms of reference (approved by the Board in March 2011) in light of the review of the Committee's effectiveness.

6.7 Board of Directors' Self Assessment exercise

The Chairman presented the findings of the recent Board self assessment, highlighting the actions already taken in respect of many of the suggested areas for improvement, most notably the redesign of the Board Assurance Framework and streamlining of Assurance Committees.

He asked Board members for further comment in respect of development work required in 2011/12.

David Bricknell commented that there may be further scope to reduce duplication of documentation, noting as example that the Risk Management Strategy and Audit Committee Annual Report had already been reviewed at Audit Committee.

The Chairman advised that wherever possible, documentation will be streamlined but noted the importance of the full Board receiving and approving final key documents.

Mark Jackson noted that the KPI workshop to follow the Board meeting would address some of the improvement areas identified by the Board in respect of the Outcomes framework and work to redesign the integrated performance report.

The Board accepted the report, agreeing to schedule further time to consider Board development needs and future Board evaluation process and to report the conclusions of the report to the Council of Governors in June 2011.

NL/LL

6.8 Production of Redacted Board documents for release under Freedom of Information Act

Lucy Lavan set out a proposal for inclusion of an FOI status indicator on the front sheet of future Board documents and a requirement for the authors of Board papers to highlight exemptions at the time of writing to enable the timely release of redacted documents requested under the Freedom of Information Act.

David Bricknell supported the process proposed, noting the difficulty in preparing redacted documentation retrospectively. He suggested that it would be timely for each Committee chair to highlight exemptions at the time that they review the draft minutes for accuracy, precision and clarity. Similarly, the author of a paper should highlight exemptions at the time of reviewing the final draft. By dealing with this task at these key points, the process is far less onerous.

Aaron Cummins advised that he will arrange for a member of his staff to provide a training session for the authors of papers to help them in understanding the criteria for exemption.

AC

The Chairman recommended that the process be trialled for a 3 month period and then reviewed. He recommended that only redacted Board minutes be routinely published on the website – all other redacted Board documentation would be provided on request.

All

This was supported.

6.9 Standing Committees : Hot Topics and review of minutes
6.9.1 Clinical Quality Committee

The results of the clinical effectiveness review in respect of the Knowsley CVD service have been reviewed and an action plan is in place to address areas of non compliance.

A review of timeliness of discharge letters by service line revealed marked variations in practice and a number of initiatives for improvement are being progressed.

The Committee has assessed all Directorate CIP plans for impact on quality of service and determined that appropriate mitigations are in place.

A review of the expanded list of 'Never Events' has been undertaken.

Priorities for inclusion in the 2011/12 Quality Account were debated

for recommendation to the Board. The six priorities listed were supported.

The approved minutes of the meeting of the Clinical Quality Committee held on 4th March 2011 were noted.

6.9.2 Workforce Committee

Assurance was received in relation to the mitigation of risks to staff morale in the delivery of Directorate CIPs for 2011/12.

The Committee received assurance on the use of AUKUH and Professional Judgement Models in determining future nursing staff levels across the trust.

The Committee heard that a significant proportion of CIPs identified from the consultant workforce are to be re-profiled – revised schemes will be impact assessed at assurance committees.

The approved minutes of the meeting of the Workforce Committee held on 15th February 2010 were noted.

6.9.3 Finance and Performance Committee

The intent to repatriate to the Isle of Man some simple pacing work in 2011/12 has been reviewed and deferred for one year.

The Committee received assurance that all patients receiving treatment under the 62 day cancer pathway are being treated appropriately – an issue around accuracy of data capture was identified and has been addressed.

The approved minutes of the meeting of the Finance and Performance Committee held on 28th February 2011 were noted.

6.7.6 Audit Committee

The Committee received assurance from the Surgical Directorate in response to the findings from internal audit's 'deep dive' review of Elm Ward.

The Head of Internal Audit provided an Opinion of 'significant assurance' for 2010/11.

The Committee received a presentation on the compilation of key financial statements ahead of submission of the draft 2010/11 accounts for external audit.

The approved minutes of the meeting of the Audit Committee held on 22nd March 2011 were noted.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 31st March 2011

The Board noted the report.

8 Chairman's Briefing

The Chairman reflected on the year end and highlights of 2010/11, culminating in the excellent results from the National Inpatient Survey that reflect the success of the work of staff in implementing the Vision for Patient Experience.

He commended the executive and non executive directors for their contribution and advised that he felt that the dynamics of the Board are working extremely well. He also noted that the governors had been extremely helpful and supportive to the Trust, and are developing well into their role. Alan Birchall and Chris Bell were also given special mention with regard to re-energising the LHCH Appeal Fund.

A discussion followed on the continued uncertainty around NHS Policy, the Chairman stressing the importance of the Board staying true to its beliefs and acting in a way that delivers what is best for patients. He expressed a belief that the Trust's strategy is well placed to respond to whatever policy changes are required.

9 Chief Executive's Briefing

Raj Jain updated the Board on the competitive environment and work with the Trust's cardiologists to discuss future strategy and opportunities for working collaboratively with partners, including potential competitors.

He concluded that the Trust is entering a period of uncertainty but remains in a strong position in respect of quality and value for money.

10 Minutes of the Board of Directors Meeting held on 29th March 2011

The minutes of the meeting held on 29th March 2011 were reviewed for accuracy.

Hazel Holmes requested that Minute 6.4, 3rd paragraph be amended to read :

"The Board heard how Directorate Management Teams had reviewed progress against relevant recommendations via directorate governance structures and were updating workforce plans **and reviewing the support systems for patients with non cardiothoracic co-morbidities**. This will be monitored via the Clinical Quality Committee in 2011/12"

Aaron Cummins requested that Minute 6.7.5 be expanded to include the following statement:

"The Board approved the submission of the assessment of compliance at Level 2 with the Information Governance Toolkit, as recommended by the Finance and Performance Committee".

The above amendments were supported.

Subject to these amendments, the full minutes of the meeting of the Board of Directors held on 29th March 2011 were received,

approved and signed by the Chairman.

The redacted minutes of the meeting of the Board of Directors held on 29th March 2011 were approved for publication.

11 Action Log from previous meeting

The Board confirmed that Actions 2 and 5 had been completed in respect of agenda items 5.4 and 4.1 respectively.

The Board noted the actions completed in respect of Actions 4, 5 and 7.

Actions 1, 3 and 6 will remain on the action log.

12 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.

13 Date and Time of next meeting:

The next meeting of the Board of Directors is scheduled to take place on Tuesday 24th May 2011 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Board of Directors

Item 10

minutes

Minutes of the Board of Directors meeting

held on Tuesday 26th July 2011

Present :	Neil Large Raj Jain Pat Firby Geoffrey Appleton David Bricknell Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Glenn Russell	Chairman Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Medical Director
In Attendance:	Mark Jackson Lucy Lavan Paul Rushton	Associate Director of Quality Improvement Associate Director of Corporate Development / Trust Secretary Associate Director of Service Development
Apologies For absence:	Ann McEvoy	Associate Director of Human Resources and Organisational Development

		Action
1	Apologies for absence As noted above.	
2	Declaration of interests relating to agenda items The Chairman asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story Hazel Holmes reminded the Board of the reason for reading a patient story at the start of the meeting and her aim to vary the way in which the story is presented, choosing to read a published patient story from another health system.	

4 Strategy and Development

4.1 Estates Strategy Overview

Raj Jain delivered a powerpoint presentation to the Board to provide context for the estates strategy in terms of cash availability, assessment of the need for investment and the processes that had been used to determine priorities for the development of the estate.

He reminded the Board of the three phase estates strategy that had been approved in 2009 and evaluated the extent to which Phase 1 had been delivered in accordance with the plans presented at the time.

The Board heard that the planned expansion of the Outpatient Department and Pulmonary Function facility had not been implemented due to the change in the model of care delivery through the expansion of integrated, community based services.

In addition, following the provision of additional beds on Cedar Ward and a significant review of the way in which the critical care service is managed, the requirement to provide further high dependency beds had diminished.

Glenn Russell confirmed this noting that the previous problem of managing approximately 20 high dependency patients in general beds at any one time had been eradicated and that these patients are now being accommodated within the critical care area, which is the most appropriate and safest setting.

Raj Jain went on to note that the planned savings of £400k that had been linked to the closure of the Surgical Admissions Unit (following the commissioning of extra beds on Cedar Ward) had not been realised within the timescale set out within the Phase 1 plan.

He reflected upon the lessons learnt, noting the following key developments of the last two years that place the trust in a much stronger position in 2011 to set robust investment plans and ensure the delivery of identified benefits:

- Significantly stronger clinical and managerial engagement
- Development of a robust process for prioritisation of capital schemes
- Identification of the need for and development of clear protocols to support service planning
- Development of clear strategic objectives to drive and support optimal clinical service planning
- New and stronger directorate leadership
- Better information upon which to base planning assumptions
- An executive team that has grown significantly in experience in the last two years and is now equipped to set the required standards, give guidance, challenge and give greater support, and engagement with clinical and managerial teams
- The move to a model of integrated care which has highlighted the importance of ensuring flexibility in all future

investments that will allow the trust to adapt readily to change.

Raj Jain advised that the 2011 estates strategy had been driven entirely by the strategic objectives with a focus on flexibility for future proofing and a consistent approach to ensuring a patient and family centred healing environment.

Phase 2 will achieve the following:

- Improve in-patient accommodation in surgery (Oak Ward)
- Modernise day care facilities
- Create a research facility that meets the trust's ambitions
- Provide capacity for a 'hotter' hospital
- Cost £7.1m
- Position the trust to meet the challenges of increasing competition

Some of Phase 3 will need to be implemented alongside Phase 2 in order to accommodate the administrative and managerial staff that will need to be decanted. Plans will also be worked up to provide solutions for the expansion of cystic fibrosis, improvement of Maple Suite, provision of better education facilities and redevelopment of the ageing public areas of the site.

Raj Jain displayed a map of the site to illustrate to the Board each of the planned changes that the strategy will deliver and to explain how areas of vacated estate will be utilised through further development of Phase 3 plans.

In response to a question from Pat Firby, the Board heard that the displaced administrative staff will need to vacate by the end of 2011 into temporary accommodation for a period of 18 months pending provision of a permanent solution. The critical paths having been identified but further work up of all options required. The relocation is expected to cost £1.8m.

The Chairman asked for clarity on the timeline for Phase 3.

Paul Rushton advised that the plans will be fully developed by the end of 2011, with the majority of costs to be incurred in 2013/14.

The analysis described was presented to the Board in a supporting paper prepared by Aaron Cummins.

The Chairman commented on the strength of the trust's vision and an able team that is responsive to the dynamics of the environment and challenges that lie ahead.

The Board supported the planning assumptions and financial strategy set out by Aaron Cummins to demonstrate the affordability of the capital investment plans, after due consideration of the risks and requirement to continue to achieve all financial and performance targets.

Members of the executive team then delivered presentations on each of the business cases in order to enable the board to compare and contrast the patient and staff experience, environment and facilities now and in the future based on what the investment will bring. Consideration was given in each case to future proofing in terms of the impact of potential upside and downside scenarios and mitigations.

Hazel Holmes advised that there had been extensive engagement with patients and families in preparing the designs for both Oak Ward and the Day Ward and that the designs for all schemes are consistent with the trust's philosophy for patient and family centred care.

4.1.2 Oak Ward Business Case

Hazel Holmes illustrated how Oak Ward would be brought into the 21st century and the patient experience enhanced with improvements to the ward's current location, design and availability of personal space.

Privacy and dignity will be improved through the provision of single rooms and 4 bedded bays with bigger bed spaces and adjacent toilet facilities; and fittings and furnishings that will enhance the healing environment. A number of single rooms will have pull down guest beds to enable a relative to stay the night. There will be day room facilities for patients who wish to socialise and an area for relatives to relax and take refreshments.

Raj Jain commented that in the past there has been resistance to the provision of single rooms from clinicians.

Dr Russell described the change in culture required noting that the US model evidenced clearly that family involvement in care is significant in aiding recovery. He advised that patients would always be selected for suitability for single room accommodation but that there was no necessity for all patients to be monitored via telemetry just because they are in a single room – each patient will be assessed and cared for according to individual need.

Hazel Holmes advised that the consultants generally find it more convenient to conduct their ward rounds in bays but, it was important to allow patients to have choice.

Geoffrey Appleton confirmed his support and a discussion followed about the financial impact of family members being accommodated on wards.

Hazel Holmes advised that the revenue implications would be neutral but that there will be a need to improve facilities for families to purchase food and drink.

The Board heard how the staff experience would benefit and that staff had welcomed involvement in shaping the new model of nursing for Oak Ward.

In examining the impact of future risks on service requirements the Board was satisfied that the design presented is sufficiently flexible to adapt to future needs and that the benefits of investment will considerably strengthen the trust's position in the face of competition from other providers.

David Bricknell referred to research by the Kings Fund that indicated an association between length of stay and the environment and asked if there is any empirical analysis to support the case.

Hazel Holmes advised that there is no hard data available but that much research has been done to indicate that the involvement of families leads to faster healing. She referred to the ongoing major service improvement project on readmissions which will facilitate the measurement of impact of patient and family centred care on readmission to hospital.

4.1.3 Day Ward Business Case

Raj Jain presented the case for investment in day ward and diagnostic facilities, noting that due to insufficient capacity, only a minority of patients are currently able to experience the 'Amsterdam Lounge' and that LHCH is one of the few providers to undertake diagnostic scopes in a theatre environment due to lack of suitable facilities.

Geoffrey Appleton referred to the competitive threat associated with PCI work and asked about the quality of day case facilities at the local DGHs.

Paul Rushton advised that LHCH is significantly ahead of other providers in terms of the proportion of procedures carried out as day cases and therefore it is unlikely that any other provider would be able to manage its activity within such an environment.

Raj Jain noted that another local provider had new facilities but that he believed the plans presented would be unrivalled.

Glenn Russell noted that a key advantage of the proposed facility is the ability to adapt quickly and respond to change in service portfolio. There is also significant opportunity in terms of growth potential and the cardiologists are fully engaged with ambitions to exploit this potential. The facility fits with the direction of travel around safely minimising length of stay.

Pat Firby asked about the impact of staffing and skill mix and the ease with which the workforce can adapt to future changes in the clinical portfolio.

Raj Jain referred to the new models of care being developed by the directorates and the increasing move towards more generic working across traditional professional boundaries. He cited examples where nursing staff are already taking on some tasks

previously assigned to specialist registrars and noted the benefit to patients in terms of standardisation and consistency in care delivery which is inhibited by the rotation of medical staff in training.

He added that staff had adapted well to the Amsterdam Lounge model and that he had considerable confidence in the cardiology directorate's leadership team.

The Chairman summarised the impact of investing in the redevelopment of Oak Ward and Day Ward and asked about the extent to which there will be consistency across the remainder of the site's facilities.

Raj Jain commented that the refurbishment work identified within Phase 3 will aid the transition and be a catalyst for improving all remaining areas of the old estate.

Bridget Leek noted that Cedar Ward is an established part of the new build and asked to what extent patient and family care would be introduced.

Hazel Holmes advised that the Ward had already opened up its visiting hours and is looking to introduce the use of reclining chairs. In addition Birch ward is looking to adapt the role of the ward clerk in response to paperless technology to enable an improved 'meet and greet' service for patients and relatives. Work is also underway to improve family accommodation within the critical care unit and there is a commitment to improve day facilities on all wards aligned to closure of the Admissions and Discharge Lounge.

4.1.4 Research Business Case

Mark Jackson presented the case for relocating the research department into a new purpose built research facility fitting of the trust's ambition to develop a world class research function.

Key drivers include the establishment of the Institute of Cardiovascular Medicine and Science, an exponential increase in research activity, the desire to bring staff together into a single location and create a 'knowledge hub'.

The contemporary design features are based around hot desks and a touchdown bar in a largely open plan environment serviced by an ecologically friendly climate control system.

Glenn Russell asked whether there would be opportunity for medical students to utilise the facility and heard that it will be a multi disciplinary facility providing accommodation and resources for research nurses as well as medical staff and students.

The chairman asked about plans for the vacated accommodation and heard that the Nursing Annexe is no longer fit for purpose and that other staff would be vacating the executive office block in order to provide for the new Oak Ward.

Bridget Leek asked how many staff will be in permanent situ and how many work in other locations and require only limited use of the facility.

Mark Jackson advised that the jobs of many research staff require them to be out and about on wards for a considerable proportion of the working day but estimated that around 23 members of staff will spend significant time in the research department itself.

Pat Firby asked about future proofing and whether there is sufficient capacity for further expansion. Mark Jackson noted that the Stores area is being adapted to accommodate a trial and could in the future provide additional space for expansion if needed.

Pat Firby asked about the attitude of staff towards the requirement for 'hot desking'. Mark Jackson advised that staff had been involved in site visits and had been actively engaged in the development of the design.

The Chairman thanked the executive team members for the presentations and led a discussion to explore timeframes, procurement routes and options for financing.

Aaron Cummins advised that none of the schemes would deliver a financial return on investment but all were important to achieving the trust's strategic ambitions and vision for patient and family experience. He advised that the specifications and budgets linked to each scheme had been rigorously scrutinised and represented value for money.

Rob Toomey referred to the other options that had been considered and discounted within each business case and sought clarity around the process by which options had been discounted and the preferred option arrived at.

Paul Rushton explained the process and the reasoning for discounting options being primarily due to prohibitive cost (e.g. of a new build) or an inability of the location to be adapted to meet user needs within available space or adjacencies.

The Chairman advised that it would have been helpful for the Board to have received in the papers more detail around the discounted options but was satisfied with the position presented at the meeting.

In response to a question from Rob Toomey, Aaron Cummins confirmed that there is no requirement to notify Monitor of the planned investment as the capital expenditure plans are clearly reflected within the financial plan.

David Bricknell confirmed his understanding that the business cases do not deliver a financial return but added that he had not seen a full evaluation of evidence to support the benefits identified, such as a reduced recovery time for patients on Oak Ward.

Raj Jain advised that analysing impact on recovery will be a longer term piece of work and guided the board towards making a decision based upon known facts at the present time.

Glenn Russell confirmed that it would be impossible to measure impact on recovery with any degree of accuracy and expressed confidence that the benefits described will be delivered, noting the importance of investing for the future at this time.

David Bricknell commented that in a commercial environment there would need to be greater emphasis on the commercial impact of investment and urged a method for demonstrating returns over time in terms of patients getting better more quickly.

Raj Jain advised that a post investment appraisal system will be worked up. He added that there are already four business cases prepared for further use of the new day case facility, should this investment be approved by the board.

The Chairman stressed the importance of the trust being able to sustain its business model and the risk of losing future business through retaining an old estate that is not fit for purpose.

Geoffrey Appleton confirmed his view that investment is the right thing to do and noted that he had been assured by the flexibility and future proofing analysis that had been demonstrated.

The Chairman turned to Page 19 of the Estates Overview paper (Item 4.1) and asked Paul Rushton to talk through the schedule of funding requirements over the 3 year plan and other potential investment opportunities identified for future consideration.

The Board noted that the Combined Heat and Power Scheme would be deferred. The detailed survey had indicated costs in excess of budget and Paul Rushton advised that the trust would instead pursue the possibility of accessing grants or alternative funding for this scheme.

Rob Toomey confirmed that the 3 year investment plan was affordable but thereafter investment would be reliant upon internally generated resources.

The Chairman advised that there will still be £9m headroom in addition to the working capital facility (which excludes the external borrowing limit).

Rob Toomey sought assurance on deliverability in terms of capacity and capability.

Paul Rushton outlined the next steps involved in delivering the three schemes and ensuring completion by the end of Summer 2012.

PR

The Chairman asked if there is a risk that the tenders will come in above budget.

Paul Rushton replied that the architects had been given considerable design detail to produce the estimates and that contingency had been included; however the final costs will not be known until the final detailed design and market testing exercise has been completed. He advised the Board that if approval to proceed is given then the tender responses will be returned before the end of October 2011.

The Chairman referred to the governance framework for investment decisions and asked if the business cases had been approved by the Management Board.

Raj Jain advised that the high level outline of the schemes have been approved and that whilst the individual business case documents had not been presented, members of the Management Board had been actively engaged in developing the business cases and that executive team members had all confirmed their support.

The Chairman noted that due to timing, the business cases had not been formally reviewed by the Finance Committee and asked non executive directors to determine whether or not this was a concern.

Hazel Holmes advised that the executive team had spent a full day the previous week examining the detail of the schemes with clinical teams and general managers, including testing of operational flows.

Raj Jain confirmed that the rigorous review and refinement to business cases involving Management Board members had led to the executives being confident in bringing the business cases to Board.

The Chairman asked whether there would be any merit in convening the Investment Committee to look further at impact on strategic direction.

Rob Toomey advised that the Investment Committee would consider cash impact and affordability but that he felt adequately assured by the explanations provided by Aaron Cummins. He added that further evaluation of the different scheme options would add little value given that the investments do not yield a financial return but are based upon facilitating the delivery of the trust's strategy and future sustainability.

Geoffrey Appleton and David Bricknell supported this view.

Pat Firby confirmed her support but questioned an earlier decision not to invest in a new CT scanner and whether this could adversely impact upon the trust's future business.

Glenn Russell advised that the business cases presented were

perfectly aligned to the general strategy that medicine is taking in terms of higher quality, patient and family centred care, outcomes and day case management of heart failure. He advised that diagnostics need consideration in their own right but he did not believe that the earlier decision in respect of CT had consequences for the trust's future. With the proposed investments the trust is well positioned to respond to challenges around provision of more day cases, minimising the need to be in hospital, shorter length of stay and less invasive procedures.

Bridget Leek also supported the proposals but sought assurance on the capacity to deliver three major schemes concurrently.

Raj Jain outlined the project management structures including the need for a Project Manager and a Project Board for each scheme with oversight by the Patient and Family Experience Committee. The Capital Control Group and Finance Committee would retain oversight of financial and activity implications. He advised of the plan to backfill the Estates Manager's post in order to release his time to take the role of Project Director, with development needs and support provided by the executive team.

Raj Jain went on to note the risk of disruption to services, notably Cath Labs during the building works. He advised that the executive team will be reviewing transition plans for each directorate in August.

The Chairman noted that due process had not in this instance been strictly followed but that he was assured that the Management Board supported the strategy and noted that most members of both the Management Board and Finance Committee had been actively involved in compiling the business cases.

David Bricknell sought confirmation that final costs will be brought back to the board.

The Chairman recommended that the Board support each of the business cases where tenders come in within specification and budget. Any material change to either specification or budget should be brought back to the Board.

The Chairman requested that the Strategic Implementation tracker (SIT) or similar process be re-instated as a means of enabling Board oversight of progress. This was supported.

A discussion followed around the importance of communicating the strategy to staff and ensuring wide engagement in the development.

Rob Toomey asked if the Board was certain that there is nothing in the external economic or political environment that should delay or change the decision to invest.

Raj Jain provided assurance that the full Management Board had

participated in the prioritisation process and made choices as a result. In their discussions the Management Board had been informed by intelligence on how the market is changing and Glenn Russell had captured the ways in which medicine is developing.

Raj Jain advised that further changes in delivery of the model of care could well present new opportunities but will not adversely impact upon this strategy.

The Chairman advised that at the next meeting he would like to see a summary presentation of Phases 1,2 and 3 with financial headlines in order to provide a baseline for post implementation review, along with an update on the tendering process.

PR/AC

The Chairman congratulated the Executive team on compiling an innovative programme of investment to support sustainability for the future.

4.1.5 Electronic Patient Record – Outline Business Case

Aaron Cummins presented the outline business case for implementing the electronic record with the preferred option being to build upon existing systems through integration and addition of EPR modules.

He advised that the supplier responses to the specification will inform an interim business case to Finance Committee in August 2011.

The revenue costs and savings are offset and there will be no financial return on investment but the benefits provide a strong case.

Aaron Cummins advised that the Board will receive a Full Business Case with supplier recommendation at its October Board meeting, resulting in a 3-4 week delay on plan but no material impact in terms of costs or benefits realised.

AC

The Chairman advised that the non executive directors would welcome an opportunity to visit a suitable reference site and Aaron Cummins confirmed that this would be arranged.

AC

In addition it was requested that non executives have opportunity to experience what is available currently and to better understand the limitations of the current systems.

Glenn Russell provided an outline of the difficulties in managing the logistics of several systems and the need to maintain duplicate paper records.

It was agreed that Aaron Cummins would liaise with Bridget Leek to agree and coordinate the experience of current systems and visit to a reference site with an EPR comparable with the trust's preferred option.

AC/BL

The Board approved the recommendation that the trust proceeds to the next stage of the procurement ahead of full business case review in October 2011.

AC

4.2 Institute of Cardiovascular Medicine and Science
4.2.1 Articles of Association

Mark Jackson advised that the full complement of independent directors had now been identified.

The remaining positions on the Board will be filled by Raj Jain and David Bricknell from LHCH and Bob Bell and a non executive (yet to be nominated) from the RB&H.

Mark Jackson advised the Board that suitable provision had been made for the management of income from commercial and intellectual property opportunities.

Glenn Russell asked where this was evidenced and was advised by David Bricknell that the arrangements were set out in the Terms of Agreement rather than the Articles of Association.

Mark Jackson advised that Intellectual Property belongs to the Chief Investigator of the trial and that there is a clear dispute resolution process in place should this be required.

The Board also heard that Companies House had raised an issue regarding use of the term 'Institute' within the company's title and that a range of tests would need to be satisfied, including evidence of support from a suitable government department.

Mark Jackson advised that efforts would be made to resolve the issues raised but there is a potential risk that the official launch may be delayed.

David Bricknell advised that the possibility of adopting a trade name rather than a company name had been explored and rejected.

The Board discussed the decision making rights and the Chairman referred to Article 23, questioning the basis for directors' remuneration.

Mark Jackson advised that there is no expectation that remuneration will be paid and that the ruling is based upon generic articles and merely provides flexibility.

The Chairman requested that a provision be made that any remuneration must be supported by the individual Boards of Directors of the organisations involved. This was supported.

MJ

Bridget Leek referred to the Statement of Objects, noting a typographical error and seeking clarity in respect of Objects 3.1.2 and 3.1.4.

Raj Jain advised that the strategic objectives of the ICMS include education and service provision and the Articles provide the necessary authority. For example, it would be possible under the Objects for LHCH and RB&H to provide a joint clinical service through the Institute.

David Bricknell added that the Statement of Objects is purposely broad to allow flexibility and noted that legally authority cannot be delegated to the Institute and any change would need to be approved by the respective Boards.

The Board supported the establishment of ICMS as a Company Limited by Guarantee subject to resolution of the name and refinement to the Articles in respect of Directors' remuneration.

MJ

4.2.2 Self Certification of Board Statement

Mark Jackson described the process for evidencing that the governance tests had been met and advised the Board that Monitor does not require a Board statement since the established criteria are not met in terms of substantial investment decision or impact on turnover.

The Chairman noted that nonetheless the exercise had been useful and demonstrated good governance.

The Board noted the report and in view of Monitor's advice, and confirmed it is not necessary to update the Board Assurance Framework in respect of the declarations set out in the compliance Framework.

4.3 Draft IT Strategy 2011- 2014

Aaron Cummins advised that the Board had previously reviewed the IT strategy but noted that the IT Strategic vision had been updated in response to Board feedback. The revised vision statement detailed on page 4, paragraph 3 was supported.

Aaron Cummins advised that it was useful for the Board to review the IT strategy alongside the Information strategy to demonstrate alignment and congruence.

The Chairman turned to page 9 and challenged the statement in paragraph 5.3 that suggests the trust has outsourced responsibility and accountability for the North Mersey Health Informatics Service.

He stated that the Director of Finance must maintain responsibility and accountability for this service. It was agreed that the paragraph would be re-worded to reflect this.

AC

4.4 Information strategy

Mark Jackson presented the Information Strategy, noting that an implementation plan will follow Board approval of the strategy and will be monitored by the Corporate Readiness Committee.

The Board approved the Information Strategy and the IT Strategy,

subject to the amendment noted in 4.3 above.

4.5 Membership Strategy 2011/12 – 2013/14

Lucy Lavan advised that the strategy document had been compiled with the involvement of a group of governors and had been supported by the Council of Governors at its last meeting on 6th June 2011.

The document set out measures to ensure that the trust remains compliant with its Terms of Authorisation, whilst ensuring that available resources are deployed in a cost effective way, maintaining an optimal number of 10,000 public members.

She advised that the strategy set out an aim to increase the quality of member participation and described an intention to test out how members could be effectively deployed in a way that adds value to the trust in terms of meeting strategic ambitions. For example where the trust is facing a competitive threat in a particular locality or is seeking to expand a model of care.

A group of staff members who live in St Helens were recently invited to a meeting to discuss the impact of withdrawal of elective PCI work in order to raise awareness and similar targeted work could be trialled with public members either via surveys or participation in focus groups.

Lucy Lavan advised that the Trust's Communications Plan now considered the appropriateness of targeting members in its interventions in order to improve awareness of issues facing the trust or to reinforce the trust's reputation.

Hazel Holmes requested that consideration is given to ways in which the cohorts of recently discharged patients involved in the patient and family experience design work can remain engaged in the work of the trust through membership.

Lucy Lavan acknowledged the future role and responsibility of governors and an increased emphasis on holding the board to account, re-affirming the importance of awareness of the trust's reputation and models of care amongst the membership.

The Board approved the Membership Strategy and implementation plan, noting that the plan is monitored and reviewed quarterly by the governors' Membership Group and a hot topics report provided at each Council of Governors meeting.

4.6 NHS Reforms

Raj Jain reported on the proposals for changes to the Health and Social Care Bill following the listening exercise advising that these will be reviewed in Parliament in September 2011.

He noted that the key driver for change is closure of the £20b gap through a re assessment of priorities with a broader remit for the National Commissioning Board in order to secure more centralised

LL

control over NHS spending.

The Board will need to consider how the reforms impact in respect of competition, integration of care, information and quality of service.

The supporting paper provided the Board with a summary of key themes arising from the consultation and a schedule of emerging government priorities to inform the Board as to the direction of travel.

The Board noted the report.

5 Quality / Value - Performance
5.1 Executive Summary : Integrated Performance Report – period ended 30th June 2011

Aaron Cummins highlighted the performance headlines including:

- Achievement of all waiting time and cancer access targets
- An reduction in the number of cancelled operations
- An improvement in sickness absence rates; and
- Zero MRSA

The Board noted that the 2011.12 target for C-Difficile Infections is a maximum of 7, not 18 as indicated in the report.

Pat Firby asked if there is any benchmarking data available on re-admissions for comparison of the trust's performance with other cardiac centres such as Papworth and RB&H.

Mark Jackson advised that both of these centres perform marginally better on readmissions than LHCH.

The Chairman commented on the strength of the trust's financial position in the current year but noted significant risks to the underlying position in respect of contracts and CIP delivery that the Board would need to monitor carefully.

6 Governance
6.1 CQC Compliance

Hazel Holmes advised that over the last month each CQC outcome had been reviewed at the relevant Assurance Committee. The report presented indicates those outcomes that are compliant, those for which further evidence is required by the Committee and those for which there is a level of concern.

She referred the Board to Outcome 4 and advised that the Clinical Quality Committee will ensure that formalised processes are in place to ensure multi-disciplinary discussion for revascularisation patients.

Hazel Holmes advised the Board that the trust had set the bar at a high level in terms of compliance assessment and there had been rigorous review and robust discussion at Assurance Committees in reviewing compliance.

The Board endorsed the recommendation that Outcomes 2,6,7,12 and 17 are compliant.

The Chairman referred to Outcome 21, and asked whether data security around external e mails and use of USB devices had been considered.

He was advised that all staff had been made aware of the requirements and a programme of issuing encoded USB sticks had begun over 18 months ago. This programme was being revisited as it had not been implemented according to plan, due to technical difficulties.

Hazel Holmes confirmed that this Outcome required adherence to Data Protection Act requirements, and that further evidence was needed before compliance can be declared. The Corporate Readiness Committee is to re-assess compliance with this Outcome in September 2011.

Raj Jain commended the process, advising that it provided a timely and reliable way of assessing the quality of care.

Hazel Holmes advised that the Board will receive its next CQC compliance report in January 2012 when any outstanding concerns will be reported.

HH

6.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

Raj Jain advised that a new style of reporting on the work of assurance committees had been introduced in order to strengthen the Board Assurance process.

The 'Key Issues' Reports have been positioned earlier in the agenda and enable the board to assess the quality of assurances received by Assurance Committees and how assurances and risks link to the BAF.

Raj Jain noted that the BAF is held and maintained by the Trust Secretary and the objective is for directors to comment on the efficacy of the BAF and make changes if required, as the Assurance Committee Key Issues are reviewed.

6.2.1 Clinical Quality Committee

The Board discussed the way in which the assurances had been described and determined that where there is Incomplete Assurance this should be stated in the first instance and then sufficient detail provided to explain any gap and how and when this will be addressed.

Hazel Holmes referred to the level of 'Incomplete' assurance assigned to pressure sores and advised that this did not relate to clinical management.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Clinical Quality Committee held on 1st July 2011 were noted.

6.2.2 Finance Committee

Aaron Cummins advised that the Board received assurance on financial performance and the delivery of performance targets via the Integrated Performance Report.

He advised that a rating had been applied to reflect the cumulative impact of constituent risks. These risks had been reviewed at Finance Committee and it had been recommended that the rating remain until the Q1 Forecast review is considered in August 2011.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Finance Committee held on 27th June 2011 were noted.

6.2.3 Patient and Family Experience Committee

Hazel Holmes drew the Board's attention to the 2011 PEAT results; the first year in which a 'triple excellent' score had been achieved.

She confirmed that there are no major risks or Serious Untoward Incidents to report and explained the risk around delays in medicines to take home, as highlighted following a review of the CQC Quality and Risk Profile.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Patient and Family Experience Committee held on 12th July 2011 were noted.

6.2.4 Workforce Committee

Raj Jain referred to the assurances around staffing noting good progress around improving staff morale.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Workforce Committee held on 7th July 2011 were noted.

6.2.5 Corporate Readiness Committee

Paul Rushton presented the assurances received and advised that there were no major concerns identified.

The Board noted the Key Issues report and confirmed that there is

no requirement to update the BAF.

The unapproved minutes of the meeting of the Corporate Readiness Committee held on 7th July 2011 were noted.

- 6.3 Director of Infection Prevention and Control Quarterly Report**
Glenn Russell presented the report highlighting the chart on page 4 and the observed peak in April 2011 of LHCH acquired MRSA, as previously notified to the board.

As a result staff had been screened and four members of staff were found to be colonised with MRSA and subsequently treated.

Hazel Holmes noted the C-Difficile results and advised that the trust's achievements around the prevention of infection are highly commendable.

The Board noted the report.

- 6.4 Quarterly Submission to Monitor : Q1 2011/12**
Aaron Cummins advised that the reported results would be reflected in the Q1 return to Monitor, and the trust would retain a 'green' governance rating and achieve a financial risk rating of 4.

The Board authorised the signing of Declaration 1 in support of the Q1 return, confirming that all targets and indicators have been met.

The Board confirmed compliance with the Quality Governance Framework and authorised the signing of the Quality Declaration.

- 6.5 Consultant Recruitment Advisory Appointment Committee**
Glenn Russell explained that as a result of the trust's clinical strategy towards integrated care there is a need to have flexibility to implement Consultant job plans that more adequately reflect the needs of the service; and thus may not meet the rigid appointments criteria set by the Royal Colleges.

As a Foundation Trust, it is now possible to move away from Consultant Appointment Regulations. Whilst these will be followed in most circumstances, the requirement to derogate will be useful and practical in some.

The Board approved implementation of a local AAC scheme for use where this is deemed appropriate by the Medical Director and Chief Executive.

- 6.6 Ratification of Consultant Appointment**
The Board ratified the appointment of Dr Justin Ratnasingham to the post of Consultant Anaesthetist in Cardiothoracic Anaesthesia and Critical Care with effect from 3rd August 2011.

- 6.7 External Assurances Received**
The Board noted the report on the following external assurances:
i) Letter from Monitor confirming the Q4 risk ratings and

- summary performance report; and
- ii) The results of the MRHA Inspection conducted 17-19th May 2011.

6.8 Proposed changes to LHCH Constitution

Lucy Lavan asked the Board to consider 4 proposed changes to the constitution. The following were supported :

- i) Provision for Board meetings to be held in public;
- ii) Removal of the nominated governor seat assigned to Betswi Cadwaldr University Health Board and provision made for a new governor seat assigned to Liverpool LINK (/its successor body); and
- iii) Re-naming of the class entitled 'Qualified and Unqualified Nurses' to 'Registered and Non Registered Nurses'

The Board considered a fourth proposal to simplify the process for amending the constitution but following discussion, determined that the existing process should be retained.

The rationale for this is that the Board perceived little value in simplifying the process and recommended that any proposals for change should be articulated publically to the wider membership for consideration.

It was agreed that the Trust Secretary would progress legal re-drafting of the three approved amendments and liaise with Monitor ahead of the Annual Members Meeting in September 2011.

LL

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 30th June 2011

The Board noted the report.

8 Chairman's Briefing

The Chairman commented on the success of the Team Awards presented at the staff summer party.

He congratulated the Surgical Directorate and in particular, Richard Page and Ann Conley, for the recent 30 year celebratory event for the Upper GI service.

The Chairman then expressed his thanks to colleagues and staff for their continued dedication and hard work.

9 Chief Executive's Briefing

Raj Jain advised that he had nothing further to report.

10 Minutes of the Board of Directors Meeting held on 24th May 2011

The minutes of the meeting held on 24th May 2011 were reviewed for accuracy.

It was noted that on page 16, Minute 6.7, that the term 'MUSE'

should be corrected to read 'MEWS'.

Subject to this amendment, the minutes of the meeting of the Board of Directors held on 24th May 2011 were received, approved and signed by the Chairman.

11 Minutes of the Extraordinary Board of Directors Meeting held on 6th June 2011

The minutes of the extraordinary meeting held on 6th June 2011 were reviewed for accuracy.

It was noted on the list of those present that Rob Toomey's, job title had been recorded incorrectly and should read 'non executive director'.

Subject to this amendment, the minutes of the extraordinary meeting of the Board of Directors held on 6th June 2011 were received, approved and signed by the Chairman.

12 Action Log from previous meeting

The Board reviewed the action log and confirmed that Actions 3,5,6,8,9,10 and 11 had been satisfactorily dealt with and could be closed off.

The remaining actions are to carry forward for review at the appropriate time.

13 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.

14 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Friday 21st October 2011 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Board of Directors

Item 10

minutes

Minutes of the Board of Directors meeting

held on Friday 21st October 2011

Present :	Neil Large Raj Jain Pat Firby Geoffrey Appleton David Bricknell Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Glenn Russell	Chairman (Items 1 - 5.1) Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Medical Director
In Attendance:	Mark Jackson Lucy Lavan Ann McEvoy Sue Pemberton	Associate Director of Quality Improvement Associate Director of Corporate Development / Trust Secretary Associate Director of Human Resources and Organisational Development Deputy Director of Nursing
Apologies For absence:		

1 Apologies for absence
None.

The Chairman welcomed Sue Pemberton, Deputy Director of Nursing who had been invited to observe the meeting.

2 Declaration of interests relating to agenda items
The Chairman asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.

3 Patient Story
Hazel Holmes read a published patient story.

Action

4 Strategy and Development

4.1 Update on NHS Reforms

Raj Jain advised that the Health and Social Care Bill is now at second stage reading in the House of Lords and outlined the next stages of the parliamentary process.

The Board discussed the new management structures being put in place to enable operation of the proposed new systems in shadow form, and noted a move towards more centralised control to mitigate financial risk.

Geoffrey Appleton reflected on a recent speech delivered by The Rt Hon Stephen Dorrell MP, about the significant challenge facing the NHS.

A discussion followed around commissioning and the political resolve that competition will drive quality and reduce costs through new policy initiatives such as opening the market to 'any qualified provider'.

The Chairman summarised the discussion noting that whilst the outlook remained very challenging, the trust would retain resilience through consolidation of strong performance and continued work on quality and embedding the patient experience vision. He stressed the importance of understanding and responding to business threats and opportunities, the need for the board to clarify the trust's strategy and be proactive in shaping the future.

4.2 Stakeholder Management Strategy Update

Raj Jain presented the narrative report summarising key engagement activities that had taken place since the last report to the Board in March 2011. He noted that he had looked at ways of measuring the impact of stakeholder engagement but this had proven difficult.

He recommended that the Board review the progress made and determine the level of assurance that can be taken in relation to delivery of the stakeholder strategy.

The Chairman noted the importance of the trust's reputation which will be sustained through ongoing focus on patient and family centred care.

Bridget Leek noted the focus of the discussion had been on England and requested further detail on engagement activity with North Wales.

4.3a Patient Experience Vision – Measures of Progress

Hazel Holmes presented a detailed report that updated the Board on performance against the key performance measures agreed in March 2011.

On the qualitative measures, the Board heard that the patient and

family engagement events had been well received by participants and had provided valuable insight for staff as well as leading on to the start of planned new work on 'shadowing'.

Hazel Holmes advised of the need to better publicise the patient experience vision work, through encouraging staff to present to other trusts and securing a published paper.

The Board considered the qualitative analysis of patient stories using a visual representation of selected emotive words via an application called 'Wordle'; along with feedback from patients and families mapped against the six steps of the patient journey.

Hazel Holmes then directed the Board to the quantitative measures presented as based on national and in-house patient survey information. Of particular note, was the good progress demonstrated through improved survey results relating to the 'after stay' step of the patient journey.

The Board heard that there remains one area for which assurance is incomplete in respect of the patient contract. The patient contract has not yet been implemented as the pilot study is scheduled to commence in Quarter 4. The use of a proxy measure- survey questions relating to how patients feel about their involvement in their care – was used to measure progress.

Raj Jain asked how it was that 80% of respondents felt they had been involved in decisions about their care when the work on the patient contract had not yet started.

Hazel Holmes advised that the Support Nurse pilot (replicated by specialist nurses in Medicine) and use of the statement 'nothing about me without me' had been powerful in ensuring that this aspect of involvement is at the forefront of the minds of staff.

Hazel Holmes summarised that she believed that the report contained a comprehensive set of performance measures and that the data presented indicated a significant level of assurance on progress.

Glenn Russell commented on the extent to which the indicator on the spider chart relating to reputation could be correlated with the experiences denoted by selected words identified from patient stories.

Pat Firby congratulated Hazel Holmes and the nursing team on the progress made and encouraged publication of the work.

Mark Jackson noted the marked increase in satisfaction relating to 'After Stay' and asked what key changes had ensured this improvement.

Hazel Holmes advised that through introduction of 'teach back'

processes and the active encouragement of patients to make use of the discharge help line, staff had become more focused upon the importance of discharge and had ensured that this is sustained over time.

Bridget Leek noted that it may be helpful for the Non Executive Directors to use 'Wordle' to summarise their feedback following walkabouts.

Raj Jain advised that measurement of patient experience is currently focused upon movement through the six steps of the patient journey, but that further consideration will need to be given to the supporting 'micro' level administrative and other systems that also impact on patient experience. This work will be important for driving sustained improvement and ensuring future excellence.

Geoffrey Appleton suggested the exploration of use of neuro-linguistic programming given the proven impact of use of language on an individual's perception of how they have been treated.

Hazel Holmes noted that a finding from the report of the National Commission for Improving Dignity is that attitude, culture and treating people as individuals is as important, or more so, as skill mix and staffing numbers. She confirmed that this is the next step for improving person centred care.

David Bricknell referred to recent national press coverage around nursing care and reports on a general lack of empathy. He had been enthused by recent discussions with the palliative care team and the benefit of training that enables an understanding of patient and family needs in all aspects of care.

The Chairman asked how the momentum of the work on patient and family experience would be maintained.

Hazel Holmes advised that communications work would be planned to test the embedding of the vision. She noted that the trust had a significant responsibility for students on placement and that largely LHCH staff are excellent role models. Momentum will be sustained through use of processes that will enable staff to constantly step into the shoes of patients such as through the planned shadowing programme.

She expressed her gratitude to the Board for championing this work.

Pat Firby re-asserted the aim to ensure wider national recognition for the work and Hazel Holmes noted that a mechanism for achieving this could be through the transition of Oak Ward. A new programme of work from 'Sick Care' to 'Self Care' developed in partnership with the University will support this aim.

The Chairman expressed his thanks to Hazel Holmes and the

Nursing Team for this excellent work.

4.3b Workforce Measures

Ann McEvoy explained how the Staff Experience Vision had been developed to complement the vision for patient experience and provide a vehicle for improving the motivation and engagement of staff.

She went on to describe the quantitative measures derived from staff and patient surveys and qualitative measures from patient and staff stories and Board walkabouts that she had used to check progress to date and explained that the pilot rated appraisal system linked to values and behaviours would be rolled out in the coming months.

The Chairman turned to the spider-graph chart set out in Appendix 1 and noted that the targets set for 2013 in respect of staff responses to the national staff survey looked ambitious and questioned whether these are realistic. He noted that the targets set were considerably higher than current average national performance and questioned whether the targets had been reviewed and accepted by the Workforce Committee.

Ann McEvoy confirmed that the targets were challenging but that these were for delivery in 2014 which allowed sufficient time to further improve staff engagement and motivation. She advised that the targets had not yet been considered by the Workforce Committee.

Hazel Holmes referred to the survey question, “Do you believe you can make suggestions to improve the work of your department” and suggested that this might be best considered on a team rather than an individual basis.

Bridget Leek asked if it would be better to set a challenging target and risk failure or set a target that is realistic, noting that the targets set for two areas of the survey required 100% agreement with the statements posed.

Raj Jain advised that the trust had set extraordinarily high ambitions for patient experience and must now do the same for staff.

Rob Toomey highlighted two of the six survey areas as being of greatest importance – “I would be happy with the standard of care if a friend or relative needed treatment”; and “I would recommend the trust as a place to work”. He stated that he felt that it is for the Workforce Committee to consider and re-shape the target measures such that they are achievable but adequately reflect the trust’s high ambitions.

Geoffrey Appleton indicated the need to seek transformational change rather than incremental change in staff experience.

AMcE

Hazel Holmes recommended a means of measuring how each team is performing on both patient experience and staff experience, in order that resources can be directed to eliminate variation and ensure that all teams are getting the basics right consistently before moving on to more ambitious measures.

Raj Jain advised that the paper presented had attempted to link workforce measures to the patient experience vision and stressed the importance of measuring implementation of the staff experience vision in its totality. He advised that the BAF reference on the document was incorrect and should be linked to Risk 28 (rather than 27) and that the level of assurance should be downgraded from 'Full' assurance as assurance around staff experience is incomplete at the present time.

David Bricknell noted a limitation in reliance on the survey statements as a result of staff not always being able to recognise where they had made a contribution; noting that the stepped change required was in staff recognising what they had achieved.

Bridget Leek added that there is a need to help staff to better understand what they can and cannot influence.

Raj Jain advised that the next report to the Board will be in May 2012, following the results of the next national staff survey and that the performance measures will be presented at this time in a revised form that reflects the five pillars of the Staff Experience Vision.

AMcE

The Board accepted this and noted the report.

4.4 Improvement Outturn Position 2010/11

Hazel Holmes advised that 2010/11 had been the first year in which the trust had embarked on a number of service improvement projects, initially as a result of the findings of the patient flow programme.

She advised that the trust has invested in 2.00 WTE to form the Service Improvement Team; that a Service Improvement Board had been established; and a methodology developed for thinking through and delivering improvement work, supported by training and development for staff.

The Board received an overview of the analysis of what had worked well and learning for the future along with an overview of each of the 23 projects, 19 of which had been completed in 2010/11 and 4 of which had been carried over into 2011/12.

Hazel Holmes advised that key aspects of learning included the importance of planning, identification of the right metrics and the right people to take forward the project. She added that work is

ongoing to better understand return on investment; that there has been a shift in improvement culture with good foundations having been laid but further work still to do.

Glenn Russell noted the clear benefits that had arisen from involving medical staff in some improvement projects and outlined an ambition to see a greater engagement of the medical workforce in future improvement work.

Aaron Cummins emphasised the importance of discipline and scrutiny in allocating resources to improvement work, noting the need to ensure sustainability and spread. He advised that the internal auditors had been asked to consider this aspect in a recent review and that the informal feedback from this work is positive.

Geoffrey Appleton noted that the cultural shift required to embed continuous improvement is a long-term process.

Rob Toomey sought clarity around the governance of the five projects noted but not reported within the outturn report and heard that there were clear governance arrangements in place via the trust's assurance committees.

The Chairman supported this 'lean' approach that avoided duplicate reporting at Board.

Pat Firby asked how sustainability would be ensured, commenting as an example, that it had taken a long period of time to implement the service improvements required for the effective management of diabetes and how would the Board be assured that the changes would be sustained once this project is no longer a focus for the Service Improvement Board.

Glenn Russell outlined the education process and the identification of champions that would support sustainability. He added that audit data will continue to be reviewed by the Clinical Quality Committee to ensure that improvements have become 'business as usual'. He added that a clear advantage for diabetes is that the pathway is explicit and is now supported by a clinical expert in the field.

Hazel Holmes added that a key learning point had been to ensure that any new system put in place to support sustainability must be designed in such a way that staff have no choice other than to comply and in such a way that by complying, there are clear benefits for staff. She illustrated this point using the example of the work around nurse led discharge and the demonstrable benefits shown not only for patients, but also medical staff and ward staff.

Raj Jain referred to the discharge help line for patients and the fact that there is not yet a process in place for capturing learning in respect of the reasons for the calls that patients make when they telephone the help line. He advised that there is more work to do in cementing learning into formal education for staff and ensuring

continuity when key people leave the organisation.

Aaron Cummins noted that the implementation of the Electronic Patient Record (EPR) will help to facilitate consistency and prompt staff to do the right thing at the right time. He added that the Full Business Case for EPR will make reference to the benefits of the system in supporting improvement work.

The Chairman added that he would have expected to see a correlation between the extent of improvement work undertaken and the feedback from staff in the staff survey about their contribution to changes.

Hazel Holmes referred to David Bricknell's earlier point about staff recognising that they have influenced change.

The Chairman asked to what extent the improvement work had been identified via a 'bottom up' planning process.

Hazel Holmes outlined how this year's annual planning process would involve the facilitation of a stronger 'bottom up' contribution and that there will be significant change in 2012/13 once the "shadowing" process is in place.

The Chairman noted the extent of innovation evident within the service improvement work and congratulated Hazel Holmes and the Executive Team on this work.

4.5 The National Elective Coronary Revascularisation Patient Reported Outcome Measures (PROMs) Pilot

Mark Jackson advised that he had been invited to lead this project as a result of his earlier involvement in the North West Quality Improvement Programme.

He went on to deliver a powerpoint presentation, explaining PROMs, how it fits with the quality agenda and how the data collected might in the future be used.

The Board went on to discuss the scope of the pilot relating to coronary revascularisation and how the patient responses will be collated and used along with the respective roles and responsibilities of the pilot sites and PROMs contractor. Mark Jackson advised the Board of a number of potential opportunities that could arise through the trust's involvement in the pilot.

Raj Jain warned that ultimately PROMs data could be used by commissioners to identify and manage out procedures of limited value. He asked how patient responses would be standardised noting that outcomes in terms of quality of life for individuals could be highly dependent upon the level of family support and individual circumstances post discharge.

Mark Jackson advised that a risk assessment and adjustment

model is in place.

Pat Firby noted that in the case of coronary revascularisation there will be cases where the procedure may save or prolong a patient's life but where symptoms may not be eradicated meaning that the patient may not feel significantly better than they did before the procedure.

Mark Jackson confirmed that where there are co-morbidities it is likely that the improvement perceived by the patient could be minimal.

Glenn Russell stressed the need for correlation with symptoms at the outset, predicting a huge variation in perception of improved quality of life by individual patients. Where there are prognostic reasons for carrying out surgery (for an estimated 20% of cases) , he would not wish to see PROMS used as a commissioning tool to deny treatment.

The Chairman asked whether seasonal impact would be considered, noting a danger that feedback from patients requested in the winter months could be more negative than feedback sought in the summer.

Mark Jackson advised that patients will be recruited throughout the year but that seasonal impact will be considered in reviewing the results.

Raj Jain asked whether NICE will take account of PROMs and Mark Jackson confirmed that this is likely given the interest of NICE in quality of life measures.

Rob Toomey asked how much work is involved in the pilot. Mark Jackson advised that DH funding had been secured and that the PROMs contractor will facilitate all questionnaire administration and collation of results. His personal role will involve engagement with staff about the project and contribution to the compilation of the report. He advised that this is an excellent opportunity that will allow the trust to directly influence the future of PROMs and ultimately lead to improved quality of care in non traditional areas that will focus on quality of life after surgery.

The Chairman thanked Mark Jackson for the presentation and the Board supported the trust's involvement in the pilot study.

4.6 Estates Strategy – Tracking Delivery

Further to the Board's request that a variation to the SIT (Service Implementation Tracker) be introduced to enable the Board to monitor the progress of the three ongoing high profile site developments, Raj Jain set out a proposal involving a narrative update on each scheme setting out the current status, risks and issues.

The paper included a high level schematic of the plans for each of the 3 schemes and it was highlighted to the Board that there had been some changes to timeframes since the presentations to the Board in July 2011. These changes arose following the commissioning of expert advice and detailed building assessment.

Raj Jain advised that no major risks to the schemes had been identified and that he had incorporated a fourth important area for monitoring involving 'Decant and Transition Planning' as the Schemes are dependent upon a number of factors including timely relocation of approximately 80 staff and re-provision of activity currently undertaken in the Admission and Discharge Lounge.

The Board was directed to the structures set out at Appendix 1 that illustrate the level of engagement and formality of the project management structure.

Bridget Leek confirmed that a clear baseline had been set in terms of timing and cost for each of the schemes but that it was less evident how qualitative benefits would be measured.

Raj Jain suggested undertaking a survey of patients on Oak Ward before commencement and after completion of the scheme.

Bridget Leek referred to the earlier discussion (Item 4.3a) and suggested use of 'Wordle' to capture key themes and feedback from patients.

Raj Jain noted that the design proposals had been derived from a clear evidence base and suggested that Hazel Holmes might think about how the improvements can be evaluated from the perspective of both patients and staff.

HH

Hazel Homes commented that the return on investment is largely qualitative and that capturing the essence of this is important in demonstrating to staff the changes that have been made.

Geoffrey Appleton asked about the reporting arrangements and heard that the Steering Group meets weekly with monthly updates to the Executive Team and Management Board.

Hazel Holmes advised that Appendix 1 would now need to be updated to reflect changes to the scheme sponsors.

RJ

The Chairman advised that this is the first time that the Board had approved major capital redevelopment aligned to the visions for patient experience and staff experience. He stressed the importance of engaging all staff in the new model of care to ensure successful transition.

The Board noted the progress to date, supported the format of the report for future quarterly reporting to the Board and noted that the

RJ

monthly Management Board report will be circulated to all Board Directors.

4.7 Baseline metrics for major capital schemes

Aaron Cummins advised that following approval of the individual business cases in July 2011, the Board had requested a formal impact assessment of the entire capital programme on its financial metrics.

Aaron Cummins advised that following revisions to the timing and scheduling of the estates schemes, there would be an impact upon projected cash flow.

The Board noted the report.

5 Quality / Value - Performance
5.1 Mid-year Review

Raj Jain summarised the content of the report, advising that there are no significant risks to the delivery of the annual plan and that this reflected well on the quality of both the trust's assurance systems and the operational management team.

Bridget Leek asked about business continuity in the event of wide-scale industrial action and how the impact on targets would be mitigated.

Raj Jain advised that the trust's response would be dependent upon the scale and duration of any such action. A single day of industrial action is likely to be insignificant whilst a prolonged period would involve contingency plans being operationalised. He outlined the type of measures that might be put in place in such a situation, including deployment of staff to ensure safe service provision and discussions with partners about meeting targets. He went on to comment upon the likelihood, noting that whilst there may be some industrial action in 2011/12 this threat is not at the current time a major risk to business continuity.

Bridget Leek noted the disruption to services experienced in the winter of 2010/11 due to the flu pandemic and the fact that commissioners had provided financial compensation. She asked whether a similar financial settlement would be reached in the event of industrial action.

Raj Jain advised that this would be unlikely and that although the trust would lose activity and therefore income as a result, the staff involved in strike action would not be paid.

Glenn Russell raised the matter of planning now for a possible further flu pandemic and heard that discussions are underway with commissioners to plan for this and learn from last year's experience where there had been slow take up by the health system of the critical care capacity released by LHCH.

David Bricknell asked for a further explanation of the requirements of the CQUIN target relating to End of Life.

Hazel Holmes advised that this related to the percentage compliance in terms of appropriate patients being placed on the End of Life Pathway. She stressed that where patients are not on the pathway, this did not mean that they are not receiving End of Life Care, but that the benefit of being placed on the pathway, where appropriate, meant that staff involved in end of life care are prompted to think in certain ways and this influences the consistency and quality of care delivered.

The Chairman congratulated the Executive Team on strong performance in delivering the annual plan.

The Board noted that the BAF confirms a good level of assurance in terms of ensuring that the trust continues to meet its Terms of Authorisation.

The Chairman left the meeting and Pat Firby assumed the role of Chair for the remainder of the meeting.

6 Governance

6.1 External Assurances Received

6.1.1 Monitor Q1 Letter

The Board received the Quarter 1 summary report from Monitor confirming an FRR of 4 and 'green' governance risk rating for the first quarter of 2011/12.

The Board noted the report.

6.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

6.2.1 Clinical Quality Committee

The Board received two Key Issues reports from the two meetings of the Committee that had been held since the last Board on 2nd September 2011 and 7th October 2011.

In relation to the same report, Pat Firby referred to Item 1.1, noting the failure of one consultant to submit timely audit data and asked whether this had an impact on the trust's ability to recover the income due under Payment by Results.

Glenn Russell advised that there was no link to financial management and explained that the data issue meant that the benefit of risk adjustment had not been reflected in the CUSUM curve, resulting in the clinical performance of the consultant concerned appearing poorer than it is in reality. He advised that a timeframe of 2 months had been set for the data to be provided and the CUSUM curve re-calculated.

Glenn Russell advised that the trust applied a more stringent confidence interval of 90%, compared to the 99% confidence

interval applied for national benchmarking. He added that the performance of all consultants currently falls within acceptable levels using the 90% confidence interval.

Pat Firby asked when it had become apparent that the consultant concerned had not been providing the necessary data to enable risk adjustment and correct calculation of the CUSUM curve.

Glenn Russell advised that the results are published on a 6 monthly basis as per the approved policy, noting that it was necessary to accumulate a certain volume of cases to generate a reliable result.

He went on to explain that the Mortality Review Group remains active and is a key control for identifying any concerns about mortality in a timely way. He went on to outline the role and remit of the Mortality Review Group, emphasising that its purpose was to identify systemic issues rather than focus upon the performance of individual consultants.

The Board noted the Key Issues reports and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Clinical Quality Committee held on 2nd September 2011 were noted.

6.2.2 Finance Committee

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Finance Committee held on 26th September 2011 were noted.

6.2.3 Patient and Family Experience Committee

Hazel Holmes highlighted the work of the Nutrition Steering Group, advising that the Patient and Family Experience Committee would be reviewing the CQC report and findings following publication of its National Review on Dignity and Nutrition.

Geoffrey Appleton referred to the slow progress being made in copying letters to patients.

Hazel Holmes acknowledged the delay in rollout of the pilot and advised that the Committee had requested assurance at its next meeting, by means of a report on full rollout from the Senior Management Team.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Patient and Family

Experience Committee held on 13th September 2011 were noted.

6.2.4 Corporate Readiness Committee

Raj Jain explained the timing issue that had led to Incomplete Assurance in respect of compliance with the Information Governance Toolkit advising that the work will be completed by January 2012, at which time the required scores are expected to be achieved.

Bridget Leek asked for an update on compliance with requirements for staff training.

Mark Jackson advised that the trajectory is progressing well with compliance currently at 68% and that weekly exception reports are issued to Heads of Department to encourage staff compliance. He advised that focus is now needed to target consultant medical staff and that a consultant champion had been identified to facilitate improvement.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Corporate Readiness Committee held on 7th July 2011 were noted.

6.2.5 Audit Committee

Rob Toomey referred to Item 1.1 and the issues identified following the 'deep dive' review of Oak Ward, noting that the Audit Committee would follow up on actions in Quarter 4 and expect to receive stronger assurance that administrative controls are operating effectively.

In respect of the action plan in place to ensure adequate procedures in response to the Bribery Act 2010, the Board was asked to formally delegate responsibility to the Audit Committee for strategy implementation and progress reporting.

In response to a question from Hazel Holmes, Lucy Lavan advised that new legislation had taken effect from 1st July 2011 and that the trust must take reasonable action to ensure that adequate processes are in place to mitigate possible bribery. She advised that a Statement from the Chief Executive had been issued electronically to all staff and posted on the intranet and that the trust's counter fraud and other associated policies were being reviewed to counter bribery.

The Board confirmed that responsibility would be delegated to the Audit Committee to oversee implementation and monitoring of the action plan.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Audit Committee held on 19th July 2011 were noted.

6.3 Quarterly Report to Monitor : Quarter 2 2011/12

Aaron Cummins advised that the reported results would be reflected in the Q2 return to Monitor, and the trust would retain a 'green' governance rating and achieve a financial risk rating of 4.

The Board authorised the signing of Declaration 1 in support of the Q2 return, confirming that all targets and indicators have been met.

Bridget Leek asked members of the Clinical Quality Committee to confirm that adequate assurance had been received at Clinical Quality Committee in respect of compliance with the Quality Governance Framework.

Following positive confirmation, the Board confirmed compliance with the Quality Governance Framework and authorised the signing of the Quality Declaration.

Lucy Lavan advised that the statement relating to the reporting of changes to the Board of Directors and Council of Governors and the election results should be removed as these were no longer part of the quarterly declaration process; instead these are reported via the Monitor website by the Trust Secretary as changes occur.

This change was noted by the Board.

6.4 Director of Infection Prevention – Quarterly Report

Glenn Russell presented the report, noting that an increased incidence of MRSA wound infections is being tackled via more frequent intensity of both walkaround reviews and deep cleaning programmes.

Bridget Leek commented on the apparent reducing trend of non LHCH acquired infection and heard from Glenn Russell that bacteraemia rates are generally falling as a result of focussed action in all hospitals.

Hazel Holmes advised that there are some specific problems relating to infection, primarily Clostridium. These issues are short term and are being actively resolved; where appropriate staff are being screened to enable any risk of cross infection to be acted upon immediately. Hazel Holmes advised the Board that she is confident that the problem will be eradicated. The Board heard that ongoing assurance is received by the Infection Prevention Committee with regular reports to the Clinical Quality Committee.

6.5 Audit Committee Annual Self-Assessment

Rob Toomey presented the report, highlighting in particular the importance of the role of the Audit Committee in reviewing the

effectiveness of Assurance Committees as part of the new BAF process.

Hazel Holmes referred to Paragraph 6ii) and the key theme identified by the Audit Committee in respect of ensuring safe and appropriate staffing levels in the context of a challenging CIP target.

She outlined recent significant assurance provided to the Workforce Committee around funded establishments, noting that there is now a need to examine rostering across the 24/7 shift pattern to identify any gaps in comparison to funded establishments.

Raj Jain noted that it would be useful for the Audit Committee to coordinate the timing of any review of staffing levels with this programme of work, noting that the next stage of the analysis was scheduled to report to Workforce Committee in January 2012.

The Board noted the report and the basis of self-assessment and confirmed that, as a result, it is fully assured that the Audit Committee has operated effectively.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 31st August 2011

The Board noted the report.

8 Chairman's Briefing

Pat Firby deferred this item to the Chief Executive, in the absence of the Chairman.

9 Chief Executive's Briefing

Raj Jain advised that two teams within the trust had recently won Quality Awards from NHS Liverpool.

The Falls Team had won the 'Patient Safety' award having achieved a 36% reduction in falls within four pilot areas. Raj Jain noted that patient safety had improved following introduction of comfort checks, a key part of the team's work.

The second award in the category of 'Patient Experience' went to the theatres team for 'majoring on the minor' and introducing a number of small measures that have made a significant difference to patients and their carers. These include the provision of warmed blankets, enhanced privacy by undertaking pre-operative checks in the anaesthetic room and allowing carers to accompany patients into the forward waiting area.

Glenn Russell noted that the theatres team had greatly appreciated the award as the operating department is not an area that is traditionally associated with patient experience work.

Raj Jain noted that the enthusiasm with which these awards had been received had prompted the executive team to think about the power of team awards and whether team, rather than individual awards should be more frequently considered by the trust.

Raj Jain reported on the recent pilot peer review of the Cystic Fibrosis service. The review had been organised by the Cystic Fibrosis Trust and the peer review process welcomed as a recognised vehicle for driving more reliable and effective care. It was noted that the review had highlighted some areas for improvement but that the overall assessment was that this is 'An Outstanding Service'.

Pat Firby congratulated the team on behalf of the Board

Raj Jain noted the successful Liverpool launch of the Institute of Cardiovascular Medicine and Science (ICMS) which took place on 22nd September 2011 at the Town Hall, followed by a celebratory dinner at the Hope Street Hotel. He advised that the company was incorporated on 18th October 2011. The Board heard that expectations had already been exceeded in terms of reputation and publications achieved to date.

10 Minutes of the Board of Directors Meeting held on 26th July 2011

The minutes of the meeting held on 26th July 2011 were reviewed for accuracy.

The minutes of the meeting of the Board of Directors held on 26th July 2011 were received, approved and signed by the Chairman.

11 Action Log from previous meeting

The Board reviewed the action log and confirmed that :

- Action 2 – to be closed following receipt of agenda item 4.4 on PROMs pilot
- Action 4 – process for redaction of FOIA exempt information from all Board documentation to continue for a further 6 months with follow up review by the Board in April 2012;
- Action 7 – to be closed following receipt of agenda item 4.6 on tracking the delivery of the major capital schemes
- Action 8 – to be closed following receipt of agenda item 4.7 on baseline metrics for major capital schemes
- Action 9 – Board agreed to extend review date to November 11 to allow consideration of EPR business case by Investment Committee in advance of Board approval
- Actions 10-13 and 15 have been assigned to executive leads for action and were not for Board review and can therefore be closed
- Action 16 – added following the Board's recent strategic development day - Jan 11 review date to be corrected to read Jan 12

12 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.

13 Review of agenda items in context of future meetings and provision for Board to meet in public

The Board reviewed the agenda and each of the documents presented to determine which items did not involve presentation or debate on personal or commercially sensitive information. The purpose of this exercise was to inform the Board's thinking about how it might introduce meetings in public and how these might be managed so as to avoid undue duplication with meetings of the Council of Governors.

It was noted that Items 4.1, 4.2, 4.4, 5.1 and 7.1 contained information and debate that was commercially sensitive in nature. Item 9 included reference to an individual member of staff and the 'BAF Key Issues' reports from Assurance Committees contained information that could be exempt from disclosure under Section 38 of the Freedom of Information Act (Health and Safety).

Sue Pemberton thanked the Board for allowing her the opportunity to observe the meeting. She noted in particular the evident commitment to patient and family experience and a deep level of scrutiny of the information presented.

Pat Firby closed the meeting.

14 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 29th November 2011 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____
Chairman

Date: _____

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Board of Directors

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Tuesday 29th November 2011**

Present :	<p>Neil Large Raj Jain Pat Firby Geoffrey Appleton David Bricknell Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Glenn Russell</p>	<p>Chairman Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Medical Director</p>
In Attendance:	<p>Mark Jackson Lucy Lavan Ann McEvoy Cath Barton Ann Conley</p>	<p>Associate Director of Quality Improvement Associate Director of Corporate Development / Trust Secretary Associate Director of Human Resources and Organisational Development General Manager – Cardiology and Chest Medicine (Item 4.1 only) General Manager – Surgery, Anaesthesia and Critical Care</p>
Apologies For absence:		

		Action
1	<p>Apologies for absence None.</p> <p>The Chairman welcomed Ann Conley, General Manager – Surgery, Anaesthesia and Critical Care, who had been invited to observe the meeting.</p>	
2	<p>Declaration of interests relating to agenda items The Chairman asked Board members if they had any interests to</p>	

declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.

3 Patient Story

Hazel Holmes read a patient story.

4 Strategy and Development

4.1 Chronic Obstructive Pulmonary Disease (COPD) Update

The Chairman welcomed Cath Barton, General Manager for Cardiology and Chest Medicine and invited her to update the Board on the new community based COPD service being provided to the residents of Knowsley.

The Board heard that the aim of the new service is to reduce premature deaths from COPD and to reduce unnecessary emergency demand within the secondary care sector.

Cath Barton described the service which features a 'one-stop' consultant led local service providing diagnosis and management plan in a single appointment with supporting rapid response, pulmonary rehabilitation and 24 hour advice line services delivered by a multi-disciplinary team of healthcare professionals.

Feedback to date from patients has been positive and work is ongoing with GPs to ensure a common understanding of the changes to service provision.

Mark Jackson asked about the level of demand for the Out of Hours service.

Cath Barton advised that demand is very variable but noted that the staff operate the service via an on call helpline / advice system from their homes. She advised that an audit is planned to collate evidence to test the benefits of this investment. She noted that the lead consultant had recently provided weekend cover in the absence of available nursing staff. Whilst only two calls had been received, both patients concerned had avoided the need for a hospital admission.

Glenn Russell commended the service as an exemplar for integrated patient focused care. He went on to ask about technological support and was advised that the team currently use web based technology and are piloting the use of iPads.

He commended Cath Barton for successfully leading and winning two significant tender processes, noting the strength of her ability to bring teams together to develop successful bids and then establish new services.

The Chairman congratulated Cath Barton and the COPD team on behalf of the Board.

Cath Barton left the meeting.

4.2 Electronic Patient record (EPR) – Full Business Case

Aaron Cummins described to the Board how the case for EPR had evolved from a conceptual idea two years ago into a detailed specification drawn up following workshops with over 300 staff. 30 – 40 staff had attended supplier demonstrations to inform the shortlist.

The Board heard that, subject to approval, the trust would enter into a 5 year contract with a two year timeframe to develop an EPR solution. The core components are:

- EDMS (Electronic Data Management System)
- TIE Interface (Trust Integration Engine)
- Order Communications
- A number of modules providing new functionality e.g. e – referrals, patient portal, clinical portal and various ward management tools

Aaron Cummins went on to describe the key benefits which include easier access to LHCH services; eradication of a number of current IT limitations; improved workflow; reduced administrative burden; reduction in duplicate testing; and facilitation of a rich audit framework; as well as better access for patients to their records and an ability to promote a healthy lifestyle through provision of public health messages

The case is based around building upon existing clinical systems rather than ‘rip and replace’.

The Board considered the outstanding risks including the deployment phase and the need to prioritise change programmes effectively, through a robust governance structure; the need to adequately resource backfill and training; and the need to conclude contract negotiations with a contract that is commercially acceptable. The Board noted the strength of the contracting team which includes input and support from representatives of NHS Northwest and Hill Dickinsons solicitors.

Aaron Cummins advised that the EPR business case had been reviewed and supported by the IT Steering Group, the Programme Board and Finance Committee and that the Investment Committee had considered funding options, confirming use of internally generated funds and recommending consideration of the case by the Board of Directors.

The Chairman noted the magnitude of the proposed commitment in terms of financial and staff resource and asked members of the Executive Team to comment on organisational fit and capacity to successfully implement EPR in tandem with other major change programmes already in progress.

Hazel Holmes noted that the Executive Team had considered capacity and prioritisation of work.

In terms of governance, she advised that Executive Team members will need to input to the Programme Board and assume a role similar to that of a non-executive director, providing independent scrutiny and challenge.

Hazel Holmes confirmed her support and commitment to the ambitions of the project particularly around improving clinical effectiveness. She noted the need to ensure interoperability with other systems such as incident reporting and information flows for e-rostering in order to fully exploit the opportunity to improve the safety culture and make electronic reporting processes easier for staff.

Pat Firby noted the absence of any reference to e-rostering within the business case and was advised by Aaron Cummins that e-rostering is not part of the current specification. Consideration will need to be given to the benefit and additional cost of creating an interface. The Project Board will now start to look at this along with interoperability with other systems and any issues relating to the fact that existing systems, including the current PAS, will change over time.

Mark Jackson advised that investment in EPR is essential if the trust is to meet its strategic ambitions. He outlined the benefits of a piece of work he is currently progressing using SLR (Service Line Reporting) to examine the relationship between clinical complications and cost, referring to evidence that demonstrates that high quality care is more cost-effective. He expressed a belief that EPR will ultimately generate more benefits in terms of quality and safety than those currently identified.

The Chairman asked for clarity on how the Executive Team will ensure effective deployment alongside other ambitious change management programmes already in progress.

Raj Jain explained that a key control to secure effective deployment will be the identification and oversight of 'gateways' by the Executive team. This will ensure that a fully resourced plan is in place to support effective training at each stage; no training will be allowed to commence until the Executive Team is satisfied with the plan and capacity to deliver. This process will prevent sub-optimal deployment and ensure staff engagement and motivation is maintained.

The Chairman asked whether the workforce is generally 'IT literate' and how receptive staff are likely to be in respect of EPR deployment.

Ann McEvoy advised that there is work to do to understand the current IT knowledge and capability of staff and what EPR deployment will mean for the end-user. She noted that there are lessons learnt from implementation of EPMA and e-rostering that will inform this work.

Glenn Russell commented that use of the existing IT infrastructure will aid the implementation process. He added that EPR deployment is not a panacea for meeting all requirements, but an essential feature for progressing towards the trust's strategic goal to become the premier cardiothoracic provider, noting the benefits that EPR had brought to the Mayo Clinic in the US.

He went on to note the significant ongoing financial commitment required in respect of maintenance and future upgrades, questioning what risks this would bring in the future and whether the EPR system would be sufficiently adaptable in respect of services changes; for example, if the trust were to move to a new supplier for pathology services.

Aaron Cummins advised that a managed contract will be in place for the duration of the contract term and that only the requirement for new products will add to the quoted cost.

The Chairman invited Ann Conley, General Manager to comment on the proposal from a directorate perspective.

Ann Conley advised that there had been strong involvement of her team in the supplier demonstrations and that the willingness and enthusiasm of staff had been evidenced through the user group meetings. She advised that she is mindful of the risks and costs involved in the procurement but advised that doing nothing is not an option, expressing her support for the investment in respect of ensuring that the trust can thrive.

Raj Jain advised that successful and cautious implementation of EPR is essential for safety and prevention of harm for patients. Whilst All Scripts remains untested in the UK; governance, the resourcing of effective training and delivery of benefits will continually be high on the agenda of the Executive Team and at the core of the change management programme.

Pat Firby asked whether the consultant medical staff are supportive of the EPR implementation and the magnitude of the financial commitment involved which will potentially prohibit investment in other technologies.

Glenn Russell advised that there was a real appetite for the investment amongst the consultant body and a renewed confidence in terms of the end user benefits delivered by the IT team to date. Whilst there are a number of enthusiasts amongst the consultants, those with a more cautious outlook have generally expressed respect for the work so far.

Pat Firby asked about the implications of patients being able to add to their notes and the data security aspects of remote access.

Aaron Cummins advised that patients will be able to view rather

than alter their records and that there will be provision for patients to participate in discussion forums relating to their disease. Data security measures will ensure that remote access arrangements are robust.

Hazel Holmes asked that provision is made for flexibility to determine what patient access will look like, noting the established benefits associated with telemedicine, whereby patients are able to input their own statistics and other data enabling more effective clinical management.

Aaron Cummins advised that core functionality had been included within the specification and that any additional requirements would need to be negotiated. He agreed to pose this question in advance of the contract being finalised.

David Bricknell asked whether EPR will bring savings in terms of consultant time.

Glenn Russell replied that the reduction in administration and bureaucracy will enable more direct patient contact and that EPR will aid an MDT approach, improving clinical effectiveness.

Hazel Holmes added that EPR will contribute to achievement of the trust's ambitions for patient and family centred care through changing ways of working and providing a platform for shared decision making.

Raj Jain noted a further feature of EPR in respect of its impact on the future role of certain clinical sub-specialties, adding that as technology is exploited, roles and jobs will change.

Geoffrey Appleton expressed support for the 'gateway' approach that had been articulated and stressed the importance of an effective communication plan to support the change process.

Bridget Leek supported the 'gateway' structure outlined by Raj Jain but noted that this could cause delays and impact upon the terms of the contract. She also warned of the possibility of 'scope creep' which could affect the financial budget.

Bridget Leek commented that the benefits realisation set out in the business case was conservative and stressed the importance of having plans in place to drive and maximise all potential benefits.

The Chairman commended the project, expressing a belief that EPR will directly support delivery of the vision for patient and family centred care.

The Chairman congratulated Aaron Cummins and his team and made special mention of the phenomenal commitment and intellectual steer being provided to the project by Dr Johan Waktare, Clinical Lead.

4.3 Single Equality Scheme incorporating Equality, Diversity and Human rights (EDHR) Delivery Plan 2011 – April 2012

Ann McEvoy presented the Single Equality Scheme that had recently been approved by the Workforce Committee, outlining the legislative requirements and the need to embed EDHR through the Equality Delivery System outlined in the paper.

She advised that the scheme is 'work in progress' and that the EDHR group had recently been refreshed to include service managers.

The Board was updated on the PAS issue that is currently preventing the trust from capturing all protected characteristic data relating to patients and has resulted in a rating of 'Incomplete Assurance' in respect of this requirement within the Board Assurance Framework. (Risk 32)

Geoffrey Appleton suggested that the embedding of EDHR would be best achieved through use of practical examples and stories illustrating how the diverse needs of individuals have been met, as this approach would be more meaningful to staff. This was supported.

Ann McEvoy advised that the staff story is to be published on the trust's website and also used for staff recruitment.

Pat Firby asked about the implications for EDHR in respect of contractors, and whether, for example, they will be required to comply with the Trust's EDHR scheme.

Ann McEvoy advised that the Procurement Manager is a member of the EDHR group and has responsibility for ensuring that any contracts include compliance with the Trust's requirements. Hazel Holmes referred to Section 6 of the document relating to patient engagement, and requested specific reference to the programme of patient and family experience days.

Raj Jain emphasised the importance of this agenda advising that cultural competence is critical to delivery of the patient vision and would be need to be championed through the Communications function.

Pat Firby reflected on discussions that had taken place at a patient experience day held recently in North Wales. The difficulties in obtaining Welsh translations and Welsh speaking interpreters had been noted.

Hazel Holmes highlighted the need to think more broadly about the patient communities served by the trust and how they are welcomed through use of signage and patient information.

Ann McEvoy noted that there will be a presentation to the Council

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of Governors on the subject of EDHR on 5th December 2011.

4.4 Annual Planning Process 2012/13

Lucy Lavan presented a paper outlining the changes to the annual planning process and format of the annual plan for 2012/13, recommending that the Board receive the annual plan in the form of three directorate 'contracts' in March 2011 followed by the Monitor plan in May 2011. The new approach to Directorate contracts will provide greater clarity on accountability and help to drive performance.

The Board heard that Directorates had begun a process of engagement with staff to inform their plans. Also the executive team had set out expectations of directorates for 2012/13 in respect of the 10 change programmes approved by the Board.

Corporate teams have been working with the Directorates through the TSMT to identify the support they will provide and KPIs that will measure their performance.

The Board reviewed the summary timetable, identifying the key milestones and noting the importance of the Board Development Day scheduled on 28th February 2012 where the Board will consider strategic risks and populate the Board Assurance Framework for 2012/13.

Lucy Lavan advised that the new process outlined will continue to evolve, particularly around the development of a supporting framework for rewards and consequences.

Aaron Cummins advised that the financial planning process was aligned to the timetable and that the executive led 'confirm and challenge' process to validate and assess the impact of CIP plans for 2012/13 will provide additional assurance prior to sign off by the Board. The Finance Committee will continue to review iterations of the 3 year financial plan.

The Board supported the recommendation that the 2012/13 annual plan will comprise directorate contracts; approved the timetable for compilation and Board approval; supported the expectations set by the Executive Team in respect of what directorates will deliver for each of the 10 change programmes; and confirmed that the Board would continue to refine and develop the strategic direction at its development days and remain updated on progress with the planning process through discussion at NED and executive team meetings.

5 Quality / Value - Performance

5.1 Updated Two Year Financial Forecast (FY 12-14) Quarter 2

Aaron Cummins summarised the two year financial forecast based upon recent trading trends, changes to commissioning intentions, the impact of competition and other factors.

Assumptions on tariff deflator and CIP for 2012/13 had been validated following publication of the Operating Framework for 2012/13 and the Board noted that planned increase to 2.5% for the CQuIN allocation, which will be subject to achievement of new national and local targets.

Mark Jackson asked whether there had been any further indication of whether angioplasty will fall within the Specialist Commissioning Framework.

5.2 Executive Summary : Finance and Performance : period ended 31st October 2011

Aaron Cummins reported a year to date financial risk rating of 4, reflecting the strong trading position to date;

All access and cancer targets continue to be met.

Sickness absence has increased to 4.45% and C-difficile infections are ahead of trajectory (5 to date with a full year target of 7).

Pat Firby asked about the impact of the changing casemix and acuity on income received and heard from Aaron Cummins that pricing remains volatile and therefore the change in acuity may not be detrimental in the medium / longer term. It will be important to use Service Line Reporting to focus on efficiency and provide an evidence base for informing contracting discussions through the commissioning framework.

Bridget Leek referred to infection rates and heard from Glenn Russell that whilst C-Difficile was currently above trajectory, the target had been lowered by 50% for 2011/12 and there is no deterioration in performance compared to last year. He advised that a root cause analysis continues to be undertaken on every incidence to identify any issues and ensure learning. The Board was advised that repeated antibiotic therapy is a factor as this increases the risk of C-Difficile.

Bridget Leek went on to note the delay in analysis of samples and Glenn Russell advised that the trust is working to address problems with the RLBUHT's policy for laboratory analysis.

Bridget Leek commented on the high usage of Bank staff employed on the wards in October 2011. Hazel Holmes advised that there had been recruitment delays and a high number of vacancies on one ward and that she would comment further when she presents the Integrated Claims, Complaints and incidents Report.

The Board noted the report.

6 Governance

6.1 External Assurances Received

None.

6.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

6.2.1 Clinical Quality Committee

Glenn Russell updated the Board on work to be progressed to establish an MDT for revascularisation.

An action plan has been put in place to address gaps in compliance with the VTE policy.

A cardiology review has confirmed the availability, if required of external expertise to support management of patients with multiple pathology.

The Executive Team are to undertake a 'deep dive' of the improvement work to reduce readmissions (currently rated as a 'major' risk).

The Board noted the Key Issues reports and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Clinical Quality Committee held on 4th November 2011 were noted.

6.2.2 Finance Committee

Aaron Cummins advised that the financial risk associated with the cumulative impact of component risks relating to CIP delivery, competition, tariff exposure and CQuIN targets had been reduced to 'moderate' following review of the Q2 Two Year Financial Forecast at Finance Committee.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Finance Committee held on 31st October 2011 were noted.

6.2.3 Investment Committee

Geoffrey Appleton confirmed that the Investment Committee had reviewed the latest intelligence on the resilience of the banking sector and had agreed more flexibility for depositing cash in order to manage potential risk.

The approved minutes of the meeting of the Investment Committee held on 23rd March 2011 were noted.

6.2.4 Workforce Committee

Ann McEvoy updated the Board on the planning and preparation that has taken place to deal with the planned industrial action on 30th November 2011. The Board heard that Trade Unions had agreed exemptions to allow for provision of minimum / critical services. All elective work has been cancelled and there is provision for senior manager cover throughout the period.

Raj Jain outlined the philosophy of management in understanding why staff were expressing their views and working to mitigate any impact on patient safety. He advised that few managers had experience of industrial action but would lead with sensible decisions that support staff whilst maintaining safety. He expressed concern about the potential cumulative impact arising from the potential threat of further and repeated strikes.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Workforce Committee held on 18th October 2011 were noted.

6.2.5 Audit Committee

Rob Toomey advised that the Audit Committee had undertaken the first of its programme of Assurance Committee reviews; this had started with the Finance Committee.

The approved minutes of the meeting of the Audit Committee held on 11th October 2011 were noted.

6.3 Integrated Incidents, Complaints and Claims Report

Hazel Holmes highlighted a marked reduction in the reporting of incidents advising that there is no hard evidence to explain this other than the fact that the wards are busy and she believed that near misses may be being under-reported as nursing staff are striving to maximise the time they spend directly with patients. Further work is required to better understand the pressures in the system and the impact of vacancies on the wards. Long term sickness coupled with delays in filling posts have led to pressures in some areas, although there are robust controls to ensure that staffing levels remain safe.

The Board heard that a Safety Culture Audit had been undertaken and Directorate Governance Committees are developing action plans in response to the survey findings for consideration by the Clinical quality Committee in January 2012.

Hazel Holmes noted that a new electronic system for reporting incidents had been introduced, but that the paper system had not been withdrawn. It will be necessary to check whether staff have understood this.

A discussion followed around ways in which the safety culture could be improved via less formal mechanisms with Glenn Russell outlining an approach adopted by the anaesthetic department whereby small issues are documented in a log book, anonymously and in the author's own words. The log is reviewed and discussed at each team meeting enabling instant feedback, greater ownership within the team and learning within a safe environment.

Pat Firby expressed concern about the suggestion that paper systems be re-introduced in favour of electronic reporting, given the commitment that the trust has made to EPR.

Hazel Holmes replied that informal systems do not necessarily need to be paper based but the value of developing local systems needed to be explored and tested.

The Board noted that the top 5 categories of incident remained consistent with previous reports. Falls has returned to the top 3 but this does not reflect an increase in the number of falls incidents, rather a decline in the reporting of other categories.

Hazel Holmes turned to the report on severity of incidents, noting that 98% of reported incidents remain in the 'no harm' and 'minor harm' categories.

Pat Firby noted the comparative reporting culture data highlighting a ward where incident reporting had increased significantly and another area where reporting had reduced significantly.

Hazel Holmes noted the importance of directorate ownership and the need to better understand what is happening in their areas.

The Board noted the report.

6.4 Revalidation of Consultant Medical Staff

Glenn Russell delivered a powerpoint presentation outlining the new legal requirement to revalidate medical staff as a means of regulating the medical profession and providing assurance to patients, employers and other healthcare professionals that an individual is fit to practice. The law will require all doctors to hold a licence to practice and to undergo a revalidation process every 5 years.

As the designated 'Responsible Officer' for LHCH, the Medical Director will need to ensure that robust processes are in place to support recommendations to the GMC, to enable mediation where required, and to hold doctors to account when they fail to perform satisfactorily. The Board heard that all private work must be included in appraisals and subject to the same rigorous quality assurance.

Bridget Leek asked how the Responsible Officer will be re-validated and Glenn Russell advised that this is still being thought through. In the meantime he will continue to be appraised by the SHA Medical Director.

Hazel Holmes asked whether the appraisal process will involve patient feedback. Glenn Russell detailed the content of the appraisal process, advising that this includes feedback on practice derived from complaints, SUIs and patient and colleague feedback collated at least every 5 years. This is in addition to a detailed

review of practice, Continuing Professional Development and a review of any other general issues such as health. He added that LHCH will commission an external organisation to gather patient feedback.

In terms of progress, Glenn Russell confirmed that he had completed Responsible Officer training but that further training for appraisers would need to be commissioned along with dedicated HR input on an ongoing basis to support the process.

It is envisaged that the first doctors will be revalidated at the end of 2012 with all doctors undergoing the process for the first time within a 3 year timeframe.

Ann McEvoy noted that safety would be improved as a result in respect of junior doctors who are only assigned to the trust for short periods.

Glenn Russell advised that there could be a gap in the revalidation process for locum doctors since the Responsible Officer is deemed to be the Medical Director in the area in which the locum lives.

The Chairman thanked Glenn Russell for his presentation.

6.5 Governance Manual Review

Lucy Lavan advised the Board that the Governance Manual had been reviewed in accordance with the annual review cycle.

She advised that the Committee structure and Assurance Committee Terms of Reference had not formed part of the review as these had been put in place in April 2011 by the Board and would be reviewed at the end of the financial year in accordance with the new BAF process.

The Board noted that Monitor had approved the amendments to the LHCH constitution following the voting process conducted at the 2011 Annual Members Meeting.

The Board had previously been issued a full copy of the updated manual and reviewed the schedule of key changes, noting in particular the updates made in respect of anti fraud, bribery and corruption in response to new legislation to protect against bribery.

It was noted that the Audit Committee had reviewed the changes and had recommended that the Board approve the updated manual, subject to minor redrafting of the guidance accompanying the Policy on Declaration of Interests.

The Board approved the updated governance manual.

Lucy Lavan advised that arrangements would be made to publicise the updated manual to staff and upload the content onto the intranet.

LL

6.6 Review of Board Assurance Framework Process

Lucy Lavan presented a report reviewing 9 aspects of the Board Assurance process, in line with a proposal document that she had discussed with Non Executive Directors and the Executive Team at their respective meetings in September 2011. The purpose of this detailed review was to test the effectiveness of the new BAF and associated processes as these had been redesigned with new systems implemented at the start of the financial year.

She highlighted the adjustments already made to the BAF process in light of experience such as introduction of a new template for Board papers aligned to the BAF and incorporation of a data quality rating; also the 'hot topics' reports from Assurance Committees had been replaced with 'BAF key issues' reports providing greater clarity on assurances received, major risks and reviews of the CQC Quality and Risk Profile.

The paper provided assurance that the BAF was comprehensive and that benefits had been realised in terms of providing the Board with a stronger focus on assurance and risk, release of Board time for more quality discussion and strategic thinking and better engagement of the board in how the internal control environment is operating through greater interaction between Non Executive Directors and operational managers at Committee and stronger clarity on assurances.

The report recommended assigning a status of 'Not Applicable' to Risk 16 within the BAF as Board certification to Monitor is not required in respect of the establishment of the Institute of Cardiovascular Medicine and Science (ICMS); however leaving the risk referenced will serve as a prompt should the Board decide to pursue any other joint ventures in the future. This was supported.

The Board referred to the proposal on pages 3-4 that additional controls and assurances be added to the BAF, Risk 26, in relation to the work of the Institute of Cardiovascular Medicine and Science. These were approved.

The Board confirmed support for the arrangements in place to check the effectiveness of the Assurance Committees and supported the recommendation that the Chair of the Audit Committee provide a view on the value of the Audit Committee's review programme in January 2012.

Lucy Lavan advised that a survey of a sample of members from each of the five Assurance Committees had been undertaken and the results were summarised in Section 3.6. She suggested that the Chair of each Committee may wish to review the results and consider whether any adjustments or further training for committee members is required.

**Exec
Chairs**

She went on to advise that she had asked MIAA to begin their BAF Opinion Review in December and report any interim findings in January 2012 to allow time to address any issues that arise prior to the year end and publication of the Annual Governance Statement.

The Board turned to Section 3.7 and considered the areas of the BAF that had been assigned a rating of 'Incomplete Assurance' in March 2011. The Board reviewed the statements prepared by the relevant Executive leads and confirmed that Item 3 is now 'Fully assured'; the 'Incomplete Assurance' status of Items 28 and 32 should remain and will be reviewed again by the Board in March as these are likely to roll forward onto the 2012/13 BAF. With regard to Item 10 (meeting the requirements of the Information Governance Toolkit) Bridget Leek proposed that the recommended upgrade to 'Full Assurance' be deferred pending review and confirmation by the Corporate Readiness Committee at its next meeting. This was supported.

RJ

The Board approved all recommended revisions to the BAF as documented in Appendix, with the exception that the assurance level applied to Item 10 will remain as 'Incomplete' pending confirmation of full assurance from the Corporate Readiness Committee.

The Board confirmed all judgements in respect of assurance levels assigned, with the exception relating to Item 10, explained above.

The Board approved the updated Board Assurance Framework Policy and this will now be included in the updated Governance Manual.

The Board agreed to receive an update from the Audit Committee Chair in January 2012 in respect of the Audit Committee's programme of Assurance Committee reviews and any findings arising from MIAA's interim BAF Opinion review.

RT

6.7 Proposed agenda for Board of Directors' Development Day on 16th December 2011

The Board accepted the proposed agenda and heard that they will be issued with a case study to read in preparation for the Development Day.

6.8 Report to the Board of Directors from the Remuneration Committee held on 21st October 2011

The Board noted the report.

6.9 Ratification of decision to award Payroll and HR Transaction services to Capita Plc

The Board ratified the exercise of powers under paragraph 5.2 of Annex 8 of the constitution of Liverpool Heart and Chest Hospital NHS Foundation Trust and the decision taken by the Chairman and Chief Executive (in consultation with the Non Executive Directors) to appoint Capita Plc to deliver payroll and transactional

HR services. The contract will be for a 7 year period on an 'unsmoothed' cost basis, as described in the special board paper circulated by e mail on 27th October 2011 (and issued with the Board agenda).

Geoffrey Appleton advised that he had read in the press that Sefton Council had recently terminated its contract with Capita.

Raj Jain advised that Sefton Council had wished to bring their service in-house and confirmed that he was fully assured of the quality of service to be provided, noting that all 11 organisations involved in the North Mersey review had signed up with Capita.

6.10 Council of Governors' Development Day with the Board of Directors – 15th November 2011

The Chairman fed back on the day, noting that this had been a successful event and had provided further clarity for governors on their role as well as identifying actions arising from the Membership Survey particularly in respect of the request for greater promotion of health and wellbeing.

The Board noted the summary of the day's discussions and action points that had been compiled by Lucy Lavan.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 31st October 2011

The Board noted the report.

8 Chairman's Briefing

The Chairman reflected on the two year period that had passed since the Trust had attained foundation status and thanked Board colleagues and staff for the significant progress made in developing and working towards the strategic goals and patient vision.

He congratulated the surgical directorate on the success and value of the recent valve replacement event. Glenn Russell commented that attendance, particularly amongst DGH cardiologists had been impressive and that similar events were planned to showcase revascularisation and aortic surgery.

On behalf of the Board, the Chairman congratulated the CVD team on their recent HSJ Award.

Hazel Holmes was congratulated for her success in attaining participation in the Harvard development programme. She provided some initial feedback to the Board.

9 Chief Executive's Briefing

Raj Jain noted the publication of the 2012/13 Operating Framework advising that further work on the implications for LHCH will be progressed following receipt of the PBR Framework, expected at the end of December 2011.

10 Minutes of the Board of Directors Meeting held on 21st October 2011

The minutes of the meeting held on 21st October 2011 were reviewed for accuracy.

The minutes of the meeting of the Board of Directors held on 21st October 2011 were received, approved and signed by the Chairman.

11 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 (BAF review) - to be closed with a new action to review BAF Item 10 in January 2012.
- Action 6 (EPR business case) – to be closed with a new action in respect of further assurance to be provided at Additional Board meeting on 16th December 2011.
- Action 12 (Investment Committee review of resilience of banking sector) – to be closed.

12 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.

13 Review of agenda items in context of future meetings and provision for Board to meet in public

The Board reviewed the agenda and each of the items presented to determine which items contained information of a personal or commercially sensitive nature that might prohibit debate in public.

The purpose of this exercise was to inform the Board's thinking about how it might introduce meetings in public and how these might be managed so as to avoid undue duplication with meetings of the Council of Governors.

It was noted that items 4.2, 4.5, 5.1, and 7.1 contained information of a commercially sensitive nature. Item 6.8 contained information that was personal to individuals. Item 6.6, the BAF Key Issues Reports and Assurance Committee minutes (Section 6.2) contained information that could be exempt from disclosure under Section 38 of the Freedom of Information Act.

Ann Conley thanked the Board for allowing her the opportunity to observe the meeting.

The Chairman closed the meeting.

14 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 31st January 2012 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____
Chairman

Date: _____

Board of Directors

Item 10

minutes

Minutes of the Board of Directors meeting held on Tuesday 31st January 2012

Present :	Neil Large Raj Jain Pat Firby Geoffrey Appleton Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Mark Jackson Glenn Russell	Chair Chief Executive Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Director of Research and Informatics Medical Director
In Attendance:	Lucy Lavan	Associate Director of Corporate Development / Trust Secretary
Apologies For absence:	David Bricknell Ann McEvoy	Non Executive Director Associate Director of Human Resources and Organisational Development

		Action
1	Apologies for absence As noted above.	
2	Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests. The Chair congratulated Mark Jackson and welcomed him to his first Board meeting since his appointment to the executive director post of Director of Research and Informatics.	
3	Patient Story Hazel Holmes read a patient story.	

4 Strategy and Development

4.1 Electronic Patient Record (EPR) – Governance Structure

Aaron Cummins re-confirmed the strength of the LHCH contracting team and presented his paper, setting out the assurance mechanisms and proposed Terms of Reference for the Programme Board which will operate as a time-limited sub committee of the Board of Directors. One of the key functions of the Programme Board will be to provide gateways for the project's key milestones, which will support the release of contract payments.

Glenn Russell commented that the assurance structure appeared complex and sought assurance that it was based upon best governance practice. Aaron Cummins confirmed that it was but with tailoring to meet the specific needs of the project.

Glenn Russell noted the provision of backfill to support training, but noted that clinical staff would also need to be released for engagement work as indicated within at least three levels of the assurance structure.

Aaron Cummins advised that this time had been accounted for in the overall resource plan and that there is also contingency provision within the budget. He went on to advise that Directorates would be signing off resource plans to meet the requirements of EPR deployment as part of the annual planning process.

Geoffrey Appleton suggested that individual accountability within the Assurance Structure (Appendix 2) be strengthened by including the name and job title of the chair of each of the sub groups.

Hazel Holmes added that it would be helpful to detail personal accountabilities in respect of the project and to be clear about the subject matter that each individual is responsible for. This could then be reviewed on a regular basis through 1:1s and personal objective setting and performance review. This was supported.

Hazel Holmes referred to the proposed Terms of Reference, paragraph 3.2.4 noting that development of the resource plan should rest with the Executive Team rather than the EPR Programme Board, in order to ensure overview and prioritisation of capacity and capability across the organisation. This was supported.

On 3.1.2, it was agreed that the wording in relation to QRP review be amended such that the Programme Board will "receive and take forward actions as delegated by a Standing Committee" ; thus ensuring that the Board's Standing Committees retain their defined responsibilities for reviewing the QRP.

Paragraph 3.4.1 was discussed and is to be refined to ensure clarity between the respective roles of the EPR Programme Board and Finance Committee in respect of approving policies and

AC

procedures required for the effective financial management of the programme.

AC

Mark Jackson highlighted the need to also clarify linkage with the Workforce Committee in respect of the impact of the project on future changes to the workforce profile.

In response to a question from Bridget Leek concerning capacity, Raj Jain noted that Directorates are already feeling stretched and there will need to be choices around competing priorities and additional resource requirements.

AC

Raj Jain highlighted the added risk around the departure of the Director of Finance at the end of May 2012, following Aaron Cummins' successful appointment to a post at another trust. He advised the Board that he had agreed an enhanced role for John Coleman, EPR Programme Director and extended his contract period to cover the next 15 months, with a 3 month notice period. This measure will provide continuity and give the Board assurance around senior manager leadership of the project throughout the deployment period.

AC

The Chair supported this, highlighting the paramount importance of strong leadership of this project.

AC

Bridget Leek referred to Paragraph 3.2.8 and the reference to 'approved limits' seeking clarity as to what these limits were. Aaron Cummins advised that these relate to the capital allocation and net cash impact as approved by the Board of Directors on 16th December 2012.

AC

The Chair highlighted a tendency for people involved in projects to begin with great enthusiasm but then to potentially not be proactive during implementation, seeing it as someone else's problem and asked how individual ownership would be sustained.

Raj Jain stressed the importance of winning hearts and minds, being realistic with staff about the significant amount of work involved but also enabling them to clearly see the future benefits both for themselves and for their patients. He advised that the Programme Board will test this continuously and ensure that the Communications Plan is effective.

Aaron Cummins added that the project will touch every level of the organisation. He advised that the enhanced clarity around individual accountability as recommended by Hazel Homes, together with the Directorate contracts which will be monitored through an invigorated service review process in 2012/13 will enhance the engagement process further and secure ownership.

Mark Jackson commented that all staff want to deliver better care and that emerging evidence from the US has demonstrated improved nursing care as a result of widespread use of EPR.

Glenn Russell expressed a wish to clearly define clinical accountabilities and reflect these in individual job plans such that ownership and delivery of EPR becomes part of a contract with defined commitment at the outset.

GNR

The Chair recommended that Geoffrey Appleton and Bridget Leek be the nominated NED members of the EPR Programme Board. This was supported.

Geoffrey Appleton recommended that the work plan for the Programme Board should include regular receipt and review of attendance records of those nominated to attend sub groups. This was supported.

AC

Subject to the amendments set out above, the Terms of Reference for the EPR Programme Board were approved.

4.2 2012/13 Contracting Principles

Aaron Cummins outlined the contracting principles for 2012/13 proposed by NHS Merseyside that have been designed to provide a degree of financial stability throughout the commissioning re-organisation and transition to the new NHS Commissioning Board and establishment of local Clinical Commissioning Groups.

The proposal is that 2012/13 'block' contracts will be set based upon forecast outturn with application of a 1.5% deflator.

In respect of the quality indicators, the Board heard that commissioners had agreed to establish a Quality Forum which will meet monthly from March 2012 to better understand and refine the quality efficiencies required.

Glenn Russell commented that the move to a block contract felt like a backward step but would provide financial stability from the tariff changes in 2012/13.

Aaron Cummins advised that the contracting arrangements should not impede the trust's ambitions for growth and that funding for expansion of integrated services and non-contracted services will be sought separately from the block contract arrangement.

A discussion followed around the impact of the time lag involved in producing the tariff and also the impact of continually improving data quality.

The Chair noted that the new role of Monitor and the likelihood that prices could be set on prospective data in the future.

Aaron Cummins added that there is likely to be wider expansion of the use of best practice tariff, noting the importance of LHCH retaining influence through offering to pilot any new pricing

structures.

4.4 Estates Strategy – Tracking of Delivery

Raj Jain presented a paper that updated the Board on each of the major capital schemes. He highlighted the fact that the tender awarded for the Research Scheme had come in under budget and that the Day Ward and Surgical Ward Developments were progressing to plan and are likely to be delivered within the agreed financial envelopes.

He advised that a significant additional requirement had now been identified for temporary accommodation. This has led to an increase in the cost of this facility of approximately £300k.

The requirement for an enhanced specification had arisen from the need to accommodate an expanded footprint which will include EPR and health records staff during the deployment of the agreed change management programmes. Also the extent of open office working in the original plan was felt to be too great for practical and efficient working.

Having explored further the longer term strategy for the estate, it was also considered unlikely that new permanent administrative accommodation can be constructed within a two year time frame, as originally proposed.

The Board heard that a number of options for trimming down the costs had been identified but that it was important to provide appropriate ventilation and aesthetics to a working environment that will be in place for a number of years.

The Board approved an increased budget to provide the necessary decant accommodation for a period of up to 5 years

Geoffrey Appleton asked for further assurance that the costs of the Day Ward and Surgical Ward Schemes will be met within the resource envelope approved by the Board.

Raj Jain advised that appropriate professional advice had been sought in compiling the specifications and that current market conditions meant that construction companies are submitting strong bids to secure the work. The Board heard that at worst case the contingency reserve would be deployed.

The Chair noted that the timeframe could put the Surgical Ward scheme at risk as this will be the final part of this phase of development.

Raj Jain reassured the Board that regular updates would be provided and any new risks escalated as soon as they are identified.

Hazel Holmes referred to a matter raised by Bridget Leek at a

previous Board meeting around qualitative measurement of the benefits of the capital investment. She advised that a selection of staff would be asked to respond to a series of questions before the scheme start and after completion, as a basis for assessment.

The Board noted the report.

5 Quality / Value - Performance
5.1 Quarter 3 Monitor Submission

The Board authorised the signing of Declaration 2 in respect of meeting targets and indicators at Q3, as a result of the C-Difficile target being off trajectory. This will yield a governance rating of 'amber-green'. The Financial Risk Rating remains at 3.

The Board confirmed continued compliance with the Quality Governance Framework, having received assurance from the Clinical Quality Committee.

5.2 Executive Summary : Finance and Performance : period ended 31st December 2011

The Board reviewed the performance to date against all key targets and indicators and noted that a detailed discussion would follow in respect of the infection targets (Item 6.5 below)

6 Governance
6.1 External Assurances Received

The Board received the Quarter 2 summary report from Monitor confirming an FRR of 3 and 'green' governance risk rating for the second quarter of 2011/12.

The Board noted the report.

6.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

6.2.1 Clinical Quality Committee

Glenn Russell reported that the review of heart failure management had provided full assurance.

An audit of pain during EP procedures had showed significant pain experience and as a result, actions identified to target the use of general anaesthesia and to improve the sedation policy.

A need for further work to understand the equity of the clinical service portfolio in terms of gender, age, ethnicity and social deprivation was identified.

The Clinical Quality Committee is working to mitigate two major concerns in relation to Readmissions and breach of the C. Difficile trajectory.

The Board noted the Key Issues reports and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Clinical Quality Committee held on 4th November 2011 were noted.

The unapproved minutes of the meeting of the Clinical Quality Committee held on 6th January 2012 were noted.

6.2.2 Finance Committee

Aaron Cummins reported that the Finance Committee had downgraded the risk relating to the cumulative impact of non-delivery of CIP, competition, tariff exposure and non-delivery of CQuiN targets. This risk is now a 'minor' concern.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Finance Committee held on 28th November 2011 were noted.

The unapproved minutes of the meeting of the Finance Committee held on 22nd December 2011 were noted.

6.2.3 Workforce Committee

The Workforce Committee received evidence of full compliance with audits of NHSLA standards relating to corporate induction, Dignity at Work and Supporting Staff.

An update on risks relating to leadership of SICU and sickness absence was provided.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the Workforce Committee held on 13th January 2012 were noted.

6.2.4 Audit Committee

Rob Toomey provided an overview of assurances received and highlighted that the internal auditors' interim review of the new BAF processes had signalled a positive opinion with Level 'A' maintained for 2011/12.

In accordance with Action 16 on the Board Action Log, Rob Toomey summarised the work of the Audit Committee in evaluating the effectiveness of the Assurance Committees.

The Audit Committee has now conducted three reviews with the Executive Chairs and assigned NED member of the Finance, Clinical Quality and Patient & Family Experience Committees. The Audit Committee had found the discussions helpful and complementary to the more formalised review of Committee annual reports received by the Board.

Hazel Holmes commented that the review of her Committee had been valuable in that it had prompted her to review the Terms of Reference in detail and this had led to improvements such as a review of the way in which assurances are received from the Directorates.

The Board noted the Key Issues Report.

The approved minutes of the meeting of the Audit Committee held on 21st November 2011 were noted.

BAF Update from Chair of Audit Committee

6.2.5 Corporate Readiness Committee

Raj Jain reported on a data quality audit of the 18 week pathway which provided good assurance on reported performance and identified areas for improvement.

An audit of cancer waiting times provided good assurance on data accuracy and reporting.

Raj Jain advised that the Committee had begun a process of randomly selecting a ward / departmental risk register, without prior warning for review. This activity had confirmed some good quality work around risk management and provided confidence in the process.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Corporate Readiness Committee held on 13th October 2011 were noted.

The unapproved minutes of the meeting of the Corporate Readiness Committee held on 6th December 2011 were noted.

6.2.6 Patient and Family Experience Committee

The Q3 customer care report has provided the committee with significant assurance in respect of patient and relative satisfaction.

Reports on eliminating mixed sex accommodation and End of Life Care provided full assurance.

Two minor concerns were noted in respect of issuing copy letters to patients and actions identified by the Nutrition Group including Fasting Policy implementation.

It was noted that Glenn Russell had agreed to write to all consultants with an instruction that copy letters to patients must be issued.

In response to issues highlighted within the QRP, delay in provision

of medicines on discharge is now subject to audit and targeted improvements will follow. The quality of consultation in Outpatient clinics is now being addressed via a Service Improvement Project.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

6.3 Report on CQC compliance

Hazel Holmes presented a report on the status of compliance or level of concern for the 16 CQC Essential Standards of Quality and Safety, as ratified by the Standing Committees.

She advised that there is no requirement to submit compliance reports to the CQC but that there is a requirement to advise the CQC if the trust is not complying with the standards.

Two minor concerns were highlighted as follows:

Outcome 1 – The quality of consultation between clinicians and patients in outpatients is rated red on the QRP from the 2009 Outpatient Survey. A Service Improvement Project is to commence in April 2012 in relation to the quality of consultation and the Outpatient survey results for 2011 will be set as a baseline for setting the improvements required.

Outcome 5 – In relation to meeting nutritional requirements, the Fasting Policy has now been implemented but there is a need for further reinforcement of the policy. An audit was conducted in December 2011 and will be repeated in six months' time.

One moderate concern was highlighted as follows:

Outcome 4 – The process of establishing a Multi-disciplinary team (MDT) for first-time revascularisation patients is being managed through the Clinical Quality Committee, where plans will be presented on 4th February 2012.

The Board heard that informal MDT arrangements operate for complex patients but there is a need to formalise the process and ensure MDT review for all first time revascularisation patients.

Glenn Russell explained the rationale for operating a formal MDT but added that audit data provided assurance that patients are receiving the right treatment and there is no evidence that patients have been harmed.

Hazel Holmes advised that the level of risk will be reviewed by the Clinical Quality Committee on 4th February 2012 and the Board will hear the outcome through the BAF Key Issues Report. She added that after considerable thought, she does not believe this matter is a compliance issue at the present time. The Board supported this view.

The Board heard that the review process had been thorough with considerable evidence provided by corporate departments as well as clinical areas. The next cycle of ESQS reviews is currently in progress and the next report to the Board will be in July 2012, with closure of existing concerns and any new concerns being reported via the Standing Committees' BAF Key Issues Reports.

The Board endorsed the recommendation of compliance for Outcomes 2,3,6,7,8,9,10,11,12,13,14,16,17 and 21.

The Chairman commended the thoroughness of the compliance review work.

6.4 Mortality Annual Review

Mark Jackson delivered a presentation to the Board that provided data and assurance on current levels of mortality and set out a proposal for a new indicator to measure mortality in the future.

The Board noted that the problem with monitoring trust-wide observed mortality using raw data was that no account is taken of inherent risk. This was illustrated by the shifts in mortality that coincided with the introduction of aortic surgery in 2007; primary angioplasty in 2009; and minimally invasive mitral valve in 2011.

Mark Jackson went on to demonstrate why recognised HSMR and SHMI indicators are not meaningful for this hospital's case-mix.

He then outlined how he had developed a proposed mortality indicator that is bespoke to LHCH. The trend analysis presented using this bespoke indicator highlighted one occasion (October 2011) when deaths significantly exceeded expectation. With this knowledge it had then been possible to drill down and attribute the deaths to specific service lines and procedures. It was proposed that this methodology would provide a useful tool for added scrutiny by the Mortality Review Group.

Whilst the methodology would not be appropriate for external benchmarking it would provide a bespoke tool for measuring LHCH trends over time and highlighting significant peaks that would warrant investigation and early action, if necessary. Whilst fluctuations over time will be inevitable, it is important to understand the reasons in order that any underlying problem is quickly identified.

The Chairman asked Glenn Russell to comment.

Glenn Russell commented on the limitations of and conflicts between Dr Foster data and the range of data held on clinical databases that highlights co-morbidities. Whilst raw data has been available for many years, its usefulness is limited.

He advised that the proposed measure may not add significant further value in that there is already active monitoring of mortality

by individual consultant. He cautioned that the methodology proposed took account of risk factors such as renal failure, but was not able to distinguish between pre-existing renal failure and renal failure as a result of complication.

He concluded that he would support use of the methodology, providing caution is applied to the interpretation and advised that its usefulness should be evaluated in light of experience.

The Chair advised that the measure would be helpful to the Board if used intelligently, in giving assurance on trust-wide mortality, since at the present time the analysis provided is limited to first time CABG and PCI.

Hazel Holmes added that the methodology is helpful in enabling a better understanding of the factors that contribute to deaths as these may not be solely linked to an individual consultant. She added however that it would be essential to find a way to distinguish between pre-existing and post-procedure conditions.

Mark Jackson advised that the Clinical Coding team had already developed a coding methodology to enable this going forward, but that it would not be possible to adjust the historic data.

Glenn Russell noted that the greatest benefit will come from the use of coding to pick up harm done to patients.

Hazel Holmes added that in the future it will be useful to see harm data mapped against mortality and that this will inform targeted improvement work.

The Chair thanked Mark Jackson for his work and commended the openness of the Board in debating this issue and seeking to continually improve the scrutiny of harm to patients.

It was agreed that the new methodology will be introduced and the data used intelligently to inform the mortality review group, drive improvement and provide further assurance to the Board through an annual report on trust-wide mortality.

6.5 Review of Clostridium Difficile and MRSA Bloodstream Infections at LHCH

Glenn Russell provided the Board with a detailed review of all Clostridium Difficile and MRSA blood stream infections that have occurred since 1st April 2011.

The 2011/12 target for C-Difficile is 7 and the trajectory has been breached with 5 incidences to date. The Board heard that C-Difficile is not an avoidable hospital acquired infection and therefore the key issue is avoidance of spread.

Glenn Russell explained in detail the circumstances of all 5 cases,

two of which are under appeal; two relate to patients on broad spectrum antibiotics and one case that may have been acquired through cross-infection.

He added that performance this year is similar to last but the target is lower resulting in the breach; further, the proposed target for 2012/13 is just 4 cases which the trust will challenge as it is unrealistic and inappropriate. He explained that LHCH is part of a small cohort of trusts that had been assigned a target of less than 6 and that within the cohort, the majority of trusts provide specialties that do not generally require the prescription of antibiotics.

On MRSA, the trust's target for 2011/12 is one case although Monitor recognises an allowable target of 6. To date there has been 3 confirmed and one possible hospital acquired MRSA bloodstream infections.

Glenn Russell again explained in detail the circumstances of each case.

The Board heard that external assurances had been received from both the Lead Infection Control Nurse at NHS Liverpool and Dr Roberto Viancos of the Health Protection Agency.

The Chairman acknowledged the thoroughness of the review and the evident importance that staff place on preventing and controlling infection.

Glenn Russell commended **Nicky Best** and the Infection Prevention team for their proactive approach and commitment.

6.6 Director of Infection Prevention and Control – Quarterly Report

Glenn Russell noted that the MRSA and C-Difficile targets had already been discussed in detail.

He went on to highlight performance of MRSA screening and explained the way in which the results are calculated, noting that an audit is underway to identify which patient groups are not being screened.

The Board noted the report.

6.7 Ratification of Consultant Appointments

The Board ratified the appointments of two consultant Chest Physicians for the Community COPD service – Dr Dennis Wat was appointed with effect from 5.12.11 and Dr Sarah Haynes appointed with effect from 3.1.12.

6.8 Proposed agenda for Board of Directors' Development Day on 28.2.12

The Board supported the proposed objectives for the Board

Development Day to be held on 28.2.12, as described in Document 6.8.

Hazel Holmes noted her apologies on this date and advised that Sue Pemberton, Deputy Director of Nursing, will be attending in her absence.

6.9 Report to the Board from Nominations and Remuneration (Executive Directors) Committee

The Board received the report noting the decisions of the Committee in respect of changes to the composition of the Executive Team.

The new executive team structure was set out comprising five executive and two associate director posts.

The executive role of Director of Research and Informatics was approved by the Committee, increasing the composition of the Board of Directors to include five executive director posts. The appointment process for this post was agreed, and as a result Mark Jackson has been appointed.

The Committee also approved, within the structure, the establishment of a new post of Associate Director of Service Improvement which is to be advertised nationally.

The Board noted the report.

6.10 Code of Governance Review

Lucy Lavan presented the report produced following a review of compliance with the Code of Governance undertaken by herself and David Bricknell.

She advised that there had been no further updates to the Code during 2011/12 and since the last review.

The Board noted that processes and practice had been enhanced in a number of areas following implementation of the new BAF and supporting processes, the routine publication of redacted minutes of Board meetings; and the establishment of a formal annual induction day for new governors.

The Board considered two areas that had been highlighted as potential areas for development:

- i) Effectiveness of stakeholder relationships through the Council of Governors – it was noted that effective engagement had been hampered by the structural changes and NHS Reform and that some appointed governors had highlighted a conflict of interest in undertaking their role as governor. Lucy Lavan advised that a number of the nominated governor appointments are due for review at the end of 2012 and that

opportunity will be taken to refresh stakeholder appointments where appropriate. The composition of the Council of Governors will also be re-considered in light of changes to legislation and NHS re-structuring.

NL/LL

- ii) Board succession planning – Lucy Lavan advised that David Bricknell had recommended a more formal annual review of Executive succession by the Nominations and Remuneration Committee (Executives). She highlighted also that all NED appointments were due to end their current terms in 2013 and in preparation for this the Chairman was convening aspiration interviews with individual NEDs and had planned a meeting of the Council of Governors' Nominations Committee to consider the succession plans and to review the Policy on the Composition of NEDs.

NL/LL

Raj Jain supported the recommendation to formalise an annual review of executive succession, advising that this should include a review of deputies and the adequacy of their development plans.

RJ

The Board confirmed its satisfaction with the review and its conclusion that the trust is compliant with all provisions set out in the Code of Governance (as last updated in March 2010).

The recommendations were supported.

6.11 Approval of Working Capital Facility and New Bank Accounts

The board ratified the decision of the Investment Committee to renew its Working Capital facility. Aaron Cummins explained the purpose of this and advised that that the most competitive bid had been received from Barclays offering a working capital facility of £7.6m for a 2 year period at £24k pa. This would support sustaining an FRR of 3. This decision was supported.

The Board also approved the opening of a new current bank account with Barclays to facilitate the working capital; and a further current account with Barclays to deposit excess funds, in accordance with the Treasury Management Policy.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 31st December 2011

The Board noted the report.

8 Chair's Briefing

The Chair congratulated Aaron Cummins on his successful appointment to the post of Director of Finance at Mid Staffordshire NHS Foundation Trust.

Aaron Cummins responded that he would be sad to leave LHCH and thanked Board members for their support.

The Chair reflected on other senior posts in the process of being

vacated, noting the heavy workload at this time and the need for recruitment to posts to be expedited without delay.

The Board discussed again the fact that all NED contracts would end in 2013 and the Chair invited colleagues to give consideration to the required skill mix going forward and feedback any views outside of the meeting.

ALL

It was noted that 12 governor seats will be due for election in 2012.

The Chair commented on the value of the 'mock up' room in providing an opportunity for staff and patients to shape the final design for the single rooms on the new surgical ward.

The Chair acknowledged receipt of a generous sum of £75k from Merseyrail in respect of their fundraising activities for the LHCH Appeal. He advised that Raj Jain will be drafting a letter of acknowledgement setting out how the funds will be spent.

RJ

A review and articulation of a clear strategy for the trust's charitable funds is to be undertaken and completed by June 2012.

RJ

9 Chief Executive's Briefing

Raj Jain updated the Board on the Executive Team vacancies.

There has been considerable interest in the post of Associate Director of Service Improvement, providing confidence that there will be a strong shortlist. A key part of the assessment will be the fit of each candidate with the executive team and Board.

The post of Assistant Director of Workforce is currently out to advert and interviews will be held in February 2012.

In respect of the post of Director of Finance, a job specification has been drafted and a recruitment agency engaged to conduct a search.

Raj Jain acknowledged the excellent Advancing Quality results and went on to note the publication of data on pressure ulcers by the Daily Mail which portrayed the trust in a poor light.

The Board discussed the limitations of the data published in that it is dated, not comparable in that some trusts only report high grade pressure ulcers and incomplete in that some trusts did not supply their data.

Hazel Holmes advised that there had been a 75% improvement since the date that the published data relates to. She confirmed the importance of ensuring information is transparent in order to drive improvement and did not want staff to be deterred from reporting.

The Board heard that a new process of validation involving review by the Tissue Viability team is to be introduced.

A briefing will be issued to staff to ensure that all have the full facts in relation to the Daily Mail article.

Hazel Holmes reported that LHCH is contributing to a transparency framework being developed by Jane Cummings, Executive Nurse, NHS North. This will involve the publication of data on falls and pressure ulcers graded 2 and above. This exercise is important as it will influence the way in which this data is measured and published in the future in respect of meeting the requirements of the new Operating Framework.

Hazel Holmes advised that a briefing note will be sent to all members of the Board when the data is due to be submitted.

The Chair asked whether the trust had recorded any avoidable deaths due to pressure ulcers.

Hazel Holmes advised that there had been none. She noted that there had been one death whereby the Root Cause Analysis had identified a Grade 4 pressure ulcer as a complication but not the cause of death.

10 Minutes of the Board of Directors Meeting held on 29th November 2011

The minutes of the meeting held on 29th November 2011 were reviewed for accuracy.

The minutes of the meeting of the Board of Directors held on 29th November 2011 were received, approved and signed by the Chairman.

11 Minutes of the Additional Board of Directors Meeting held on 16th December 2011

The minutes of the meeting held on 16th December 2011 were reviewed for accuracy.

The Chairman referred to Minute 5 (Organisational Capacity Plan), Page 6, 3rd paragraph noting that reference to cost of the EPR business case should read “net cash impact” of £600k p.a., in place of the term “revenue costs”.

Subject to this amendment, the minutes of the additional meeting of the Board of Directors held on 16th December 2011 were received, approved and signed by the Chairman.

12 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 5 (CQC compliance report) - to be closed (Agenda Item 6.3)
- Action 6 (Strategic Direction) – to be closed.
- Action 8 (Estates Strategy – tracking delivery) – to be closed (Agenda Item 4.4)

- Action 9 (EPR Business Case) – to be closed
- Actions 10 and 11 (Single Equality Scheme)– to be closed
- Action 12 (Pay Strategy) – RJ to lead and update in Q2
- Action 14 (Governance Manual Review) – to be closed
- Action 15 (BAF Review) – Incomplete Assurance re IG Toolkit to remain pending completion of audit – review March 2012
- Action 16 (BAF Review) - closed (refer Minute 6.2.4 above)

13 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.

14 Review of agenda items in context of future meetings and provision for Board to meet in public

The Board discussed the agenda and papers noting the requirement for discussion on some items remain in private to protect information that is commercially sensitive, and in some areas to enable a free discussion whilst avoiding the potential for mis-interpretation.

The Board confirmed that it will continue to meet in private, publish redacted minutes and ensure full engagement with the Council of Governors, which meets in public.

It was noted that future legislation may require a review of these arrangements.

The Chairman closed the meeting.

14 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 27th March 2012 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____
Chairman

Date: _____

Board of Directors

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Tuesday 27th March 2012**

Present :	<p>Pat Firby</p> <p>Raj Jain Geoffrey Appleton David Bricknell Bridget Leek Rob Toomey Aaron Cummins Hazel Holmes Mark Jackson Glenn Russell</p>	<p>Non Executive Director / Deputy Chair (in the Chair) Chief Executive Non Executive Director Non Executive Director Non Executive Director Non Executive Director Director of Finance Director of Nursing Director of Research and Informatics Medical Director</p>
In Attendance:	<p>Lucy Lavan</p>	<p>Associate Director of Corporate Development / Trust Secretary</p>
Apologies For absence:	<p>Neil Large Ann McEvoy</p>	<p>Chair Associate Director of Human Resources and Organisational Development</p>

		Action
1	Apologies for absence As noted above.	
2	Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story Aaron Cummins read a patient story.	
4	Strategy and Development	
4.1	Annual Plan 2012/13	

Lucy Lavan presented the Annual Plan 2012/13, commenting on the component sections as follows:

- i) Expected national targets – it was noted that publication of Monitor's 2012/13 Compliance Framework is expected by the end of March 2012, and that the target of 4 C-Difficile cases for 2012/13 is being vigorously challenged;
- ii) Contractual targets – these are to be considered in the context of the fixed contract for 2012/13; a clinical panel will be formed to work on 2013/14 contractual requirements which are likely to be monitored in shadow form (without penalty) in the final quarter of 2012/13;
- iii) CQulNs- the schedule provides a position statement on the status of each scheme and it was noted that a number of targets are yet to be set
- iv) Quality Account – provisional improvement plans are set out with the detail still to be worked through
- v) Change Programmes – the schedule of executive team expectations of directorates in 2012/13 for each of the 10 change programmes
- vi) Financial Plan 2012/13 – to be presented by Aaron Cummins under Agenda Item 4.1
- vii) Directorate contracts for SACC, Cardiology & Chest Medicine and Support Services which will be formally signed off at Management Board on 30.3.12
- viii) Corporate KPIs for 2012/13 as developed by Corporate teams and directorates and agreed by the TSMT.

Hazel Holmes advised that the Corporate KPIs needed to reflect HR support for the medical revalidation work and the development of a competency framework. This was supported.

LL

David Bricknell turned to the contractual targets (Section 2) and asked for an explanation of the contract penalties in respect of re-admissions and first to follow up ratio of outpatient attendances.

Aaron Cummins advised that the trust's outturn contractual performance for 2011/12 had informed the 2012/13 contract and that the financial breakdown provided to the Board was a bridge analysis between 2011/12 and the 2012/13 settlement. This had resulted in agreement of a fixed price of £73.804m. There will be no exposure to fines as a result and jointly agreed targets will be developed with clinical panels during 2012/13 to apply in 2013/14.

Raj Jain advised that the penalty calculation for 2011/12 readmissions was based on the national PbR policy framework but that there would be local agreement on exclusions and circumstances where the penalty would not apply.

Hazel Holmes advised that the PCT has acknowledged that the magnitude of risk around readmissions is not £1m but approximately £80k taking account of local exclusions which are yet to be formally agreed. She highlighted the need to ensure that

commissioners agree and adhere to the local exclusion list going forward. She added that re-admissions could be a risk for 2013/14 and that whilst improvement work had shown progress, there is further work to do, although it will not be possible to eliminate all readmissions.

Raj Jain advised that across the health economy GP commissioners are resisting the exclusion of COPD re-admissions which will impact most significantly upon the DGHs.

Mark Jackson commented that benchmarks on readmission rates from other cardiac providers showed that LHCH had performed relatively well.

Aaron Cummins concluded that the trust had not been disadvantaged in respect of 2011/12 contractual performance and that the 2012/13 settlement was favourable.

In response to a question from Geoffrey Appleton regarding progress in eliminating avoidable readmissions, Hazel Holmes advised that suitability for re-admission to LHCH is reviewed and approved by a consultant, but that the trust does not have information about LHCH patients who are re-admitted to other hospitals. Work is underway to explore the primary reasons for re-admission and to work more closely with GPs, ensuring that they have timely information and understand that they can revert to LHCH for immediate advice when a patient presents with a problem related to their treatment at LHCH.

Bridget Leek asked for an update on the C-Difficile target for 2012/13.

Glenn Russell advised that as yet there had been no response from the DH and that Monitor had been made aware that the target of 4 is not achievable.

Mark Jackson advised that the FTN has also challenged the targets set for a number of FTs and had presented a case for a de-minimus target of 35. A response is awaited.

Bridget Leek asked what would be a realistic target for 2012/13.

Glenn Russell advised that for the last two years, the trust had seen 7-8 cases p.a. and that a target of this magnitude would be acceptable, but 4 is not. He explained that LHCH is one of the few hospitals in the cohort that has been given a very low target that provides major surgery. The external reviews of the trust's infection prevention procedures had been unable to identify anything further that can be done.

The Board heard that of the 8 cases of C-Difficile in 2011/12, two are being contested and the root cause analysis of each of these cases will be sent to Monitor for information.

Geoffrey Appleton recommended that this issue be raised with Lord Howe who is due to visit the trust on 29.3.12.

The Board agreed to consider the financial plan (Item 4.3) before approving the Annual Plan 2012/13.

4.2 Board Assurance Framework : Closure of 2011/12 BAF and approval of 2012/13 BAF

Lucy Lavan requested that the Board consider closure of the 2011/12 BAF. She advised that the first 22 entries relate to Monitor's 2011/12 Board statements and that these would be replaced with 16 new (/amalgamated) statements for 2012/13 subject to confirmation of this when the Compliance Framework is published at the end of March 2012.

Of these 22 entries, there is one residual issue relating to compliance with the Information Governance Toolkit Level 2 which is currently designated by the Board as having 'Incomplete Assurance'. Lucy Lavan advised that the internal audit follow up work had very recently been completed and recommended that the Audit Committee receive the findings and re-assess the level of assurance at its next meeting on 16.4.12. A recommendation will then be made to the Board via the BAF key issues report. Pending this review, the risk will be carried forward to the 2012/13 BAF.

This recommendation was supported and Bridget Leek requested that Mark Jackson attend the Audit Committee for discussion on this item.

A discussion followed around the extent to which the mandatory information governance training requirement had been met and how the trust's performance compared to others.

Mark Jackson advised that MIAA's view is that training uptake is satisfactory, leading to an overall assessment of 'significant assurance' for compliance with Level 2. He advised that the latest available comparative data is not up to date and that in 2010/11 the trust achieved approximately 85% compliance, with only a very small number of trusts attaining the required 95%. He advised that he believed that the trust would achieve a higher rate for 2011/12 by 31.3.12.

Pat Firby asked if there is any likelihood that the training requirement will be moved to a more realistic 2-3 year cycle rather than being an annual mandatory requirement.

Mark Jackson advised that there is no indication that this will happen and that the requirements are set by the Information Commission. He added that Wyn Taylor, Health Records Manager, had been invited as an information governance practitioner to attend a Select Committee in the near future and as a result, may have opportunity to influence future requirements. The Board heard

MJ

that Wyn Taylor had been selected on the basis of his response to a request for views on the implications of the Freedom of Information Act.

Lucy Lavan took the Board through the remainder of the 2011/12 BAF, highlighting Risks 28 and 32 which remain designated as 'Incomplete Assurance'.

She recommended that Risk 28 is carried forward to the 2012/13 BAF but is re-worded to better describe the workforce planning work needed to clarify the numbers and competencies required for the future. This risk would retain the rating of 'Incomplete Assurance' pending re-assessment by the Board in Quarter 2 once new HR structures and processes are in place. This was supported.

Risk 32 will also be carried forward to the 2012/13 BAF retaining the rating of 'Incomplete Assurance' in respect of current inability to collect data relating to two protected characteristics; work is underway to find a 'workaround' solution pending the outcome of national work to enable a solution through PAS.

Hazel Holmes advised that she would prepare a report on Equality, Diversity and Human Rights (EDHR) for the Board to consider in May 2012. This will provide assurance of compliance across the wider EDHR agenda. This was supported.

HH

The Board was asked to consider and update the Board evaluation of each risk in order to be assured that there are no further residual matters to carry forward into the 2012/13 BAF.

Raj Jain recommended that the 'Full Assurance' rating in respect of Risk 5 now be downgraded in the closing 2011/12 BAF to reflect the risk to ongoing compliance with all existing targets in respect of potential failure to meet the C-Difficile target. This was supported.

LL

Subject to this change, the Board confirmed the evaluation of each risk area, noting that all risks that did not have 'full assurance' would carry forward to the 2012/13 BAF. The Board approved the closure of the 2011/12 BAF.

Lucy Lavan turned to Section 3 of the report that described how the 2012/13 BAF had been populated, reflecting on the new process that had been operating for the last 12 months and the work undertaken by the Board at its recent Development Day held on 28.2.12. Based on this pre-work, the proposed 2012/13 BAF was set out at Appendix 2. The Board was asked to confirm that the BAF is complete, reflecting all known strategic risks and to confirm the Board evaluation of each risk area.

The Board noted that the two new risk areas identified at the Development Day had been incorporated (Risks 18 and 21); that 'Full Assurance' had been assigned to 20 risk areas; 'Incomplete

Assurance' to 5 areas and 'Immediate Action' in respect of Risk 13 as a result of imposition of a target of 4 C-difficile cases, previously discussed.

The Board confirmed the assurance ratings and approved the 2012/13 BAF, subject to the above amendment and reflection of any further changes required following publication of Monitor's 2012/13 Compliance Framework. The BAF will be adopted with effect from 1st April 2012. The Board will continue to review and update the BAF throughout the year following its routine review of BAF Key Issues reports from the Assurance Committees.

LL

4.3 Financial Plan 2012/13 – 2014/15

Aaron Cummins provided a powerpoint presentation to support his paper, firstly on the 2012/13 financial plan and then on the 3 year financial plan 2012/13 – 2014/15.

2012/13 Financial Plan:

The Board was shown the detailed calculation of the Monitor Risk Rating noting that this has moved to 3.2 compared to the previous iteration of the plan where the rating was 2.7, rounded up to 3.

A bridge analysis showing movements between 2011/12 outturn and 2012/13 plan was then presented.

Aaron Cummins advised that this work will be informed by the tariff road-testing exercise and early sight of 2013/14 efficiencies.

David Bricknell asked whether the shortfall on tariff is a consequence of the trust's costs being too high or whether there is an issue around true comparability with other providers due to clinical coding.

Aaron Cummins advised that infrastructure costs are high due to the new estate but that the trust's case-mix is complex. He added that the trust's quality of coding is excellent, as confirmed by external assurance reports.

The Board heard that the national costing system does not yet have a specialist focus but that national work is ongoing which may address this in the future.

The Board confirmed its approval of the 2012/13 Annual Plan, noting the caveats around work in progress to refine the detail of the 2012/13 targets.

Medium Term Financial Plan 2012/13 – 2014/15:

Raj Jain advised that the next phase of the Estates Strategy is due to be brought to the Board in October 2012. He advised that the Amanda Unit and the Private Patient ward are the two remaining patient areas housed within the old estate.

He advised that there is further work to do to understand the optimal model of care for cystic fibrosis patients.

Hazel Holmes explained that the profile of patients and varying strains of the disease, requiring segregation, meant that demand on the Amanda Unit is diminishing with all ward areas now having areas dedicated to the care of cystics patients and the need for greater provision of care at home. Investment in enhancing facilities in all areas rather than rebuilding the Amanda Unit may be the outcome of ongoing work by the CF team.

The Board noted the position of the 3 year plan and work in progress to finalise the plan for submission to Monitor at the end of May 2012.

Aaron Cummins advised that the Finance Committee will receive further iterations of the plan ahead of the May 2012 Board meeting.

AC

4.4 Estates Strategy – Tracking Delivery

Raj Jain presented a paper updating the Board on the progress of each of the four major schemes, noting some slippage on day ward but otherwise on track with no concerns to highlight to the Board.

Rob Toomey asked about the cost pressure in respect of the Decant scheme and heard that the scheme would be delivered within the revised budget that had been approved by the Board as a result of the need to expand the scope of the accommodation.

Pat Firby referred to the Board's earlier discussion about the estates strategy and the implications of RLBUHT reclaiming the land in 2 years time.

Raj Jain advised that at the present time the RLBUHT had not formulated any plan for use of the land and had said only that its availability could not be guaranteed beyond 2 years. The likelihood is that the lifetime will exceed this period and consideration will be given to the nature and timing of a permanent solution in the next phase of the estates strategy along with any contingency plans.

4.5 Stakeholder Management Strategy Update

Raj Jain presented the update report noting good progress. He acknowledged the significant contribution made by Sarah Jones in planning and coordinating the trust's marketing plans and activities.

The Board noted the report.

4.6 EPR Contract Update

Aaron Cummins advised that since approval of the EPR business case by the Board, the process for reaching contract sign off had been lengthier than expected but that a favourable commercial contract had been agreed.

He proceeded to take the Board through each of the pre-conditions upon which the Board had made its business case decision.

It was noted that the EPR project had now entered the design phase and that the Board would routinely receive BAF Key Issues reports from the EPR Programme Board going forward.

A discussion followed around the need to ensure that adequate support and training is provided to the clinical lead as well as the importance of timely and effective communications tailored to meet the differing needs of users.

Glenn Russell advised that **Mark Pullan** is now working actively as champion amongst the surgeons in support of **Johan Waktare's** work as clinical lead for the project.

Raj Jain described some features of the communications plan including the use of a series of 3 minute videos accessible via the screensaver.

5 Quality / Value - Performance

5.1 Executive Summary : Finance and Performance : period ended 29th February

The Board reviewed the performance to date against all key targets and indicators noting that:

- i) Good assurance from the Finance Committee that the 62 day cancer target is likely to be achieved at the year end; and
- ii) The number of C-Difficile infections exceeds the full year trajectory by one case to date. Two cases are being appealed and the outcome awaited. The Board noted the recent dialogue with Monitor on this subject along with the small risk that a red governance rating could be applied.

Bridget Leek asked for clarity on the number of C-Diificile infections and heard that there had been 8 in the year to date against a target of 7. Should the two appeals be successful, this would take the trust to a total of 6 which is within target.

The Board noted the report.

5.2 The Commission on Improving Dignity in Care – 10 key recommendations for hospitals

Hazel Holmes advised that the report presented was currently a consultation document but that she had wished to share it with the Board at this early stage as she had contributed directly to the work of the commission as part of the Florence Nightingale Foundation programme and had been privileged to hear first-hand the contributions of the participating bodies. She welcomed the opportunity to provide insights into the challenges and drivers

nationally for improving care for older people. Feedback from the Board's discussions would be forwarded to the Commission in response to the consultation.

The Board received a presentation on the 10 recommendations for hospitals and the gap analysis produced by the senior nursing team that had identified the current status and next steps. It was noted that the consultation document had omitted reference to the nutritional requirements for hospitals and that this would be reflected in the final publication.

The Board discussed the processes and structures already in place including the supervisory status of ward managers and further work required to understand how best use can be made of PROMs data as it emerges.

On safeguarding, Geoffrey Appleton noted the importance of safeguarding during transition of care from hospital to care home and vice versa advising that older people can be particularly vulnerable at such times particularly when there is no family member to act as an advocate.

Glenn Russell highlighted the importance of the leadership role of the ward manager and the need for the recognition of their status as being equal to that of the consultant. He recommended the inclusion of ward managers in the medical development leadership programme to enable ward managers and consultants to work alongside each other.

Raj Jain noted the way in which the Board had prioritised the issue of dignity in care through development of the Patient Experience Vision.

A discussion followed around the focus of the report on older people and the problems associated with use of age as a trigger when it may be more appropriate to categorise patients according to their disease type, comorbidities and resultant needs.

The Board heard that whilst the report highlights recommendations for hospitals, these are equally applicable to community based services.

Hazel Holmes advised that once the final report is published in May 2012, the Patient and Family Experience Committee will wish to understand the different needs service by service and will review and prioritise an action plan. Wherever possible, actions will be incorporated into existing programmes of work and the Clinical Quality Committee will be asked to consider a review by experts in older people.

David Bricknell welcomed the report but highlighted the need for all patients to be treated as individuals.

Hazel Holmes advised that the programme for patient and family centred care beyond 2013 will focus on the need to understand the person behind the patient. The assessment process enables this and staff will be aim to understand each patient's lifestyle, hobbies and interests and hence factors that may result in frustrations during the recovery phase leading to supporting patients to attain their personal goals as far as is possible once they leave hospital.

This work will involve training staff to feel comfortable with asking more in depth questions and getting to know their patients as individuals.

The Board heard of a recent example of a staff nurse enabling a transformation in a patient's recovery process as a result of getting to know the individual and adapting traditional procedures to better meet the patient's personal needs.

Mark Jackson advised that use of PROMs data will be particularly useful in the respect, enabling a measure of whether a patient feels they have recovered to the level they had expected.

The Board noted the next steps and the Chair thanked Hazel Holmes for her presentation.

5.3 ICMS Progress Report

Raj Jain presented the paper, and reported on the first Board meeting held on 9th March 2012, reminding the Board of the 3 strategic objectives that had been set and noting the progress made by each of the working groups.

David Bricknell advised that he had been impressed with the enthusiasm of all participants and commented on the potential for the trust's relationship with Imperial College to become increasingly important in terms of recruiting new consultants and enhancing the profile and reputation of the trust.

The Board acknowledged the work of Mark Jackson, **Marga Perez-Casa** and the clinical leads involved in achieving a very successful start to the venture.

6 Governance

6.1 External Assurances Received

6.1.1 Monitor Q3 Letter

The Board received the Quarter 3 summary report from Monitor confirming an FRR of 3 and 'amber-green' governance risk rating for the third quarter of 2011/12.

The Board noted the report.

6.1.2 CQC Inspection

The written report following the recent unannounced inspection has not yet been received. Hazel Holmes advised that the inspectors had selected Birch and Cedar Wards to test a number of CQC

outcomes. The verbal feedback from the inspection team had been extremely positive and there had been particular praise for the ward leadership. There are likely to be some recommendations around improving documentation on consent for Primary PCI and pain control out of hours for thoracic patients; actions on these issues are already in progress.

The Board heard that there had been recognition of the staff involved and that staff had found the experience positive.

6.1.3 NHS Merseyside Audit – Business Continuity Arrangements

The Board received an assurance report from NHS Merseyside on its business continuity arrangements and heard that 100% compliance had been achieved.

The Board commended the work of **Joan Matthews** and the Risk management Team.

The report advised that the Board may wish to consider allocating responsibility for the oversight of business continuity to a non executive director.

The Board discussed this and decided that its current governance arrangements, involving membership of a named NED (Bridget Leek) on the Corporate Readiness Committee would suffice.

6.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

6.2.1 Clinical Quality Committee

Glenn Russell advised that the Committee had received audit data that demonstrated appropriate allocation of revascularisation patients to either surgery or PCI. There is still a requirement to establish a formal MDT and this is expected to be in place in 2-3 months time once an MDT coordinator has been appointed.

Hazel Holmes noted that the absence of a revascularisation MDT had generated a 'moderate concern' on the risk register around compliance with CQC Outcome 4 and requested that the Clinical Quality Committee consider whether this risk rating can now be downgraded.

The Committee has reviewed and improved the process and policy for dealing with High Level Enquiries, via the Clinical Audit and Effectiveness Group.

The Committee is investigating the implications of a spot audit by pharmacists that showed a high level of prescription errors.

There is one major concern relating to the risk of breach of infection trajectories and monthly review of infection control measures continues.

The Board noted the Key Issues reports, noting that the 2011/12

GNR

BAF will be updated to reflect the compliance risk relating to the C-Difficile target.

The approved minutes of the meeting of the Clinical Quality Committee held on 3rd February 2012 were noted.

The unapproved minutes of the meeting of the Clinical Quality Committee held on 2nd March 2012 were noted.

6.2.2 Finance Committee

Aaron Cummins noted achievement of all financial targets and a FRR 3 rating for the year end position.

He advised that alternative provision for the dental service had now been secured in Speke.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Finance Committee held on 30th January 2012 were noted.

The unapproved minutes of the meeting of the Finance Committee held on 27th February 2012 were noted.

6.2.3 Corporate Readiness Committee

Raj Jain presented the report, highlighting that the re-assessment for NHSLA Level is due by June 2013.

The Board heard that the new process involves a review of casenotes and there is a need to ensure higher standards of documentation. The timing of the re-audit also coincides with the deployment of EPR.

A discussion followed around the magnitude of work involved in the assessment process and the reputational value and financial benefit of a reduced premium that accrues from retaining Level 3. It was noted that some trusts are starting to move away from CNST and seeking other means of insuring for clinical risk.

Raj Jain advised that further work would be undertaken to fully understand what assurance Level 3 gives to the Board.

HH

It was noted that good documentation should be standard practice and that EPR provided an opportunity to give renewed focus to the quality of documentation.

Whilst it is recognised that June 2013 is the latest date for re-assessment, it was agreed that a discussion should take place with the NHSLA assessment team to determine any flexibility in the context of the timing of the transition to EPR.

HH

The Chair requested that once the assessment date has been confirmed, a paper is brought to the Board to enable consideration of the pros and cons of proceeding with the Level 3 re-assessment.

HH

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Corporate Readiness Committee held on 6th December 2011 were noted.

6.2.4 Patient and Family Experience Committee

Hazel Holmes presented the report, highlighting the results of the National Outpatients Survey, and the need to pick up pace on the Outpatient Improvement Plan, particularly around improving the quality of outpatient consultations.

It was noted that the new Outpatient Welcome Pack had been introduced and will be evaluated in 6 months time.

Consideration is to be given to the frequency and format of future directorate governance reports.

The Committee will audit the level of compliance across the trust in providing copy letters to patients in July 2012.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Patient and Family Experience Committee held on 17th January 2012 were noted.

6.3 Ratification of Consultant Appointments

The Board ratified the appointment of Julius Asante-Siaw to the post of Consultant Thoracic Surgeon.

6.4 Carbon Reduction Delivery Plan

Hazel Holmes presented the report outlining progress on a number of schemes identified to assist in the achievement of a reduced carbon footprint.

It was noted that a major part of the plan was predicated on investment in Combined Heat and Power and that alternative sources of funding were being explored.

The programme is being monitored by the Corporate Readiness Committee.

Raj Jain asked if there would be financial penalties linked to carbon footprint in the future.

Aaron Cummins advised that there is a possibility that there may be a carbon tax based on emissions and he agreed to research this further.

AC

The Board noted the report.

7 For Information

7.1 Integrated Finance and Performance Report for the period ended 29th February 2012

The Board noted the report.

8 Chair's Briefing

There were no items to report.

9 Minutes of the Board of Directors Meeting held on 31st January 2012

The minutes of the meeting held on 31st January 2012 were reviewed for accuracy.

The minutes of the meeting of the Board of Directors held on 31st January 2012 were received, approved and signed by the Chair.

10 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 8 – BAF issue discussed under Item 4.2 and agreed that Audit Committee should review – action closed
- Action 12 – it was noted that an acknowledgement letter has been sent to Merseyrail in respect of the £75k donation.

11 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.

12 Review of agenda items in context of future meetings and provision for Board to meet in public

The Board discussed the agenda and papers noting the requirement for discussion on some items remain in private to protect information that is commercially sensitive, and in some areas to enable free discussion whilst avoiding the potential for misinterpretation.

The Board will continue to meet in private, pending future legislation. In the meantime redacted minutes will be published and the Chair will continue to ensure full engagement with the Council of Governors, which meets in public.

The Chair closed the meeting.

13 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 24th April 2012 at 9.30a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____
Chair

Date: _____

Board of Directors

Item 12

minutes

**Minutes of the Board of Directors meeting
held on Tuesday 24th April 2012**

Present :	<p>Neil Large Raj Jain Geoffrey Appleton David Bricknell Pat Firby Bridget Leek Rob Toomey Aaron Cummins Mark Jackson Glenn Russell</p>	<p>Chair Chief Executive Non Executive Director Non Executive Director Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Director of Finance Director of Research and Informatics Medical Director</p>
In Attendance:	<p>Lucy Lavan Mark Greatrex</p>	<p>Associate Director of Corporate Development / Trust Secretary Deputy Director of Finance</p>
Apologies For absence:	<p>Hazel Holmes Ann McEvoy</p>	<p>Director of Nursing Associate Director of Human Resources and Organisational Development</p>

- 1 **Apologies for absence**
As noted above.

The Chair welcomed Mark Greatrex, newly appointed Deputy Director of Finance, to observe the meeting.
- 2 **Declaration of interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.

Action

3 Patient Story
Lucy Lavan read a patient story.

4 Strategy and Development
No items.

5 Quality / Value - Performance

5.1 2011/12 Performance Review

Aaron Cummins provided a powerpoint presentation summarising the financial and operational performance of the trust at the end of 2011/12. Key highlights included:

- A second successful full year of trading as an NHS Foundation Trust
- Monitor risk ratings : Financial – 3; Governance-amber/green
- Surplus strategy outcomes evidenced
- Further improvement in quality outcomes
- Wider and deeper evidence of delivering the patient vision
- Continuous improvement in feedback from patients and staff
- 95% success on CQUINs performance, securing £1m attributable income
- Top Performer in NW Advancing Quality audits
- Infection – 4 MRSA's; 8 C-Difficile's

The Chair asked if there had been any response in respect of the 2 reported C-Difficile cases that had been appealed and heard that there had not. The Board would discuss compliance with the C-Difficile target for 2012/13 further in considering Monitor's escalation letter, under agenda item 5.4 (below).

Aaron Cummins went on to advise that the 2011/12 efficiency programme had delivered in excess of £5m; £8.1m capital investment had been made and the year had ended with a strong cash position and prudent provision for ongoing risk reflected in the forward plans.

The Board heard that the trust had for the 6th year in succession attained top position for 'overall patient care' in the 2011 National Patient Survey.

The Chair reflected on the past 12 months and paid tribute to the vision and drive of the executive team and the work of the clinicians and staff in delivering the targets and importantly making a real difference to patient care, outcomes and furthering innovation. He also thanked the Non Executive Directors for their untiring support and leadership.

5.2 LHCH – Going Concern?

Raj Jain delivered a presentation and led a discussion on the criteria that constitute an organisation's ability to remain a going concern. The purpose of the discussion was to prepare the Board for the Board certification process in May 2012 and the new requirement to self –certify that the trust shall at all times remain a going concern (BAF Risk 3).

Aaron Cummins advised that the work of the Assurance Committees ensured that the Board had a good understanding of risks and explained the accounting conventions that enable a business to be described as a going concern. He advised that the Board's attention to the criteria set out was important as the Board will be held to account for the 3 year plan to be submitted on 31st May 2012.

Rob Toomey referred to the assessment of a business as a going concern in the private sector, noting that generally there is a stronger appetite for risk in this respect compared to the NHS.

Aaron Cummins illustrated the trust's track record in financial management through presentation of historic trends for financial indicators including EBITDA and liquidity.

Raj Jain noted the declining trend in the EBITDA margin.

The Chair advised that he did not feel that this was a concern in the short term particularly in the context of the economic climate but that in the longer term projections should be clearly aligned to the trust's business strategy.

Aaron Cummins advised that this would be demonstrated in the medium term financial strategy to be considered at the May 2012 Board meeting.

The Board went on to discuss a presentation of market analysis and noted where the trust had become more efficient with the caveat that case-mix is increasing in complexity.

The Chair asked for an update on the trust's improvement work to reduce the number of re-admissions.

Mark Jackson advised that there had been a reduction in 2011, but that elective re-admissions had now flat lined and non-elective admissions were gradually increasing. The Board heard that a methodology for tracking re-admissions had been developed and there was recognition that there is a level of re-admissions that are unavoidable.

The Board heard that commissioners had not yet set a specific target for re-admissions in 2012/13 but that Clinical Commissioning Groups will shortly start to engage in this agenda.

The Board recognised the importance of understanding the impact of re-admissions in respect of outcomes for patients and cost, noting that the development of PROMs work will aid this understanding.

Pat Firby asked for an update on the target and any penalty associated with the ratio of first to follow up outpatient appointments.

Glenn Russell advised that an initial target had been set without clinical input and this had been challenged and had resulted in the involvement of clinicians in agreeing a realistic target that gives recognition to the need for periodic follow up of patients with chronic conditions. Failure to meet the target will in future be punitive in terms of exposure to fines.

Raj Jain asked the Board to consider whether the evidence presented provided sufficient assurance in respect of demonstrating that the trust remains a going concern. He noted the need to improve efficiency further to mitigate future tariff changes and inflationary pressures. He also cautioned that a focus on CIPs alone might result in areas that are becoming less efficient over time being missed.

Aaron Cummins advised that further assurance had come from external sources, citing the Care Quality Commission compliance report, in patient and staff survey results and external reviews of governance and performance management systems, as examples.

He went on to demonstrate how historic and current performance trends had informed the compilation of a strong 3 year forward financial plan that will be presented to the Board in May 2012.

David Bricknell commented that the forward plans provided a conservative outlook and preservation of the status quo with no radical changes or developments. He emphasised the need for new initiatives and developments to secure a healthy outlook.

The Chair supported this view stating that the plans presented will ensure that the trust remains viable in the medium term future.

Aaron Cummins added that continued increasing demand for the trust's services provides further evidence of going concern, noting also that recent significant investment will lead to a reduction in the cost base.

The Board noted also that partnership within the Institute of Cardiovascular Medicine and Science is likely to yield significant future benefits including enhanced reputation, influence and additional income streams

The Chair added that organisational health is as dependent upon quality leadership as it is upon having a sound business model.

The Chair thanked colleagues for the presentation and valuable discussion, advising that Risk 3 (relating to going concern) within the Board Assurance Framework would be evaluated following receipt and sign off of the 3 year financial plan in May 2012.

5.3 Q4 Monitor submission

Aaron Cummins advised that the Q4 return to Monitor would be submitted on or before 30th April 2012. Based on outturn at 31st March 2012, he advised that the trust is forecasting an FRR 3 and a governance rating of amber/green, reflective of the C-Difficile breach and receipt of Monitor's decision not to escalate at this point.

The Board approved the following:

- i) certification of Declaration 1 on Finance which states that the Board anticipates that the trust will continue to maintain an FRR of at least 3
- ii) certification of Declaration 2 on Governance, confirming that with the exception of C-Difficile, all other targets and indicators have been met; and
- iii) certification of Declaration 1 on quality confirming the Board's satisfaction that the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

Aaron Cummins advised that after 30th April 2012, a full copy of the Monitor Q4 submission would be circulated to all Directors for information.

AC

5.4 C-Difficile – Monitor's escalation decision

Raj Jain noted the letter from Monitor advising that the breach in Quarter 4 of the 2011/12 C-Difficile target would not be escalated at this stage and that the trust's governance rating would remain at amber-green.

Glenn Russell reported that LHCH results on C-Difficile are favourable compared to other cardiac centres and that the trust had fought hard to challenge the target of 4 cases set for 2012/13 with Monitor and through lobbying with other providers via the Foundation Trust Network. As a result, he was pleased to see that Monitor had applied a de minimus limit of 12 C-Difficile cases for 2012/13 which he felt was realistic based on the trust's trend of 7-8 cases in each of the last two years.

Raj Jain stressed the importance of the trust remaining on trajectory, particularly in Quarter 1 and asked the Board to consider whether there is any further evidence or assurance it requires to be satisfied that the trust will remain compliant in 2012/13.

Glenn Russell advised that a new C-Difficile test is to be introduced which could potentially be more sensitive than the current test and

there is a risk that this could result in a marginal increase in the number of cases identified and reported.

He went on to advise the Board of the process in place for controlling infection, involving a detailed case by case review by the Infection Prevention Committee.

Bridget Leek suggested that it would be useful to report on the outcomes for patients that had acquired C-Difficile infections and went on to ask whether there are any alternative remedies or practices that could be considered to aid in infection prevention.

Glenn Russell advised that the Infection Prevention Team horizon scans continually to ensure that practice at the trust remains 'ahead of the game' and in circumstances where there is an evidence base to support a new intervention, then this would be implemented.

Pat Firby noted that the total number of cases remains very small and that she believed that the trust has reached the minimum level of avoidable infection. She was assured through her work on the Clinical Quality Committee that all possible measures are in place and that there is no evidence of complacency.

Glenn Russell advised that there had been no reported cases to date in April 2012; and that the key risk to future compliance is the event of an outbreak. He commended the proactive work and tenacity of the Infection Prevention team which has undoubtedly had a significant impact on preventing and controlling infection.

David Bricknell recommended that the Infection Prevention team be invited to present to the Board to enable all Board members to have a full understanding of the role of team members and the Committee. This was supported.

Lucy Lavan referred to the Board Assurance Framework, noting that the Board had assigned a rating 'Immediate Action' in respect of Risk 13 given the 2012/13 C-Difficile target of 4 cases. She asked if the Board wished to review this in light of confirmation of the de minimus limit of 12 cases.

The Board discussed this and agreed that it would defer its decision to amend the BAF until it had received further assurance from the Infection Prevention team at the next Board meeting. The Board would then be in a stronger position to determine whether appropriate controls and assurances are in place to maintain compliance in 2012/13.

6 Governance

6.1 External Assurances Received

6.1.1 CQC Unannounced Inspection of Outcomes 1,4,7,14,16

Glenn Russell briefed the Board on the approach taken by the CQC in their recent unannounced visit. Birch and Cedar Ward had

GNR

LL

been selected for review and the resultant report demonstrated that the trust is compliant with Outcomes 1,4,7,14 and 16.

He paid tribute to Hazel Holmes in establishing an effective nursing infrastructure and for providing a strong legacy to build upon in the future, noting that the CQC report provided strong assurance of the quality of care provided.

Pat Firby and David Bricknell acknowledged this achievement and paid tribute to the staff at ward level who had been involved in the inspection process.

The Chair noted that he had seen a transformation over the last 3-4 years in the way in which patients are put at the heart of all our work. He paid tribute to Hazel Holmes and thanked Raj Jain, Glenn Russell and Aaron Cummins also for the support and contribution they had given to enable this sea change.

Members of the Board extended their best wishes to Hazel Holmes for her future career and wished Sue Pemberton every success in her new role.

6.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

6.2.1 Clinical Quality Committee

Glenn Russell presented the Key Issues report and the Board noted this confirming that there is no requirement to update the BAF.

Pat Firby commented that the quality of discussion at the Clinical Quality Committee is excellent but went on to express concern at the length of the agenda and the time constraint that has meant a number of items repeatedly being deferred until the next meeting.

Glenn Russell commented on the challenge of ensuring focus on the key issues, noting that policy approval had been largely delegated to sub committees and high level enquiries to directorates in order to make the agenda more manageable.

Following discussion it was agreed that Glenn Russell and Pat Firby would review the process further outside of the meeting, seeking advice from Mark Jackson and Lucy Lavan, as required.

The unapproved minutes of the meeting of the Clinical Quality Committee held on 30th March 2012 were noted.

6.2.2 Workforce Committee

Raj Jain presented the BAF Key Issues report and the Board discussed the requirement for further assurance on safe staffing. The second AUKUH review had been completed and had indicated a shortfall in staffing on Birch Ward, which has been challenged by the senior nursing team with evidence of good performance on nursing related KPIs. There is a further review of the model

**GNR /
PF**

scheduled, following which the Assistant Director of Nursing will be asked to report to the Executive team at the end of May 2012 to evidence further the rationale for deviating from the AUKUH projection of staff required.

The Chair asked about the morale of staff on Birch Ward and heard from Raj Jain that it is a well managed and happy ward but with a heavy workload.

Glenn Russell commented that making the Ward Managers supernumerary was a positive step and would provide opportunity for the development of nurse leaders alongside clinical leads.

Geoffrey Appleton advised that he will continue to report to the Audit Committee on the work of the Workforce Committee in respect of application of AUKUH methodology and the extent of compliance, particularly at bank holidays and weekends, to ensure sufficient evidence of safe staffing.

GA

Pat Firby expressed concern about the Occupational Health service and its response to staff needle-stick injuries which appeared to be prohibiting the reporting of such injuries.

Raj Jain advised that the presence and availability of the Occupational Health service had been improved and that the issue related to injuries occurring out of hours, requiring attendance at an A&E department.

Glenn Russell explained that there were some limitations with the current policy and delays in obtaining consent from staff to undergo a blood test when an injury has occurred. He advised that further work needed to be undertaken with consultant medical staff and advised that the policy will be reviewed by the Infection Prevention Committee, with an update provided to the Board in 3 months time.

GNR

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

6.2.3 Audit Committee

The Board noted the Key Issues report and in respect of Item 1.10, confirmed that the assurance rating assigned to BAF Risk 14 should now be upgraded to 'Full Assurance'. This reflects the significant assurance provided by MIAA in testing compliance with the Information Governance Toolkit, Level 2.

LL

Rob Toomey also highlighted Item 1.6 noting that the recent counter-fraud survey had provided some indication that staff may be reluctant to raise concerns. He advised that the Audit Committee will continue to monitor the culture of openness.

The approved minutes of the meetings of the Audit Committee held on 17th January 2012 and 19th March 2012 were noted.

6.2.4 EPR Programme Board

Aaron Cummins presented the report, noting that in future the report will be presented in the agreed format of the 'BAF Key Issues' reporting template.

The Board heard that an electronic dashboard is being developed and will be accessible by Board members to provide assurance on the progress of the EPR deployment.

Aaron Cummins advised that the governance arrangements had been established and the roles and responsibilities of individuals and committees clarified.

Raj Jain noted that the EPR Programme Board is in its infancy and that the magnitude of the project presented some significant risks including the importance of ownership and the need for careful management of 'specification creep'. The dashboard required further development and an effective communications plan would be critical to winning hearts and minds.

Bridget Leek referred to the risk of 'specification creep' noting that the Board had opted for a solution that is affordable and stressing the need for discipline. She commented that she had heard the absence of a pharmacy solution being described as a risk, yet this was not part of the agreed specification, rather an optional 'add on'.

The Chair emphasised the importance of a transparent process and the importance of people being able to raise concerns as well as successes, given the fundamental change involved.

Geoffrey Appleton commented that both the dashboard and the communications plan were work in progress and needed to be developed further. This was supported by Rob Toomey who referenced a concern relating to communications from the unapproved minutes of the first meeting of the EPR Programme Board.

Pat Firby noted that there had been a discussion with governors who had asked whether existing patient records would be scanned into the new system. She went on to ask whether this would incur an additional cost.

Aaron Cummins advised that financial provision had been made to enable legacy records to be scanned on demand.

Raj Jain added that there would be further clinical engagement to establish the detail of what parts of legacy notes would need to be scanned and how far back in time.

The Board noted the report and confirmed that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the EPR Programme Board held on 19th March 2012 were noted.

6.3 Receipt of Assurance Committee Annual Reports:

6.3.1 Audit Committee

Rob Toomey presented the annual report of the Chair of the Audit Committee.

The Board discussed the assurances received in relation to the new BAF process, preparation of the final accounts 2011/12 and the added value of the programme of 'deep dives' undertaken by MIAA during the course of the year.

The Board reviewed the report and confirmed that the Audit Committee had satisfactorily discharged its duties in 2011/12. The proposed changes to the Audit Committee's Terms of Reference were approved.

6.3.2 Workforce Committee

Raj Jain presented the annual report and provided an overview of the Committee's work in 2011/12 noting that there had been improvements in the structure of the meeting and the contribution of committee members.

The Board noted the report, confirming that the Committee had satisfactorily discharged its duties in 2011/12. The proposed revisions to the Terms of Reference were approved.

6.3.3 Patient and Family Experience Committee

The Board received the annual report, noted the key achievements and confirmed that the duties set out in the Terms of Reference had been met.

The proposed amendments to the Terms of reference, as set out in Paragraph 8 of the report were approved.

6.3.4 Clinical Quality Committee

The Board received the annual report and noted the significant contribution made by the Committee towards the trust achieving its objectives and also the areas of improvement recommended following the review of the Committee's 2011/12 programme of work.

Rob Toomey referred to the first tabular entry at the top of Page 5 and sought clarification as to how the CIP 'confirm and challenge' process was operating.

The Board heard that the executive team had undertaken a review of all 2012/13 CIP plans and had tested the validity, achievability and impact on patient safety. As a result a small number of schemes had been rejected or returned for re-work. The process is that if there had been concerns in relation to patient safety for an approved scheme, this would be referred to the Clinical Quality

Committee for review and consideration prior to approval. In this recent CIP round, no schemes had been escalated.

The Board noted the report, confirming that the Committee had satisfactorily discharged its duties in 2011/12. The proposed revisions to the Terms of Reference were approved.

6.4 Evaluation of Annual reporting Process and Board Assurance of Effectiveness of Assurance Committees

The Chair re-stated the importance of the role of the Assurance Committees in discharging key responsibilities delegated by the Board and the need to ensure that the Committees are operating effectively. He invited Board Members to comment on the annual reporting process and the role undertaken by the Audit Committee in evidencing the effectiveness of the Committees in discharging their duties.

Rob Toomey stated that he felt that the structured discussions held at Audit Committee with each Assurance Committee Chair had been valuable but would benefit from a greater degree of challenge by the non executive directors going forward.

He added that whilst the annual reports presented to Board had provided a comprehensive record of the work undertaken, discussion had been fairly limited.

Aaron Cummins suggested that the Audit Committee might receive the written reports and prepare a written summary statement to the Board on an annual basis.

Rob Toomey commented that the decision to receive the reports at Board had been based on a previous request that all Directors wished to participate in an annual review.

Glenn Russell commented on the structured discussion undertaken by the Audit Committee and advised that there had been value in preparing for this meeting as he had been prompted to undertake a detailed review of the Terms of Reference and as a result had identified areas requiring improvement.

The Chair advised that it was important that the Board receives and approves changes to the Committees' Terms of Reference and that the Audit Committee had an important role in seeking assurance that the Committees are operating effectively.

Raj Jain advised that the Board receives regular BAF Key Issues Reports and questioned the value of also receiving an annual report prepared by the Committee Chair, noting that these reports had taken considerable time to prepare but had not generated much debate.

Pat Firby commented that she was pleased to note that the regular BAF Key Issues Reports are now starting to generate valuable

debate.

Aaron Cummins suggested that the Board apply a risk based approach and seek additional scrutiny in areas where KPIs are not being delivered.

Following further discussion, Raj Jain recommended that MIAA be requested to compile an annual report on key facets such as attendance by committee members, evidence of delivery of a work plan that meets the Terms of Reference and that this be supplemented by a candid discussion at Board on each Committee with opportunity to triangulate the MIAA findings, issues identified by the Audit Committee and performance of KPIs with verbal commentary provided by the Committee Chair. This proposal was supported and it was agreed that Raj Jain and Lucy Lavan would draft up a new process for consideration. Following agreement, the BAF Policy would be updated.

RJ/LL

6.5 Annual Report of the Director of Infection Prevention and Control

Glenn Russell presented the annual report highlighting the effective management of the norovirus outbreaks that had occurred during the year and the improvements made in the management of surgical site infections.

The Board noted the report.

6.6 Review of Register of Directors' Interests

The Board reviewed the Register of Directors' declared interests and supported the recommendation from the Audit Committee that there are currently no material conflicts.

It was noted that Raj Jain and David Bricknell also wished to formally register their roles as Directors on the Board of the Institute of Cardiovascular Medicine and Science.

6.7 Report of Nominations and Remuneration (Executives) Committee meeting held on 27th March 2012

The Board noted the report.

6.8 Maintaining High Professional Standards

Raj Jain updated the Board following the dismissal of a cardiac surgeon, noting that a letter of appeal had been received.

David Bricknell sought clarity on the nature of the appeal and was advised that the next stage would be an internal hearing by a panel of non executive directors, supported by an independent clinical expert and an HR advisor.

7 For Information

7.1 Executive Summary – Finance and Performance Report for period ended 31st March 2012

The Board noted the report.

7.2 Integrated Finance and Performance Report for the period ended 31st March 2012

The Board noted the report.

8 Chair's Briefing

The Chair re-iterated the successful performance of the trust in 2011/12 and most notably, retention of the top position for the sixth successive year for 'overall patient care' in the National Patients' Survey 2011.

He again paid recognition to the achievements of Hazel Holmes and welcomed Mark Greatrex to the trust, wishing him success in his new role.

9 Chief Executive's Briefing

Raj Jain advised that he and the Chair would be conducting a walkabout to thank staff and celebrate the end of a successful financial year.

He asked the non executive directors to take the opportunity in walking around the hospital to encourage staff to enter their teams for the annual 'team of the year' awards.

The Board heard that a root cause analysis was underway in respect of the case of a cancer patient whose diagnosis had been delayed.

The Chair expressed his regret that this had occurred and sought assurance that systems are in place to minimise such risks recurring and ensure that lessons are learnt.

Glenn Russell advised that the case was a very unusual and complex event and that he did not believe that there was any systemic failure in process. However an independent cardiologist and a member of the patient safety team would lead and conclude a full investigation.

10 Minutes of the Board of Directors' Meeting held on 27th March 2012

The minutes of the meeting held on 27th March 2012 were reviewed for accuracy.

The minutes of the meeting held on 27th March 2012 were received, approved and signed by the Chair.

11 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – the process introduced to enable the redaction of Board documents for release under the Freedom of Information Act would continue pending a review of the way in which the Board will operate under new legislative requirements for Boards to meet in public.

- Action 11 – to be closed

13 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.

14 Review of agenda items in context of future meetings and provision for Board to meet in public

The Chair outlined the challenges posed by the Health and Social Care Act 2012 and the need for the Board to give thought to the openness agenda such that its operations remain effective without undue duplication of effort. He asked Board members to give thought to this and provide any views outside of the meeting.

15 Any Other Business

David Bricknell raised the issue of recent press coverage concerning the discharge of patients from NHS hospitals at unsocial hours and without adequate support having been arranged.

Raj Jain advised that this problem largely occurred in hospitals with A&E departments where there is considerable pressure to meet the 4 hour A&E target. He advised that when such topical issues are reported, he automatically initiates a check on the position of LHCH.

David Bricknell requested that in future the NEDs be advised of the trust's position in respect of any topical media coverage, in order that they are able to fully understand and explain how the issue relates at LHCH. This request was supported by the Chair and Raj Jain agreed to include timely statements on such matters within his regular e-bulletin to NEDs.

RJ

16 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Wednesday 30th May 2012 directly following the meeting of the Audit Committee which will commence at 9.30 a.m. in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____
Chair

Date: _____

Board of Directors

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Wednesday 30th May 2012**

Present :	Neil Large Raj Jain Geoffrey Appleton David Bricknell Pat Firby Bridget Leek Rob Toomey Aaron Cummins Mark Jackson Glenn Russell	Chair Chief Executive Non Executive Director Non Executive Director Non Executive Director / Deputy Chair Non Executive Director Non Executive Director Director of Finance Director of Research and Informatics Medical Director
In Attendance:	Lucy Lavan Mark Greatrex Julian Farmer Jo Whittingham Nicola Best	Associate Director of Corporate Development / Trust Secretary Deputy Director of Finance Audit Commission (Items 4.1-4.2 only) Audit Commission (Items 4.1-4.2 only) Infection Prevention and Control Nurse Specialist (Item 5.1 only)
Apologies For absence:	Sue Pemberton Ann McEvoy	Director of Nursing Associate Director of Human Resources and Organisational Development

1	Apologies for absence As noted above.	Action
2	Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared	

that they had no interests.

3 Patient Story

Glenn Russell read a patient story.

4 Annual Report and Accounts 2011/12

4.1 The Board received the following:

4.1.1 Annual Governance Report

Julian Farmer presented the Annual Governance Report and summarised the key findings from the 2011/12 audit. The Board heard confirmation that an unqualified audit opinion had been given in respect of the preparation of the financial statements and that proper arrangements had been found to be in place to secure value for money.

A number of minor issues relating to disclosure had been highlighted during the course of the audit and had been corrected.

Rob Toomey advised that Mark Jackson and Mike Corcoran had previously delivered presentations to the Audit Committee on the Quality Account and Key Financial Statements respectively. He advised that the Committee had been assured that the annual report and accounts reflected a true and fair view and this had been supported by evidence of robust systems in place, following reviews by internal and external audit.

The Board of Directors received and noted the contents of the Annual Governance Report.

4.1.2 Letter of Representation

The letter of management representation was reviewed and approved for signature and submission to the auditor.

4.1.3 External Assurance on the Quality Report

Julian Farmer advised that he had presented the findings of his external assurance work on the Quality Report to the Audit Committee. The limited assurance report presented confirmed that there were no findings to suggest that the indicators mandated by Monitor had not been reasonably stated – these related to Clostridium Difficile and the 62 day waiting time from GP referral to first treatment for all cancers. In respect of the review of the performance indicator selected by governors – attendance at cardiac rehabilitation (Knowsley), weaknesses in systems and controls were identified although it had been confirmed that after adjusting for estimated error, the trust's performance against this indicator still exceeded the target.

Mark Jackson had outlined to the Audit Committee the actions taken to improve the quality of this data.

As a result an unqualified limited assurance opinion had been given.

Mark Jackson updated the Board on the Quality Report, noting that 5 of the 6 quality indicators for 2011/12 had been fully met and one partially met; the latter relating to re-admissions. He advised the Board that the 2012/13 targets would be challenging.

The Board of Directors received and noted the contents of the report.

4.2 Audit Committee Recommendations

Aaron Cummins advised that the full set of accounts and notes had been issued to Audit Committee members and all questions and comments had been responded to. He confirmed to the Board that the accounts were consistent with internal management reports and the financial reports seen by the Finance Committee. He went on to provide an overview of the Key Financial Statements, concluding that these represented a true and fair view and delivered the planned FRR3. The Board heard that the internal audit review of key financial systems had provided significant assurance.

David Bricknell commented on the process and timescales involved in producing the annual report, noting that the draft seen 4-6 weeks ago was a significantly different document from the final draft that had been issued with the Board papers.

Raj Jain advised that whilst much of the narrative can be prepared in advance, a significant amount of the required data is produced to a tight timescale following the year end, noting that the primary aim of the document is compliance given that the annual report has limited use in terms of marketing.

The Chair commented that the annual report is often used as a reference document and provides a useful trail of valuable historical information, noting that it primarily captures facts and data that are already known.

Following discussion it was agreed that the process will be reviewed for 2012/13 to explore opportunity for earlier comment and influence by directors.

Lucy Lavan advised that a brief summary document would be produced for publication at the Annual Members Meeting to supplement the full annual report and accounts.

LL

The Chair thanked Aaron Cummins, the executive team and wider management team for their work, and noted that this concluded another year of strong performance.

Aaron Cummins paid tribute to Mike Corcoran for his hard work in leading the annual accounts process, and noted the strong legacy left by Paul Ronald, former Deputy Director of Finance who had established strong and effective systems and structures to support delivery of the financial accounts.

Rob Toomey confirmed the Audit Committee's recommendation that the Board of Directors approve and sign the annual report and accounts.

4.2 Approval of Annual Report and Accounts for Liverpool Heart and Chest Hospital NHS Foundation Trust for the period: 1st April 2011 to 31st March 2012

The Board of Directors approved the submission to Monitor of the audited annual report and accounts for Liverpool Heart and Chest Hospital NHS Foundation Trust for the period – 1st April 2011 to 31st March 2012.

The Chair expressed his thanks to the external auditors.

Julian Farmer and Jo Whittingham left the meeting.

5 Annual Plan and Board Certification :
5.1 Presentation from Infection Prevention Team

Nicola Best, Infection Prevention and Control Nurse Specialist attended the meeting to present to Directors on the role and composition of the Infection Prevention Team. She provided a detailed explanation of Clostridium Difficile and the measures that are put in place to prevent outbreak. The Board took assurance from the evidence provided of controls in place and the findings of Root Cause Analysis which is conducted in respect of every case.

Following a question from Bridget Leek, the Board heard how staff are trained to identify suspected infection and how to act to treat and control infection.

The Chair asked about the impact on each of the 8 patients who had contracted C-Difficile in 2011/12 and heard that one patient had been very ill, 2 moderately ill with the remainder suffering only mild symptoms; although it was noted that it is difficult to be certain how much the C-Difficile has contributed to overall morbidity.

A discussion followed regarding the 2012/13 target, the Board noting that a target of 4 cases set by the DH remained, but in terms of compliance, Monitor had set a de minimus level of 12.

Glenn Russell advised that there had been no cases of C-Difficile during the first two months of the financial year but highlighted as the earlier presentation had demonstrated that a level of around 7-8 cases pa is expected and unavoidable.

Raj Jain explained how the SHA performance review process had been operating, noting the requirement for foundation trusts to comply. Whilst the target of 4 cases would remain, he expressed confidence that the SHA would recognise that C-Difficile could not be

avoided, providing that the trust provides the evidence that all possible action to prevent and control infection had been taken. The Board noted that the Monitor de minimus limit would be used in determining the trust's governance rating.

Raj Jain asked if there were any other assurances the Board should be seeking in relation to infection, aside from the focus on C-Difficile and MRSA which are nationally reported.

Nicola Best referred to ongoing work in respect of Surgical Site infection and made a distinction between looking at infection in terms of organisms and in terms of procedures such as insertion of lines.

Glenn Russell explained the importance of identifying and collecting appropriate data in order to set a baseline and develop an improvement plan. He advised that 6 months' data had now been collected in respect of sternal wounds and this had demonstrated reasonable performance in comparison to national averages but had identified areas for improvement which would now be worked upon.

The Chair thanked Nicola Best for her presentation and Glenn Russell commended her tenacity and proactive approach which had led to demonstrable success in preventing and controlling infection.

Nicola Best left the meeting.

The Board concluded that it now had full assurance that processes for managing infection are robust and that based on current performance, it is satisfied that the trust will remain compliant with its terms of authorisation. The Board confirmed that the Board Assurance Framework could now be updated, with the 'Immediate Action' rating assigned to Risk 13, upgraded to 'Full Assurance'.

LL

5.2 Quality Governance Framework – Self-Assessment

Mark Jackson presented an assessment of compliance against Monitor's Quality Governance Framework, advising that MIAA had recently reviewed the process and methodology and provided an outcome of 'significant assurance'. Some recommendations in respect of enhancements to the evidence and refinements to the work plan had been made and acted upon.

Raj Jain noted that the purpose of commissioning the review was to provide the Board with further assurance and confidence that the quality systems that are in place to keep patients safe are robust.

Rob Toomey confirmed that the exercise had been useful and that the framework itself provided useful prompts for the Board to ask the right questions.

Pat Firby added that the process was useful and demonstrates the importance that the trust places on quality and safety.

The Chair referred to the recommendation that the NED skill set be

further developed to enable effective challenge of clinical data and the fact that the auditor had noted that there is only one NED with a clinical background. He asked for comment on this point in the context of Board development needs and the work that will be undertaken in the Autumn to review the skill sets of NEDs and executives to ensure that these are aligned to meeting the trust's strategic ambitions in the context of a challenging economic climate.

A discussion followed and it was agreed that there is a distinction between the ability to interpret clinical data and the need to understand the detail of the medicine. It was noted that NEDs will never be exposed to the same level of experiential learning as the executives, due to the differing nature of the roles. It was accepted that there must be a reliance on the advice of doctors, in the same way as there is of accountants. The discussion concluded with an agreement that further consideration will be given to the identification and development of skills required as part of the Board development process.

NL

5.3 Medical Revalidation – Organisational readiness Self-Assessment

Glenn Russell presented his report, providing assurance of good progress in the preparatory work required for implementing medical revalidation by the end of 2012.

The Board heard that appraisal processes are well established but there is a need to formalise and apply a new Appraisal Policy for Medical Staff. This will be informed by a DH medical staff appraisal guide which has very recently been published.

There is also a requirement to purchase an electronic management system to support the appraisal and revalidation of 90 medical staff and an evaluation process is in progress.

Mark Greatrex advised that a market testing exercise would need to be conducted and this was supported, with Glenn Russell highlighting the importance of functionality and a sustainable system that can be implemented within the required timeframe.

Pat Firby asked what proportion of medical staff had received a 360 appraisal and whether this process had added value.

Glenn Russell advised that 360 reviews are an essential requirement for revalidation. He added that peer 360 reviews had been undertaken for approximately 85% of medical staff whose appraisals were complete. However a process had not yet been established for enabling patient feedback and this would be addressed through the new electronic management system.

Mark Jackson asked if all other requirements such as staff to support revalidation were in place and heard that in addition to the electronic management system there would be a requirement for the

continuation of HR support.

Glenn Russell commented that the informatics input to appraisals is already well established and a valuable resource in enabling the scrutiny of clinical outcomes attributable to individual practitioners.

The Board noted the progress to date and confirmed that it had the assurance required to certify the Board Statement relating to medical revalidation.

It was agreed that the Workforce Committee would ensure ongoing oversight and that the Terms of Reference would be amended accordingly to include the new objective as set out in Recommendation 4.2.

LL

5.4 Financial Plan 2012/13 – 2014/15

Aaron Cummins presented the 3 year plan, reminding the Board of the process and use of the 8Q forecasting model, confirming that the baseline plans and assumptions had been consistent over the last 2-3 months with updates reviewed at Finance Committee.

Raj Jain confirmed that the detail of the 3 year financial plan had been challenged and scrutinised with managers at Finance Committee.

The Board heard of an opportunity to participate in a workshop led by the FTN to explore the impact of future licensing conditions and assess the impact of these on the strategic financial position.

Raj Jain also noted the work of a leading US professor, entitled 'The Innovator's Prescription', an insight into how healthcare might develop in the future in light of technological advance and in the context of affordability. He advised that he would share the reading material with Board directors upon request.

The Board approved the 3 year financial plan.

The Chair commended the work that had been undertaken to produce the financial plan.

5.5 Approval of Annual Plan 2012/13 (Monitor Submission)

Lucy Lavan presented the planning templates required by Monitor, highlighting the requirements of the Board as set out on Page 2 of the report.

The documentation had been prepared following approval in March 2012 of the trust's annual plan and with reference to the trust's strategic ambitions in order to articulate a 3 year forward look.

The Board heard that the Quality and Safety Strategy has not yet been approved and represents a radical change in approach. NEDs have been engaged in the rationale and work to date through a presentation delivered by Mark Jackson at the May 2012 NEDs meeting.

Mark Jackson described some further changes he had made to Section D in respect of clinical quality priorities and milestones. Following a discussion about the expressed goal of 'zero tolerance' to avoidable harm, these were supported.

Lucy Lavan thanked directors for the comments raised in advance of the meeting, advising that she had made appropriate refinements to the text, following discussion with the relevant executive directors. She had already responded to individuals on all comments made and proposed to issue a final version of the document to all Board members, following the Board meeting. This was accepted.

LL

Aaron Cummins confirmed that the 3 year financial plan approved by the Board was reflected in the financial templates presented and that the text and data quoted in the supporting narrative is consistent.

Raj Jain stated that he believed the plan could be delivered and commented that this plan was the most robust of those submitted in the last 4 years. The reason for this is the level of engagement from service lines which has previously been described to the Board in reviewing the detail of the new planning process.

The Chair confirmed that the strength of the plan in challenging times and acknowledged the work of Lucy Lavan in coordinating the process along with the contributions of executive team members.

The Board approved the annual plan and financial templates for submission to Monitor on 31st May 2012.

5.6 Certification of Board Statements

Lucy Lavan took the Board through the paper, noting that the Board Statements the Board is asked to sign are aligned to the 2012/13 Board Assurance Framework (BAF). The Board noted also that the views of governors had been expressly sought at the last Council of Governors meeting held in March 2012.

The Board confirmed the following:

- i) BAF Risk 1 – Full Assurance demonstrated by receipt of self assessment against Quality Governance Framework and MIAA findings resulting in a 'significant assurance' report (refer Agenda minute 5.2 above)
- ii) BAF Risk 2 - Full Assurance following completion of appointment processes for Director of Finance and Deputy Director of Finance; Acting Up arrangements for interim period approved by Nominations and Remuneration (Executive) Committee.
- iii) BAF Risk 5 – Full Assurance, supported by receipt of report on organisational readiness for medical revalidation. (Refer Minute 5.3)
- iv) Risk 13 – revise assurance rating to 'Full Assurance' following

presentation on C-Diificile from Nurse Specialist and confirmation of zero cases in the year to date. (Refer Minute 5.1)

- v) Risk 14- Full Assurance following Audit Committee review of IG Toolkit compliance in April 2012
- vi) Continued validity of full assurance ratings in respect of all other Risks 1-16 relating to the Board Statements as evidenced by Board Assurance processes, including BAF Key Issues Reports from Assurance Committees.

The Board approved a full self-certification of the Board statements for submission to Monitor with the Annual Plan by 31st May 2012.

6 Strategy and Development:

6.1 Patient Experience Delivery Plan – Progress Report

Raj Jain presented a detailed report aimed at satisfying the Board that sufficient progress has been made to ensure delivery of the Patient Experience Vision by 2013.

He presented a range of assurances confirming the quality of delivery of inpatient care and advised that greater attention would now be focused towards outpatients. He highlighted 5 areas that had been identified for improvement following engagement with patients and the Board discussed these, acknowledging the new management and leadership in place to take forward the plans.

Pat Firby referred to the problem of queuing to check in and requested that in the interim a notice be displayed to reassure patients that they will not miss their appointment as a result of the queue. This was supported, Raj Jain noting that in the longer term the whole process needed to be re-engineered.

Pat Firby commented on a recent Patient Engagement event that she had attended and how impressed she had been with the contribution of ward staff in attendance.

Raj Jain emphasised the importance of the way in which the staff deliver care and outlined the importance of the rollout of 'shadowing' and the mechanisms in place to ensure continued buy in from staff, including ongoing work relating to 'Enhancing the Healing Environment'.

Raj Jain referred to the Spider Diagram used to measure the 6 steps of the patient vision and advised that work is in progress to develop similar indicators relating to Outpatients.

The Board supported the view that the report demonstrated 'significant assurance' of progress towards achieving the Patient Experience Vision 2013 and agreed to receive the next progress report in January 2013.

6.2 Staff Experience Delivery Plan – Progress Report

Raj Jain explained the ambitions behind the Staff Experience Vision and referred to the Spider Diagram presented, highlighting the importance of evidencing year on year improvement over the absolute values assigned to each indicator.

He advised that he had been disappointed with the pace of progress seen in the last 2 years and that there is scope for further improvement. It was noted that LHCH had been ranked in 3rd place amongst NW specialist trusts in the 2011 Survey Results.

David Bricknell commented that the survey results did not triangulate with the very positive attitudes displayed by staff at the frequent NED walkarounds.

A discussion followed around the fact that there was variation amongst wards and departments which impacts upon the Spider Diagram – a key influence on this is leadership. The Ward Dashboard will be developed and used to highlight which areas are performing well.

David Bricknell stated that he would like to better understand the data provided at Appendix 2 and the issues relating to variation and it was agreed that Raj Jain would present further detail at a future NEDs meeting.

RJ

The Board noted the report and supported the recommendation that the Workforce Committee develop this work and determine targets for each of the 5 facets of the Staff Experience Vision.

RJ

6.3 Liverpool Health Partners – Should LHCH Join?

Mark Jackson advised on an opportunity to further develop the research agenda by joining Liverpool Health Partners.

He explained that there is now a renewed focus on widening the breadth of Academic Health Science Centres to form networks, noting that the Liverpool collaboration is looking to expand the number of partners and had asked LHCH to consider joining.

The Board was directed to the paper presented where responses to a number of questions raised had been documented along with a description of the potential benefits for the trust.

The Board discussed the paper and considered any potential impact on the Institute of Cardiovascular Medicine and Science. It was noted that the remit of the Liverpool Partnership excludes cardiovascular medicine and therefore there is no conflict.

Mark Jackson advised that the core members of the partnership had each contributed a sum but that there is no cost implication for new partners joining at this time.

Raj Jain advised that the footprint of the networks is geographical with an ambition to learn the best from research and apply in practice across Merseyside. He observed that it could be useful to recommend that networks extend beyond the local geography in order to benefit the UK.

The Board agreed to join the partnership on the basis that the arrangement does not pose any limitation on the pursuit of national or international research partners.

7 Quality / Value – Performance

7.1 Executive Summary – Finance and Performance report for period ended 30th April 2012

Aaron Cummins summarised the key headlines for Month 1 as follows:

- FRR3
- Governance Rating – green
- Zero MRSA / C-Difficile
- Sickness continuing to improve at 3.64%

The Board noted the report.

8 Governance

8.1 External Assurances Received : None.

8.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

8.2.1 Clinical Quality Committee

Glenn Russell presented the Key Issues report and the Board noted this confirming that there is no requirement to update the BAF.

The approved minutes of the meeting of the Clinical Quality Committee held on 30th March 2012 and the unapproved minutes of the meeting of the clinical Quality Committee held on 4th May 2012 were noted.

8.2.2 EPR Programme Board

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

Aaron Cummins advised that a full business case to support a solution for pharmacy will be considered by the EPR Programme Board in July 2012.

Geoffrey Appleton noted that there had been a number of absences at the recent meeting of the EPR Programme Board and expressed concern that the meeting had been too technical and may not be operating at the right level. This was noted and appropriate action taken by the executive team.

The unapproved minutes of the meeting of the EPR Programme

RJ

Board held on 18th May 2012 were noted.

8.2.3 Finance Committee

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Finance Committee held on 26th March 2012 were noted.

8.2.4 Patient and Family Experience Committee

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Patient and Family Experience Committee held on 20th March 2012 were noted.

8.2.5 Investment Committee

Geoffrey Appleton updated the Board on the recent meeting of the Investment Committee, advising that investment income had exceeded plan, that the Committee had reviewed its Terms of Reference and Investment Policies and there had been an agreement that the Committee convene in October 2012 to review the trust's cash deposits and treasury management arrangements.

The approved minutes of the meeting of the Investment Committee held on 21st November 2011 were noted.

8.3 Receipt of Assurance Committee Annual Reports:

8.3.1 Finance Committee

Aaron Cummins presented the annual report of the Finance Committee noting a shift in focus of the Committee's future work around the development of financial reporting and the processes to support the management of CIPs through establishment of a Programme Management Office.

The proposed changes to the Finance Committee's Terms of Reference were approved.

The Board noted the report, confirming that the Finance Committee had operated effectively throughout 2011/12.

8.4 Investment Committee – Terms of Reference and Policy Ratification

The Board received and approved the proposed changes to the Investment Committee Terms of Reference and noted that the Treasury Management Policy had been reviewed with no changes recommended.

8.5 Report of the Nominations and Remuneration (Executive) Committee

The Board noted the report.

8.6 Compliance with the NHS Constitution

Raj Jain presented a paper aimed at demonstrating how the Board has taken account of the NHS Constitution, highlighting that a key area for development is improving external relationships with stakeholders. This will be a key theme for the Board Development Day in June 2012.

The Board noted the report.

8.7 Safeguarding Annual Report

Glenn Russell presented the report on behalf of Sue Pemberton, highlighting the external assurances that had confirmed the effectiveness of the trust's safeguarding policies and procedures.

Geoffrey Appleton advised that the report was of high quality in comparison to reports of other organisations that he had reviewed in his capacity as Chair of a Safeguarding Board.

The Board noted the report.

8.8 Integrated Incidents, Complaints and Claims Report

Mark Jackson presented the report noting that the level of incident reporting had reduced by 23%. The reasons for this had been explored by the risk management team with targeted effort focused upon areas of low reporting.

The Board noted the good work relating to reduction in harm and the slight increase in new claims.

The Board noted the report.

8.9 Equality Diversity and Human Rights (EDHR) – Update

Raj Jain presented the report noting that a resolution has been found to ensure that data collection and reporting requirements in relation to the protected characteristics can be met. On this basis the Board agreed that BAF Risk 27 now be assigned a rating of Full Assurance.

The Board also noted the actions and work in progress relating to the wider EDHR agenda.

Raj Jain advised that the new Head of Workforce, together with Geoffrey Appleton were taking a fresh look at this agenda to ensure not just compliance with the law but attention to the culture and diversity of the trust that will support the strategic ambitions.

The Board noted the report.

8.10 Proposed Agenda for Board Development Day 26th June 2012

Raj Jain recommended that the Board devote the morning to two themes – a review of the private patient strategy and a review of the 3 year CIP strategy.

LL

In the afternoon, Laura Roberts, a former CEO of NHS Manchester who is now an independent consultant working for the DH, will join the Board. She will aim to 'bring to life' the impact of the Health and Social Care Act and help the Board to identify its strengths and weaknesses in terms of its positioning in the health economy. Following this session, the Board will work to develop an action plan.

The Board supported the agenda outlined.

9 For Information

9.1 Integrated Finance and Performance Report for the period ended 30th April 2012

The Board noted the report.

10 Chair's Briefing

The Chair, on behalf of the Board wished Sue Pemberton a speedy recovery.

He then paid tribute to Aaron Cummins who will leave the trust on 1st June 2012 and wished him the very best for the future.

Aaron Cummins took opportunity to thank the Chair and colleagues for their support.

The Chair reflected on the shortlisting process for this year's 'Our Team's Got Talent' Awards, noting the high quality of bids and presentations from staff. The winning teams will be announced at the staff summer party on 29th June 2012.

The Chair advised that he and Lucy Lavan had met with a group of governors to assess the impact of the Health & Social Care Act 2102. He noted that governors had expressed a view that the trust is already doing much of what is required through active engagement with governors and sharing of information.

The Chair congratulated the team that had managed the transition to the new portakabins.

11 Chief Executive's Briefing

Raj Jain noted that the trust had been shortlisted for three HSJ Awards and also that the clinical coding team had again been awarded the CHKS National Data Quality Award.

He went on to update the Board on the issue of disparity between the staffing levels on Birch Ward and the AUKUH assessment of ward staffing. The Board heard that the model would be applied at more frequent intervals to gain a better understanding and also that assurance in relation to outcomes, KPIs and staff survey results had not indicated any cause for concern.

12 Minutes of the Board of Directors' Meeting held on 24th April 2012

The minutes of the meeting held on 24th April 2012 were reviewed for accuracy.

The minutes of the meeting held on 24th April 2012 were received, approved and signed by the Chair.

13 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – Aaron Cummins advised that a process for screening and selecting investments for a ‘deep dive’ in order to test benefits realisation had been introduced. As a result the Finance Committee had tested the Intelligent Stock management system and the Investment Committee would be appraising the benefits of the new MR scanner. This was noted and it was agreed that Action 2 could be closed down.
- Action 3 – Aaron Cummins advised that 3 options for funding the CHP scheme are being explored and that a recommendation will be made to the Board in October 2012
- Action 4 – dealt with under agenda item 6.3 – closed
- Action 10 – dealt with under agenda item 8.9 – closed
- Action 11- dealt with under agenda item 8.2.1a – closed
- Action 12 – update noted and closed
- Action 13 – Aaron Cummins advised that a carbon tax became effective from April 2012 but that LHCH’s annual kilowatt hours are below the threshold for taxation and therefore there is no financial exposure – action closed
- Action 14 – dealt with under agenda item 6.1 – action closed
- Action 15 – dealt with under agenda items 5.1 – action closed
- Action 16 – dealt with under agenda item 5.6 – action closed
- Action 17 – noted and closed
- Action 20 – noted and closed

14 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.

15 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 24th July 2012 in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____
Chair

Date: _____

Board of Directors

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Tuesday 24th July 2012**

Present :

**Neil Large
Raj Jain
Geoffrey Appleton
David Bricknell
Pat Firby
Bridget Leek
Rob Toomey
Mark Greatrex
Mark Jackson
Sue Pemberton
Glenn Russell**

**Chair
Chief Executive
Non Executive Director
Non Executive Director
Non Executive Director / Deputy Chair
Non Executive Director
Non Executive Director
Acting Director of Finance
Director of Research and Informatics
Director of Nursing
Medical Director**

In Attendance:

**Lucy Lavan
Tony Wilding
Joe Mills**

**Associate Director of Corporate
Development / Trust Secretary
Associate Director of Service
Improvement
Consultant Cardiologist (Item 4.1 only)**

**Apologies
For absence:**

1 Apologies for absence
None.

2 Declaration of interests relating to agenda items
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.

The Chair welcomed Sue Pemberton and Tony Wilding to their first Board meeting and acknowledged also that it was Mark Greatrex's first meeting as Acting Director of Finance.

Action

3 Patient Story

Sue Pemberton read a patient story.

4 Strategy and Development

4.1 Knowsley CVD Contract – review and forward plan

The Chair welcomed Dr Joe Mills, Consultant Cardiologist.

Joe Mills explained the background to the community based CVD service model and the reasons for the commissioners in Knowsley wishing to change the way in which CVD services are commissioned. He went on to demonstrate the ways in which the commissioning model is unique and presented the KPIs, including feedback from patients and GPs, illustrating excellent performance and delivery.

The Chair asked what lessons could be learned and transferred to hospital based services.

A discussion followed around the scope to transfer good practice to the delivery of out-patient services and the Board noted that the excellent performance in Knowsley Community is largely attributable to the focus and priority given by the lead clinicians and the fact that performance is heavily incentivised through the imposition of significant financial penalties.

Glenn Russell commented that there is a financial penalty attributable to the CQUiN target in relation to timely issue of discharge letters, but that it had been difficult to secure ownership across the large cohort of consultant medical staff.

Glenn Russell commended the service model, reflecting on the early resistance that had been seen from some cardiologists. He credited Raj Jain and Joe Mills for the success that had resulted from their persistence in pioneering the community based service.

The Chair summarised the discussions noting that the pioneering work led by Joe Mills had enhanced the trust's reputation and transformed patient experience and outcomes. He thanked Joe Mills and asked him to pass on the Board's feedback to the staff involved in delivering the Knowsley CVD service.

Joe Mills left the meeting.

4.2 Research Strategy 2012- 2015

Mark Jackson presented the proposed Research Strategy, describing the past achievements, ambitions for the future, key drivers for change, an implementation plan, and process for monitoring and evaluation. The financial plan was noted along with the non –financial benefits that accrue from research.

Mark Jackson explained the use of the 'scopus index' as a key metric linked to the number of publications that are cited and the number of

times. The strategy incorporated a target for improvement of the scopus index by 2015.

The Chair advised that the financial plan needed to be rolled out over the life of the plan in order that the Board can fully understand the financials and associated risks. Mark Jackson agreed to bring this back to the Board at its next meeting.

MJ

A discussion followed around the scope to collaborate with other specialist trusts to strengthen the infrastructure. It was concluded that it would be preferable to seek opportunities to link with research units that are already well established.

Rob Toomey asked about the governance structures in place to support research and heard that the Research Committee considers the implications for reputation as well as profit in deciding whether or not LHCH should engage with recognised trials run by another party as well as the efficacy of trials led by LHCH staff.

Rob Toomey asked whether Mark Jackson should chair the Committee and heard that Dr Jay Wright is currently the Chair and that his leadership is advantageous in gaining input and support from the consultant body.

Raj Jain congratulated Mark Jackson and his team for leading this work.

The Chair summarised the importance of this strategy in respect of reputation and benefits for patients.

The Board approved the strategy subject to the provision of a satisfactory financial plan and associated risk analysis at the next Board meeting.

MJ

4.3 Estates Strategy – Tracking Delivery of 2012/13 Major Schemes

Tony Wilding reported on the 2-3 month slippage with the Day Ward scheme that has arisen following the contractor going into administration. Negotiations are underway to finalise a contract with the second placed bidder and the expected start date for the scheme is now 6th September 2012.

The Chair asked if this delay had any consequences for operations including EPR training.

Raj Jain advised that the movement of the patient services team out of the portakabin would be delayed but this could be managed without risk.

Geoffrey Appleton asked where the second placed bidder had fallen short on the evaluation process and whether there are any considerations relating to price or quality.

Tony Wilding advised that the contractor had lost out on price but noted that this firm had been selected for the Oak Ward scheme which is well underway.

Geoffrey Appleton asked what lessons could be learned from the situation and heard that Tony Wilding is in the process of compiling a full report on the tender process, following a request by the Chair.

TW

Rob Toomey asked whether any monies had been paid over to the original contractor and heard that there had been no payments.

The Board heard that the Oak Ward scheme was progressing on time and within budget and is expected to complete on 16th November 2012.

Tony Wilding updated the Board on progress with the Research Scheme, noting that the contract had been terminated prior to the contractor going into administration. He advised that a tendering process is underway to appoint a recovery contractor.

The Chair noted that the three schemes are substantial investments and asked how the new facilities would be launched on completion.

Raj Jain advised that the Head of Communications and Marketing is working to secure celebrities to support the official openings.

The Chair suggested that in view of the enhanced role of local authorities, the trust might consider inviting the Lord Mayor or lead for local Health and Wellbeing Board. Raj Jain agreed to pursue this.

RJ

The Board noted the report.

4.4 Charitable Funds Strategy : A Brighter and Healthier Future for All

Raj Jain explained that the aim of the strategy is to maximise the opportunities for use of charitable funding and that research had indicated the need for a major item, such as an education centre, to become the focus for a high profile appeal. Professional support would be secured to target two key markets – patients, including legacies and charitable foundations.

David Bricknell noted that the trust already held a significant charitable fund and stressed the importance of spending it.

Pat Firby asked what process had taken place to identify an education centre as the priority and something that people would wish to give to.

Raj Jain advised that professional fundraising advice will be sought to confirm this, to identify who will be the main givers and to advise on what level of funds are likely to be achieved.

Pat Firby asked what other ideas had been considered and heard that the professional advisor had not yet been identified and briefed. This work would follow.

The Chair advised that charitable fund raising needs to be aligned to the trust's core business and the development of new education facilities is a key area that will add value and help to ensure the trust's long term sustainability.

Glenn Russell noted that consultants earn donations in a sporadic way and advocated the need for a cultural change that ensures all donations are for corporate benefit, and also that there is a need for clarity around what funds consultants are permitted to hold.

He added that the development of an education centre will support the application of the Patient and Staff visions in respect of training and development; and that provision of modern teaching facilities are important for the recruitment and retention of a skilled clinical workforce.

The Chair supported this view and noted that the existing lecture theatre facility is of poor quality and has insufficient capacity to meet the trust's needs.

Mark Greatrex proposed that the strategy become focused around an Appeal Fund Strategy that would not prevent donations to the general fund and explained how the decision making framework might be refined to support this.

Sue Pemberton noted the value of a new education centre to staff who would see this as an investment in their development. She added that use of general funds to progress the work on Enhancing the Healing Environment had been important and well received by staff.

Geoffrey Appleton advised on the importance of identifying names of key individuals in companies to support corporate giving and Rob Toomey supported this, stating that it is the business people behind the corporate that will be influential and the key to ensuring success. Raj Jain advised that it will be important to work hard to gather the necessary market intelligence and that he anticipated that the professional expertise would provide this input.

Geoffrey Appleton advised that the creative use of space to facilitate fundraising such as 'buy a brick' could be successful in raising funds and provide a greater awareness of the ambitions of the Appeal.

Following comment from David Bricknell the Board discussed the implications of asking staff to contribute and participate in fund raising and it was noted that the launch of a staff lottery scheme was a suggestion that had come from staff.

The Chair summarised the discussion, noting support for a specific Appeal for an Education Centre to supplement other fund raising for day to day use. The Board supported the strategy subject to alignment with the professional advice that will follow.

4.5 Agenda for Change Update

The Board noted the report, supporting Raj Jain's view that there is little to gain at the present time by the trust deviating from the national position on pay. It was confirmed that the trust should 'watch and wait' and align any changes to what is determined nationally.

4.6 DH Consultation on NHS Commissioning Board Mandate

Raj Jain provided an overview of the Commissioning Board Mandate and led a discussion on what the implications might be for LHCH.

Glenn Russell highlighted the need to progress work on shared decision making.

The Chair emphasised a new focus on improving the health of the population and his belief that the thrust of the reforms centre upon the reconfiguration of primary care and a significant shift towards focus on health and health outcomes rather than hospitals.

Pat Firby commented on the change to the way in which local authorities are to be funded and the fact that this will no longer be based on deprivation.

The Chair noted that many areas of deprivation had generated significant financial surpluses which could suggest that resources are not being used effectively.

Raj Jain observed that up until now, LHCH had been an NHS provider but it may become a provider of NHS commissioned services. He considered how the outcomes described in the Mandate would be transacted, noting the potential for significantly more targets.

The Chair stressed the renewed importance of ensuring that all treatments are proven to be clinically effective.

Sue Pemberton noted the importance of continuing to improve the experience of care but noted the absence of any emphasis upon dignity in care.

The Board discussed the ways in which CCGs can be influenced through linking with the Chairs and Chief Officers of CCGs, whilst noting that the majority of LHCH services are likely to be commissioned by Specialist Commissioners.

Geoffrey Appleton recommended that Raj Jain takes early action to build a relationship with the Director of Public Health in Liverpool.

The Chair advised that he and Raj Jain had considered inviting the

newly appointed Director of the Local Area Office of the NCB to the Board's development day in September 2012.

Raj Jain summarised that there are two areas that the trust should focus its attention:

- i) Understanding how financial flows will determine change – the Mandate indicates no prioritisation of disease groups and this poses a challenge as to how financial resources will be allocated; and
- ii) Exploitation of the trust's strengths in demonstrating excellent outcomes underpinned by research.

The Board noted the importance of the Mandate in setting out the future direction for management of the NHS and agreed to devote further time to ensuring the trust is well positioned to exploit new opportunities.

5 Quality / Value – Performance

5.1 Executive Summary – Finance and Performance report for period ended 30th June 2012

Mark Greatrex summarised the key headlines and highlighted two exceptions as follows:

- Performance of the 62 day cancer pathway is rated red and will be discussed in detail under agenda item 5.3
- The net financial surplus margin is rated amber due to private patient activity being below plan and the over performance of activity on the NW Specialist Commissioning contract.

The Board noted the report.

5.2 Quarter 1 Monitor Submission

The Board received the report and confirmed that for finance it anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.

For governance, the Board confirmed that subject to its consideration of the cancer report and confidence of on going compliance with the 62 day pathway, it is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after application of thresholds) as set out in Appendix B of the Compliance Framework; and a commitment to comply with all known targets going forwards.

The Board noted that Monitor had been advised of the breach of the 62 day cancer target and that the detailed report (Item 5.3) had been shared with the Relationship Manager.

The Board confirmed that there are no matters arising in the quarter requiring an exception report, which have not already been reported to Monitor.

The Chair concluded by expressing disappointment that the trust's Q1

governance rating would remain amber-green as a result of the breach of the 62 day cancer target, but was pleased with the assurance provided to demonstrate that an FRR of at least 3 would be sustained.

5.3 Cancer target – breach of 62 day pathway

Mark Jackson presented the report and highlighting the issues linked to underperformance and the detailed breach analysis. Actions will now focus upon sharpening local tracking procedures and escalation processes along with targeting DGHs that have failed to make timely referrals to LHCH.

Bridget Leek referred to the trend analysis noting that in 2011/12 the target had been consistently achieved but in 2012/13 that target had been breached in each month, asking what had changed.

Mark Jackson noted that there had been some change in activity and also that there had been operational problems with management of the team and absence of the cancer manager.

Bridget Leek asked how confident the executive team are that performance of the cancer pathway can get back on target.

Mark Jackson stated that he believed the actions put in place to improve tracking would yield a sustainable improvement, but reminded the Board of the complexity of the pathway and small numbers involved that mean a very low number of breaches can impact significantly on ability to meet the target.

In response to a question from Geoffrey Appleton, Mark Jackson confirmed that the impact of the breaches had had no adverse impact on the safety and care of the patients involved.

The Chair advised that the trust already had the advantage of a lower threshold of 79% compliance (compared to the national threshold of 85%). He advised that an amber –green rating for two successive quarters does not do justice to the trust and that efforts must necessarily be disproportionate to protect patients and the reputation of the hospital. He advised that any support required of the Board to ensure compliance will be forthcoming.

A discussion followed around how late referrals from DGHs should be escalated and the profile raised through Chair to Chair discussions.

Following full consideration of the issues and improvement actions, the Board confirmed its satisfaction with the plans outlined to ensure ongoing compliance and supported signing of the Board statement to this effect to Monitor.

Lucy Lavan referred to Risk 13 in the Board Assurance Framework and asked if the Board was content to retain its rating of 'Full Assurance'. The Board confirmed that on consideration of the action

plans and reinforcement of escalation processes that the rating of 'Full Assurance' should continue.

6 Governance

6.1 External Assurances Received :

6.1.1 Monitor Q4 letter

Raj Jain highlighted to the Board that there had been one C-Diificile case in Quarter 1 and as such the trust was back on trajectory. He noted that had there been a failure to meet infection targets in Quarter 1, this could have triggered a red rating for governance from Monitor.

The Board noted the report.

6.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

6.2.1 Clinical Quality Committee

Glenn Russell presented the Key Issues report.

Pat Firby referred to what she believed was a recurrent theme around poor documentation relating to VTE and asked what improvement work would be instigated in view of the forthcoming NHSLA assessment.

Sue Pemberton advised that a recent audit had demonstrated that despite shortfalls in documentation, no patient had received sub-optimal care. She advised that driving continuous improvement in documentation and securing ownership and clarity of responsibility will be a key part of the preparatory work for NHSLA.

Glenn Russell confirmed that significant progress had been made in the clinical management of VTE.

Bridget Leek cautioned against making any assumption that EPR will overcome weaknesses in documentation.

The Chair referred to the Cystic Fibrosis Deep Dive and questioned whether the Committee had received the actual report.

Mark Jackson advised that the report itself had not been circulated but that the Committee had received a presentation from the Clinical Lead on the key findings of the report.

The Chair questioned whether the Committee should have accepted assurance from the clinical lead on his own peer review, without seeing the detail of the report. He also expressed concern over the length of time taken to bring the findings to the Committee, given that the report was published in October 2011. He noted also that one of the governors is awaiting a response on the outcome of the review.

Raj Jain advised that the review had been instigated by the Cystic

Fibrosis Trust and does not carry the same status as a traditional Peer Review.

Glenn Russell advised that he will instruct that the full report is brought to the next meeting of the Clinical Quality Committee.

Pat Firby then referred to an issue that had not featured in the BAF Key Issues Report. She advised that she had noted that the Infection Prevention Policies are out of date and asked if there is a system in place to prompt policy reviews in advance of the expiry date.

Lucy Lavan advised that the Document Control Policy is in place to ensure this and suggested that compliance with the policy is audited.

Mark Jackson advised that the Head of Information is in the process of updating the Document Control Policy and will take responsibility for ensuring effective implementation.

The Board noted the report and issues raised, confirming that there is no requirement to update the BAF.

The approved minutes of the meeting of the Clinical Quality Committee held on 1st June 2012 were noted.

6.2.2 EPR Programme Board

Lucy Lavan asked that the Board reflect on its discussion and consider whether there was a need to qualify the Board Assurance Framework in respect of Risk 22.

The Board determined that at the present time the rating of 'Full Assurance' should be retained, confirming that there is no requirement to update the BAF.

The unapproved minutes of the meeting of the EPR Programme Board held on 15th June 2012 were noted.

6.2.3 Finance Committee

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meetings of the Finance Committee held on 30th April 2012 and 28th May 2012 were noted.

6.2.4 Patient and Family Experience Committee

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

Sue Pemberton added that in relation to the CQC's QRP and feedback on the outpatient service, the Committee is actively overseeing progress with the Outpatient Improvement Plan, including provision of better information to patients.

GNR

The approved minutes of the meeting of the Patient and Family Experience Committee held on 15th May 2012 were noted.

6.2.5 Corporate Readiness Committee

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

Raj Jain referred to the Board's earlier discussion about the need to improve clinical documentation and highlighted the note in the report advising that a new Clinical Records Committee had been established with renewed focus and energy on improving documentation. This was noted by the Board.

The approved minutes of the meeting of the Corporate Readiness Committee held on 6th March 2012 were noted.

6.2.6 Workforce Committee

Raj Jain presented the report.

In response to a question from Pat Firby, Raj Jain advised that two trust posts had been lost as a result of the outsourcing but that the new service provided greater resilience and more effective management of peaks and troughs in service demand.

The Board noted the Key Issues report and confirmed that there is no requirement to update the BAF.

The approved minutes of the meeting of the Workforce Committee held on 17th April 2012 were noted.

6.3 Receipt of Assurance Committee Annual Reports:

6.3.1 Corporate Readiness Committee

Raj Jain presented the report noting that the terms of reference had been met and contribution from membership improved as a result of the committee re-structure 12 months ago.

Lucy Lavan noted the need to update the membership in terms of the job titles of the Chair and Deputy Chair and this was supported.

Subject to this amendment, the proposed changes to the Corporate Readiness Committee's Terms of Reference were approved.

The Board noted the report, confirming that the Corporate Readiness Committee had operated effectively throughout 2011/12.

6.4 CQC Compliance Report

Sue Pemberton presented the compliance report for the 16 CQC Essential Standards of Quality and Safety, as determined by the Assurance Committees.

The Board noted the further evidence required in respect of

TW

Outcomes 1, 4 and 5 and endorsed the recommendation of compliance for all remaining outcomes.

The Board noted the report and agreed that it will receive an update report in January 2013.

6.5 Proposed agenda for Board of Directors' Development Day on 25th September 2012

Raj Jain advised that he had been considering external experts who can provoke the Board's thinking and referred to the Board's earlier discussion about possibly inviting **Clare Duggan** to speak at the forthcoming Board Development Day.

He also advised that it is timely to undertake an external assessment of the Board's effectiveness.

Raj Jain briefed the Board on a recent visit by David Fillingham to discuss the benefits of re-joining AQuA and described the value of AQuA's Board Development Programme which is focused on developing leadership to ensure the delivery of safe services.

The Board went on to note the Board Governance and Assurance Framework recently developed as an assessment tool for applicant FTs, which could be used to test the Board's effectiveness.

Raj Jain advised that getting the timing right will be important, and that the AQuA programme would need to be introduced later in the year than September. He asked Board members to give further thought to the options presented and provide views to inform the Board's Development Plan.

6.6 Governor Election Report

The Board noted the report.

6.7 Quarterly Report of the Director of Infection Prevention and Control

Glenn Russell presented the report, highlighting to the Board the MRSA screening rates and confirming that the trust remains within set trajectories for MRSA and C-Difficile.

The Board noted the report.

9 For Information

9.1 Integrated Finance and Performance Report for the period ended 31st May 2012

The Board noted the report.

10 Chair's Briefing

The Chair recorded the success of the recent Staff Awards ceremony and noted that two governors, Menna Harland and Paula Pattullo had been involved and had been impressed with the quality of the bids from staff.

The Chair reflected on the recent Chair's lunch meeting with governors, noting that there had been very positive feedback from governors about the level of support and interaction provided by the Board.

It was noted that the Non Executive Directors had joined the HfMA Chairs and NEDs forum.

The Chair congratulated Lucy Lavan on her recent appointment to Wirral Hospitals, acknowledging her contribution to the successful FT application and subsequent work in support of the Board and the Governors, noting that the Board will be sad to see her leave LHCH.

11 Chief Executive's Briefing

Raj Jain updated the Board on the development of Academic Health Science Networks (AHSNs) aimed at spreading best practice in a sustainable way and described the competitive process for accreditation.

The Board heard that Cheshire, Merseyside and Lancashire have collaborated to propose a single AHSN, meeting the criterion relating to coverage of a 5 million population and that LHCH had expressed an interest and set out an ambition to focus upon pharmaco – genetics in collaboration with the University of Liverpool. The outcome of the proposal is awaited.

12 Minutes of the Board of Directors' Meeting held on 30th May 2012

The minutes of the meeting held on 30th May 2012 were reviewed for accuracy.

The minutes of the meeting held on 30th May 2012 were received, approved and signed by the Chair.

13 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 4 – dealt with under agenda item 4.5 – action closed
- Action 5 – dealt with at Board Development Day in June 2012 – action closed
- Action 6 – dealt with at Board Development Day in June 2012 – action closed
- Action 8 – dealt with under agenda item 4.2 – action closed
- Action 9 – Glenn Russell advised that the operational policies for dealing with needlestick injuries are being addressed through the Infection Prevention and Workforce Committees – action closed
- Action 10 – Lucy Lavan advised that the annual reporting process for assurance committees had been discussed at the recent Audit Committee workshop and it had been proposed that MIAA undertake an annual effectiveness review to supplement a rolling programme of deep dives to be conducted by the Audit Committee. This was supported –

- action closed
- Actions 11,13,15,17, 18 had all been completed – actions closed.

The Chair asked for feedback on the format, structure, agenda and documentation presented at the meeting and the Board confirmed its satisfaction with all aspects.

The Chair invited Sue Pemberton to provide a presentation on the CQC's latest QRP publication. The Board was reminded of the purpose and context of QRP and heard Sue Pemberton's response to the small number of indicators which had been rated worse than / tending towards worse than expected.

A discussion followed around the process for circulating the QRP to the Board and the application of the Board Assurance Framework Policy in respect of escalating exceptions to the Board via the BAF Key Issues reports.

14 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.

15 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 30th October 2012 in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____
Chair

Date: _____

Board of Directors

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Tuesday 30th October 2012**

Present :	<p>Neil Large Raj Jain Geoffrey Appleton David Bricknell Pat Firby Bridget Leek Rob Toomey David Jago Mark Jackson Sue Pemberton Glenn Russell</p>	<p>Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director / Deputy Chair Non-Executive Director Non-Executive Director Director of Finance Director of Research and Informatics Director of Nursing Medical Director</p>
In Attendance:	<p>Lucy Lavan Tony Wilding Sarah Booth Ann Conley Cath Barton</p>	<p>Associate Director of Corporate Development / Trust Secretary Associate Director of Service Improvement Head of Communications and Marketing General Manager SACC for item 4.1 General Manager C&CM for item 4.1</p>
Apologies For absence:		

		Action
1	Apologies for absence There were no apologies for absence.	
2	Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. Geoffrey Appleton and David Bricknell declared an interest in item 6.9. All other directors declared that they had no interests.	

The Chair welcomed David Jago to his first Board meeting and thanked Lucy Lavan for her hard work for the Board during her time at the Trust, especially for her contributions to the FT application process and work with the Chair and Council of Governors.

3 Patient Story

Sue Pemberton read a patient story.

4 Strategy and Development

4.1 Service Developments Update

The Chair welcomed Ann Conley, General Manager SACC and Cath Barton, General Manager C&CM. They presented service developments and business cases that each directorate has been working on, including:

- Same day admission for surgery
- Endobronchial valve surgery
- Medical thoroscopy
- Breathlessness clinic

The Board was updated on progress of each service development and business case.

There was discussion about the current NHS commissioning landscape. Glenn Russell commented that the services proposed in the business cases would make a real difference to patients and therefore there is a need to keep trying different avenues to progress them with commissioners. Raj Jain added that when the Local Area Teams are fully established, there should be an improvement in responsiveness.

Raj Jain added that LHCH wanted to continue to be a leading edge Trust but that the Board would not be approving additional developments without there being financial surety surrounding the overall surgical services' financial performance.

Developments under commissioner consideration were the upper GI surgical centre with the invitation to tender for services likely to be available in the coming few weeks. Ann Conley assured the Board that the directorate was prepared for this tender and had taken advice from an external company. Glenn Russell mentioned the complimentary peer review of the service.

Cath Barton then spoke about the Primary PCI service in Wales, inherited cardiac conditions, ACHD and Knowsley community diabetes. The shortlist for the diabetes tender is expected on 19th November.

Glenn Russell congratulated Ann Conley and Cath Barton on the quality of the tenders and business cases they have developed in short spaces of time.

The Chair raised the issue of communicating the whole picture of

developments to commissioners and during the discussion suggestions included using the invite to the CCGs to attend an event at LHCH as one option and using the website better to promote developments and liaise with patient groups.

The Chair thanked Ann Conley and Cath Barton for the outstanding work they do.

Ann Conley and Cath Barton left the meeting.

4.2 R&D Financial Forecast 2012-2015

Mark Jackson presented the R&D financial forecast following discussions at the last Board of Directors' meeting regarding the R&D strategy and expected costs which would be incurred as part of the implementation of the strategy.

Mark Jackson explained that three avenues of income had been identified, those being the Comprehensive Local Research Network (CLRN), commercial and grants, noting that the service wished to place more effort into attracting grants. He had estimated the likely success in attracting grants and explained that should this be unsuccessful, there is sufficient funding in reserves to cover the lifetime of the strategy.

Glenn Russell asked about learning from grant applications if they are unsuccessful and Mark Jackson explained that feedback is received including an indication of whether a further application would be welcomed.

Pat Firby asked whether the Trust had the expertise and time to take advantage of applying for grants and Mark Jackson explained that a multi-disciplinary team had been put together including academics to help shape the grant applications.

Rob Toomey asked about the financial management of R&D and this was confirmed as being the Head of Research with support from the finance department. It was noted the importance for R&D to be financially viable and self-sufficient.

Raj Jain congratulated Mark Jackson on the research work completed and emphasised that the Trust would be proactive in identifying where any surplus is allocated going forwards, as part of the diversification approach.

Following a question from the Chair, Mark Jackson confirmed that all capital charges and overheads were all included within the costs.

The Chair concluded the discussion by confirming that excellent progress has been made. He asked about the direction of charitable funds in light of the focus on attracting additional research income. Raj Jain confirmed that research was becoming more profitable meaning that charitable funds can be used for other purposes within

the Trust.

The Chair requested that R&D income be separately identified in the finance report going forward.

The Board approved the financial plan underpinning the Research Strategy 2012-2015.

4.3 Five Year Estates Strategy Refresh (Years 4 and 5)

Tony Wilding gave a presentation on the development of the estates strategy.

He explained the new drivers for change are the integrated care models, the Nicholson Challenge and the Healthcare Bill. Work was underway to look at what the estates requirements were for the next 10 years and Tony Wilding presented indicative costs for asset replacement, IT replacement, estates maintenance and service developments. Following a question from the Chair, David Jago confirmed the costs presented were set against our depreciation charges.

Tony Wilding listed the main estates schemes which will be developed into business cases. These included outpatient upgrade, education centre, same day theatre and administrative accommodation. He then presented a financial overview of the whole expenditure for the coming 10 years.

David Jago commented that the high level financials presented by Tony Wilding provided a useful summary but that attention needed to be given to the opening cash balances as this could challenge the achievement of the FRR if these were utilised. There is £2.5 million challenge for the next financial year, meaning that either the surplus needs to be increased or the schemes reprioritised. He also commented on the need to take into account the emergence of new technology which may come onto the market.

Glenn Russell referred to the intention to utilise the charitable funds towards the education centre development.

Tony Wilding confirmed to the Chair that CT and MR scanner replacements were included within the schemes.

He then summarised the next steps, which are to use the Board Strategic Award Day for further discussion in December and to present the revised Estates Strategy to the January Board.

The Chair asked about the Royal's ambitions for the site and Raj Jain reflected on the historical difficulties surrounding the two organisations' differing requirements of the estate, but emphasised the continuing efforts being made to work together.

4.4 Estates Strategy – Tracking Delivery of 2012/13 Major Schemes

Tony Wilding provided an update on the delivery of the capital schemes. He explained that following the retender of the contract for the Research Unit, work had recommenced on site with the unit due for completion on 19th November. Staff are due to move in the week of 26th November. He noted that the scheme is currently showing a financial forecast of £23k over budget but the expectation is that it will be on budget.

For Oak Ward, Tony Wilding explained that due to a building contractor error, the date for completion has fallen behind by 4 weeks to 10th December. He assured the Board that weekly progress meetings with the contractor to monitor progress and ensure quality were strong and robust.

For Day Ward, he explained that work has now started on site and the revised date for completion is November 2013. The main risk for delivery is the complexity of delivering the work next to a clinical area.

Pat Firby asked if the Trust would have to bear additional costs for the contractor's mistake and whether there are penalty clauses. Tony Wilding confirmed there will be no additional costs and while there is a penalty clause, the Trust is trying to forge good working relationships with the contractor on the Day Ward project.

4.5 **Liverpool Health Partnership**

Raj Jain presented the paper on the Liverpool Health Partnership, explaining the background to its development and the belief among the founding partners that academia and NHS organisations could have better relationships to maximise their potential for research, education, and service reconfiguration and redesign.

He said that LHCH has been invited to join the partnership as a founding member and that the Partnership could develop into an Academic Health Science Centre in the longer term.

Raj Jain then explained that Monitor's approval was being sought and highlighted the associated documentation sent to the Board including the draft Membership Agreement, Articles of Association and Funding Agreement.

The Board agreed to:

- Self-certify the statements and confirm that a copy of the paper (with statements) can be submitted to Monitor for consideration
- Populate the Board Assurance Framework in respect of Risk 15, confirming that the Board is fully assured (based upon the self-certification process undertaken)
- Delegate authority to the Chief Executive to sign the legal documentation that will enable the Trust to be incorporated as a founder member of LHPL, in return for payment of an annual grant of £80,000
- Authorise application of the common seal to the 'Deed of Adherence' (Members Agreement).

LL
SB

4.6 **Output from Strategic Board Session on 27 09 12**

Raj Jain reflected on the previous Board discussion and the need to set the new direction of travel for the organisation. He reiterated the wish to use an external facilitator to help the Board think through the process of revising the strategic statements for a 10 year time period. Board members were happy with the proposal.

4.7 **Provider Co-operation Perspectives on Merseyside**

Raj Jain gave a presentation on provider co-operation across Merseyside noting the drivers for this being money, technology and quality and safety expectations. He drew attention to the fact that while the population is not set to increase, the number of over 85s is, which will affect commissioner priorities. Raj Jain highlighted that Merseyside receives 27% more income per head than the England average.

He explained that the task for the organisations involved is to decide how they would manage and configure themselves, if they were one organisation. Initial thoughts had included there being too many Trusts, too many beds, too much estate and the need for investment in primary care. Pat Firby mentioned the importance of looking at access to GP practices.

Sue Pemberton highlighted an article she had read which showed that patients want someone to co-ordinate their care, such as the key worker approach in children's services. She suggested this was important to remember when considering care pathways.

Raj Jain emphasised that the Trust is a willing partner in the work with those who will work collaboratively for improved patient outcomes. He used the example of the Upper GI tender to illustrate how from the Trust's perspective, maintaining the status quo is not a viable option because of the need to improve the experience for all patients. He also commented that the Trust believes in 24/7 integrated pathways and service line management.

The Chair noted the importance of leadership qualities for the organisations working together.

Geoffrey Appleton commented on the likelihood of seeing local politicians more involved in health and the Chair said their focus should be on outcomes and integration.

Raj Jain then took the Board through work completed so far such as developing a cardiology service line proposal, working collaboratively with the adult specialist hospitals and setting up an Executive Team meeting with the Royal.

Raj Jain then outlined work currently in progress. This includes the establishment of a joint venture with Wirral Hospitals. The partnership enables Wirral to improve its cardiology services through

collaboration with LHCH. For LHCH, the partnership will safeguard the specialist nature of its work. Mark Jackson asked about the Wirral consultants' views and Glenn Russell commented it presented the pragmatic way forwards and would be for their Medical Director to lead their consultants in this respect.

The second development Raj Jain described is an agreement with Spire Warrington. The services offered through the partnership will be in direct competition to Warrington DGH. A memorandum of understanding has been created and the intention is to run the service for an initial 12 months before consideration of a more permanent footing.

The Chair asked about risk assessments and due diligence, recommending that the investment committee should consider the different options for service line agreements and joint venture models.

The Board agreed for the Director of Finance to discuss options with the Investment Committee prior to bringing a report to a future Board meeting outlining the potential models for collaboration and their relative advantages and disadvantages..

Raj Jain concluded by noting other collaborations underway such as the Academic Health Science Network, which comprises NHS provider Trusts, commissioners, universities and industry. He is on the steering group of the North West Coastal Network.

4.8 Health and Social Care Act 2012 – Update on Healthwatch

Raj Jain introduced the paper which detailed the role of Healthwatch and Local Healthwatch. This emphasised the likely influence which local Healthwatch will have with commissioners, providers, regulators and Healthwatch England. He commented on the need for the Trust to be proactive and have a strong communications process in place for each local Healthwatch.

Geoffrey Appleton commented that the local Healthwatch are all at different stages of development.

Neil Large recommended an overall engagement strategy for CCGs, Healthwatch and the Health and Wellbeing Boards which would then inform how NEDs engage with external groups. Raj Jain suggested sharing the revised stakeholder mapping work which has recently been undertaken.

The Board agreed for the stakeholder mapping to be brought to the November Board.

5 Quality/Value – Performance

5.1 Executive Summary – Finance and Performance Period Ended September 2012

David Jago introduced the report and noting that colleagues had read the report in detail, sought questions from Board members. Pat Firby

DJ

RJ

asked about delayed transfers of care and David Jago said he was looking at current practice within the FT and whether there is a case for imposing financial penalties in respect of this activity. The importance of the definition of what legally constitutes a delayed discharge to allow a penalty to be levied was noted. Sue Pemberton said the most common reasons for delays were patients waiting for a DGH bed.

Following a query from Rob Toomey, David Jago confirmed that provisions have been made for over activity. This includes an assumption of payment of income at 43%. This will deliver a FRR in line with the planned end of year rating. The outcome of the negotiations with commissioners on over performance against the contract is expected by 26th November.

It was noted that whilst income was above plan the costs of delivering this activity, notably premium agency costs, was adversely impacting on the ability to deliver contribution from this above plan income.

David Bricknell asked about Welsh repatriation and previous comments made about the potential to secure activity from South Wales and David Jago confirmed there is a lack of a coherent strategy across Wales regarding repatriation.

David Jago concluded by confirming the progress made on cancer performance to increase the Governance Risk Rating for Quarter 2 – Year to Date is amber-green but noting in quarter 2 improved compliance at green.

The Board noted the report.

5.2 Quarterly Finance and Activity Forecast

David Jago introduced the paper highlighting the performance and plans for going forwards to maintain a robust FRR 3.

Pat Firby asked if there would have been fewer vacancies if the Capita contract had been working effectively. Raj Jain confirmed the vacancy level is in line with the Trust's normal vacancy level, however he commented that the contract had not performed in the way expected though steps have now been taken to improve that.

Rob Toomey queried how the weightings are calculated on the Monitor risk ratings. David Jago offered to provide a summary of the metrics and assured the Board that if the Trust achieved at least 60% income for over performance, it would result in a year end FRR of 3.2 based on current assumptions incorporated into the forecast outturn.

The Chair assured that Board that there had been robust challenge at the finance committee on CIPs and expenditure. He confirmed that David Jago had provided assurance on the end of year position including an action plan to address private patient income going forwards.

David Bricknell commented on drugs costs being lower than anticipated and David Jago replied that this was due to inflation being lower than expected.

The Board noted the report.

5.3 Quarter 2 Monitor Submission (including declarations)

David Jago presented the report which set out the financial risk rating of 3 at the end of quarter 2 and a Governance rating of Green.

The Board approved:

- For finance, that it anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.
- **Following a discussion on item 5.4 to amend the recommendations in the paper relating to Governance, to provide a report to Monitor regarding Cancer performance and outlining the reasons why the Trust feels it has incomplete assurance on this matter, in that the current performance system (breach allocation) is clearly wrong as it does not reflect where delays are actually occurring.**

RJ

5.4 Update on Cancer Waiting Times Performance 2012/13

Mark Jackson presented the paper on Cancer Waiting Times reporting that performance has improved, resulting in the Trust declaring a Green governance risk rating for Q2.

He commented that while performance against the 62 day (urgent GP referral) has improved and is above the Monitor target, it nevertheless still falls short of the DoH operational standard. Performance against the 62 day (Consultant Upgrade) standard has also declined in Q2.

Mark Jackson emphasised that performance remains a critical area to monitor because of the complexity of the patient group.

He then assured the Board that a number of operational improvements have taken place, including improvements in data quality and identifying referrals coming into LHCH. He confirmed to the Board that there were no administration delays made by LHCH.

He briefed the Board on a scoping exercise undertaken by the Merseyside and Cheshire Cancer Network to look at introducing a breach reallocation process and that should it be introduced, the Trust would significantly improve its reported position.

Pat Firby asked how the Trust compared to other tertiary centres and Mark Jackson said many Trusts were struggling with achieving the target.

Raj Jain asked the Board if they were satisfied with the level of assurance remaining as full recommending a declaration of

incomplete assurance be made due to the inequality of the breach system. Raj Jain suggested that a conversation take place with Monitor's relationship manager in advance of the quarter 2 declarations being submitted

The Board noted the quarter 2 achievement and the failure to achieve the consultant upgrade target. The Chair asked for the action to address the consultant upgrade target to be added.

The Board agreed to:

- Update the Board Assurance Framework in respect of risk 13 to declare incomplete assurance
- Brief Monitor on the Trust's current position in advance of the Quarter 2 submission, which will be amended in light of incomplete Board assurance Updated the recommendation relating to the consultant upgrade target to include the action being taken to address this.

The Chair emphasised the importance in the delivery of key national targets and he asked for the Boards thanks to be passed on to the staff who have been working on improving cancer performance.

6 Governance

6.1 External Assurances Received :

6.1.1 NHS Merseyside Major Incident Plans

The Board noted the external assurance from NHS Merseyside for its Major Incident Plan.

6.1.2 NHS Merseyside Assurance Process on Cost Improvement Plans 2012/13

The Board noted the external assurance received from NHS Merseyside for its Cost Improvement Plans for 2012/13.

6.1.3 Monitor Q1 Letter

The Board noted the confirmation from Monitor of its quarter 1 finance risk rating of 3 and governance risk rating of amber/ green.

6.1.4 CQC Unannounced Visit – 23 80 12

Sue Pemberton outlined the recent unannounced visit by the CQC inspectors in August who spent a day on Oak and Elm Wards carrying out a rigorous assessment of five outcomes. The Trust is compliant with all outcomes with no concerns have been identified. The Board noted the report.

6.1.5 PEAT inspection

Sue Pemberton confirmed that the Trust has received Excellent in the three areas assessed by the annual PEAT assessment which are food, privacy and dignity, and patient environment.

She commented that the Trust will be taking part in the new process which will be replacing the PEAT assessments. A pilot assessment was carried out on 4th October and initial feedback received is very

SB

RJ

positive.

Neil Large noted that NEDs should be mindful of the results so they can pass on their congratulations to staff on their walkabouts.

The Board noted the report.

6.2 Board Assurance Framework – Key Issues Reports and Minutes from Assurance Committees

6.2.1 Clinical Quality Committee

The Board noted the report. Pat Firby asked for clarification concerning a SUI which related to the fitting of a pacemaker device and associated documentation. Glenn Russell explained that some pacemaker devices allow the rate to vary and confirmed there were lessons to be learned in terms of documentation but that the conclusion from the coroner was that the death was unlikely to be related to the pacemaker.

Bridget Leek asked about risks associated with 18 weeks performance and Mark Jackson confirmed that the 18 weeks and cancer teams had been integrated. He was confident the data reported is correct and confirmed that the targets have never been under threat.

David Bricknell asked whether the Board will be receiving further information about pressure ulcer and tissue viability work. Following a discussion it was agreed he would meet with Sue Pemberton for an update on this work.

The approved minutes of the Clinical Quality Committee held on 7th September 2012 were noted.

6.2.2 EPR Programme Board

The Board noted the report.

The approved minutes of the meeting of the EPR Programme Board held on 21st September 2012 and the unapproved minutes of meeting held on 18th October 2012 were noted.

6.2.3 Finance Committee

The Board noted the report.

The approved minutes of the meetings of the Finance Committee held on 25th June, 30th July and 28th August were noted.

6.2.4 Patient and Family Experience Committee

The Board noted the report.

The approved minutes of the meeting of the Patient and Family Experience Committee held on 17th July 2012 were noted.

6.2.5 Corporate Readiness Committee

The Board noted the report.

The approved minutes of the meeting of the Corporate Readiness Committee held on 14th June 2012 were noted.

6.2.6 Workforce Committee

The Board noted the report. Geoffrey Appleton commented that the recent Workforce Committee had been the best to date.

The approved minutes of the meeting of the Workforce Committee held on 10th July 2012 were noted.

6.2.7 Audit Committee

Rob Toomey noted that Grant Thornton had been appointed as the External Auditors for the Trust.

The approved minutes of the Audit Committee held on 17th September 2012 were noted.

6.2.8 Charitable Funds Committee

The Board noted the report.

The approved minutes of the Charitable Funds Committee held on 11th June 2012 were noted.

6.2.9 Investment Committee

The Board noted the report.

The approved minutes of the Investment Committee held on 21st May 2012 were noted.

6.3 Director of Infection Prevention and Control Quarterly Report

Glenn Russell presented the report which informed the Board about infection prevention issues from July to September 2012. He drew the Board's attention to the overall rating for handwashing as red, due to changes in the process of monitoring handwashing being implemented. He confirmed there had been 2 cases of C-Difficile, one relating to a patient known to be C-Difficile positive. He confirmed the importance of continuous improvement. Glenn Russell then assured the Board that all actions put into place regarding MRSA have now been achieved.

Lucy Lavan noted that the report's assurance rating was 'concerned' and asked the Board to confirm that the concerns identified would not require the Board Assurance Framework to be qualified. Glenn Russell advised that all Monitor targets relating to infection prevention remain on trajectory and that there are no implications for the BAF at this time.

6.4 Report of the Nominations and Remuneration (Executive) Committee held on 24th July 2012

Neil Large introduced the report, noting the permanent appointment of the Medical Director. Lucy Lavan asked the Board for its approval for the revised terms of reference.

Rob Toomey asked for clarification about the notification of consultant appointments to the Board. It was agreed that Consultant appointments would be notified to the Board.

The Board noted the report and approved the revised Terms of Reference to be updated in the Corporate Governance Manual.

SB

6.5 ICMS Annual Report

Mark Jackson presented the ICMS Annual Report which detailed activity undertaken in the past year. He gave an overview of the three strategic objectives and referred to the cash statement included in the report. Mark Jackson drew the Board's attention to the forward budget for ICMS for the next three years, noting the wish to attract further grants and the possibility of recruiting a business manager dedicated to ICMS. This may mean the two organisations needing to commit more resources to ICMS in the future and he confirmed this has been built into the overall R&D financial forecast.

David Bricknell commented on the success to date of ICMS and the quality of the recent one year anniversary conference.

The Chair concluded by congratulating Mark Jackson and looking forward to seeing the results of the work.

6.6 Audit Committee Effectiveness Review

Rob Toomey presented the report from Mersey Internal Audit Agency regarding the effectiveness of the Audit Committee. The report did not highlight any specific issues, though a number of themes emerged and the Audit Committee work plan has been adjusted to reflect these.

6.7 Integrated Assurance Report

Sue Pemberton explained that the Board had previously discussed reviewing the way in which Board Assurance Framework key issues are presented. She provided a format which brings the Board Assurance Framework key issues together in one document alongside any issues from the QRP and any items which the Executive Team feels should be drawn to the Board's attention.

Non-Executive and Executive Directors commented that it provided a useful cross reference mechanism. The Chair requested that the headings be included on each page for ease of reference. Following a discussion, it was agreed to adopt this approach in addition to the established BAF key issues reports.

The Board:

- Approved the format for the Integrated Assurance Report
- Agreed to continue with the BAF key issues reports

6.8 Maintaining High Professional Standards

Raj Jain presented the report outlining the circumstances in which a Consultant Surgeon has been dismissed from the Trust and has lodged a claim with the Employment Tribunal. Following a question from Rob Toomey, Raj Jain stated that the worst case would be £900k should it lose the Employment Tribunal but that the Trust had a strong case.

6.9 Appointment of Deputy Chair and Senior Independent Director

Geoffrey Appleton and David Bricknell declared an interest in this matter.

The Chair explained some forthcoming changes to the Non-Executive Director posts with Pat Firby, Rob Toomey and Bridget Leek standing down. While their terms of office end at different points during the coming year, he said it seemed logical to recruit to all positions at the same time to assess the calibre of people interested.

The Chair said he planned to engage with the Governors about the desired skill set for the Non-Executive Directors at their development day in November, following which the recruitment process will begin.

In anticipation of those changes and to recognise the contributions to date of Geoffrey Appleton and David Bricknell, he recommended on behalf of the Board that Geoffrey Appleton be appointed as Deputy Chair and David Bricknell as Senior Independent Director and the identified Non-Executive Director for whistleblowing.

The Board supported:

- Geoffrey Appleton as the Deputy Chair so that a formal proposal can be made to the Nominations Committee of the Council of Governors.
- David Bricknell as the Senior Independent Director and identified Non-Executive Director for whistleblowing, subject to approval by the Council of Governors

6.10 Medical Revalidation

Glenn Russell highlighted the letter from Sir David Nicholson and Sir Bruce Keogh and confirmed all processes are in place for doctors to comply with revalidation. The Board noted the letter.

7 Receipt of:

7.1 Integrated Finance and Performance Report for the period ended September 2012

The Board noted the report and the comprehensive detail contained in the report.

8 Chair's Briefing

NL

The Chair commented on the recent FTN conference, the forthcoming results for the HSJ and Nursing Times awards, noting the hard work of everyone involved in the applications, and the Governor development day on November 13th, an agenda for which will be circulated to Board members in due course.

9 Chief Executive's Briefing

Raj Jain updated the Board on the HSJ assessment process involving the visit to the Trust and the presentation on 29th October to the judges by himself and Glenn Russell. Both felt the presentation had gone as well as could be expected. He confirmed results for the Nursing Times Awards would be announced on 31st October.

10 Minutes of the Board of Directors' Meeting held on 24th July 2012

The minutes of the meeting held on 24th July 2012 were reviewed for accuracy.

The minutes of the meeting held on 24th July 2012 were received, approved and signed by the Chair.

11 Board Calendar of Dates – 2013

The Board noted the calendar of dates for 2013. Following a discussion, it was agreed to review the date of September strategic Board session to consider a date earlier in September.

12 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – included in the estates strategy presentation item 4.3 and forthcoming Board report – action closed
- Action 3 – annual process introduced each July – action closed
- Action 5 – included in the estates strategy presentation item 4.3 and forthcoming Board report – action closed
- Action 7 – dealt with under agenda item 4.2 – action closed
- Action 8 – Glenn Russell confirmed that the CF peer review was discussed and a update will be received at the Clinical Quality Committee in January – action closed
- Action 9 – included in the estates strategy work – action closed.

13 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.

14 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 27th November 2012 in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

15 Any Other Business

David Bricknell raised the issue of patient stories and it was agreed

SB

he would discuss how the Trust could further develop the use of these
with Sue Pemberton outside of the meeting.

Signed: _____
Chair

Date: _____

DRAFT

Board of Directors

Item 11

minutes

Minutes of the Board of Directors meeting held on Tuesday 27th November 2012

Present :	Neil Large Geoffrey Appleton David Bricknell Pat Firby Bridget Leek Rob Toomey David Jago Mark Jackson Sue Pemberton Glenn Russell	Chair Non-Executive Director Non-Executive Director Non-Executive Director / Deputy Chair Non-Executive Director Non-Executive Director Director of Finance Director of Research and Informatics Director of Nursing Medical Director
In Attendance:	Tony Wilding Sarah Booth	Associate Director of Service Improvement Trust Secretary/ Head of Communications and Marketing
Apologies For absence:	Raj Jain	Chief Executive

		Action
1	Apologies for absence Apologies were received from Raj Jain, Chief Executive.	
2	Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. Geoffrey Appleton declared an interest in relation to item 4.1. All other directors declared that they had no interests.	
3	Patient Story Sue Pemberton read a patient story.	
4	Strategy and Development	
4.1	Health and Social Care Act – Stakeholder Mapping Geoffrey Appleton declared an interest in this item.	

Sarah Booth presented the work recently undertaken to update the stakeholder maps. She explained the rationale for developing five stakeholder maps rather than one Trustwide map, focussing on areas of strategic importance. She gave an overview of actions planned to engage with key stakeholders in the coming three months. Board members discussed the stakeholder maps, including identifying changes to the positioning of some groups and the addition of other actions. The Chair asked that key stakeholders' websites are used as a way of keeping updated on issues relevant to the Trust.

SB

4.2 Proposed Agenda for Board Development Day on 11th December 2012

David Jago outlined the key headlines for the Board Development Day. Executive Directors will be leading discussions on strategic areas. This will include an overview of income and expenditure for the next 10 years linked to the capital plan. The Chair confirmed that an external speaker was being looked into and that the agenda will be finalised by the Executive Team and then circulated to Board members.

4.3 Outcomes Following Joint Council of Governors and Board of Directors Development Day

The Chair fed back on the recent joint development day, noting it had been a successful event with good debate. Governors were pleased with the openness of communication between the Board and Council. Governors were supportive of the Trust's plans as well as proactive and challenging in their questioning. The Chair highlighted the action plan, drawing particular attention to:

- Ensuring that the Council of Governors' objectives are reviewed at each meeting
- Setting up a task group to look at how Governors can be more proactive in setting Council of Governors' agendas
- Identifying interest groups so that Governors can work together to identify suitable questions to ask at the Council of Governors' meetings
- Extending the half hour session prior to the Council of Governors to an hour, enabling those interest groups to meet for the first half hour, with the second half hour for interaction with Board members
- Developing clearer information on the role of Governors to support elections.

The Chair explained that Governors had considered the issue of significant transactions and supported the proposal to use Monitor's definition. Regarding mergers and acquisitions, Governors had taken the view that training would be useful but at the appropriate point. Governors supported private patient work and the ways it can complement NHS work. They were comfortable with the fact that while the Board will meet in public, there will continue to be issues that will be dealt with in private.

The Chair thanked Board members for their support on the day. The

Board noted the summary of the day's discussions and action points.

5 Quality/Value – Performance
5.1 Executive Summary Finance and Performance Period Ended - October 2012

David Jago introduced the report noting that Board members had read the report in detail and invited questions on the financial performance of the Trust as at the end of October. Pat Firby asked whether the current over performance experienced at LHCH was happening at other Trusts. David Jago replied that there has been a general rise in non-elective activity across the patch. The Director of Finance for the Local Area Teams had written to Trusts asking for their forecast outturns. Following a question from Rob Toomey, David Jago confirmed that a downside mitigation plan could be employed if required to ensure a FRR in line with the planned end of year rating, if the Trust were to be unsuccessful in receiving additional income to address the over performance. He emphasised that the Trust's approach is to negotiate with commissioners for payment and that a response is expected shortly.

David Bricknell queried whether the Trust would need to look at managing activity levels in order to achieve the planned FRR and the likelihood of having to send patients elsewhere. David Jago confirmed this was unlikely at the current time as the focus from commissioners is to understand the reasons for the over performance. In addition, there have been no patients who could have been referred elsewhere. Glenn Russell commented on the reasons for the increase in referrals which included the need for Trusts to comply with the European Guidelines on Revascularisation and LHCH's own work in promoting its services. If the Trust were unsuccessful in negotiating a satisfactory settlement with commissioners, their contingency plans for activity management would be required by the Trust.

Following a question from Geoffrey Appleton about capacity planning, David Jago explained that an assessment of capacity over the longer term is incorporated into the development of next year's annual plan. Sue Pemberton added that the directorates are leading on patient flow and capacity work to ensure patients move through the system effectively and that bed usage is optimised. She confirmed that additional staff have been brought into ward areas where needed and that a moderate concern around staffing levels on Cedar Ward had been raised through the Workforce Committee.

Pat Firby questioned the capacity for increasing private patient activity in view of the current pressure in the system and David Bricknell asked about staff morale. Sue Pemberton commented that sickness has increased, mainly in surgical and critical care areas though it is predominantly not linked to work issues. She acknowledged that staff do feel pressured at the moment but confirmed the work underway to support staff including increasing senior nurse visibility, ensuring correct staffing levels and developing a new model utilising bank staff. David Jago also brought to the Board's attention the levels of private

patient activity that were either day case or very short length of stay.

There was a discussion about the impact a flu outbreak could have on services in the current climate. Tony Wilding confirmed that Oak Ward was being left in a suitable condition so that it could be re-used should the need arise and that interviews were underway for health care assistants. The Chair concluded the discussion by noting the proactive approach taken by the Executive Team to address the situation. He also expressed concern about performance deteriorating leading to amber/ red ratings, especially in light of the Trust's success at the Nursing Times and Health Service Journal Awards.

The Board noted the report.

5.2 Performance Exception: C-Difficile

Glenn Russell presented the report about C-Difficile commenting that there had been 8 infections to date against a Monitor de minimus target of 12.

He explained that all infections are subject to root cause analysis. Six of the eight case samples were sent appropriately but he said there were two cases where sampling was inappropriate. He assured the Board that the appeal process will be explored for those two cases.

Glenn Russell explained that an organisational gap analysis against Health Protection Agency (HPA) recommendations had been carried out. The Trust was compliant in nearly all areas apart from antibiotic stewardship. He described the process currently in place to review antibiotic prescriptions and confirmed that the duties of the existing committee will be enhanced. He reiterated that all patients had been managed appropriately.

Sue Pemberton added that a refresh of hand washing practices had started for staff.

Glenn Russell confirmed that he will speak to Monitor proactively regarding the Trust's position and will take external assurance from the HPA.

The Board agreed to:

- Update the Board Assurance Framework to record incomplete assurance in respect of risk 13.
- Include a table in future reports to demonstrate the impact of C-difficile on patients.

SB
GNR

6 Governance

6.1 External Assurances Received

6.2 Board Assurance Framework: Integrated Assurance Report

Sue Pemberton presented the Integrated Assurance Report. She commented that the Clinical Quality and Finance Committees had met since the last Board of Directors' meeting. She drew attention to

the Executive narrative section regarding workflow/ capacity and 18 weeks. She confirmed a report for December will be circulated to Board members, in the absence of a formal Board of Directors' meeting.

The Chair asked about the major concern highlighted in respect of CQUIN capacity. Mark Jackson explained it related to the 7 day transfer target. There was a discussion about urgent referrals and the way in which they impacted upon capacity. Geoffrey Appleton noted the assurance provided recently to the Audit Committee around the nursing workforce levels and asked about medical workforce levels to meet capacity. Glenn Russell talked about cross cover at weekends, hand on of patients and junior doctor levels now being fully covered.

The Board agreed:

- For a future Workforce Committee, to consider assurance around medical staffing levels to meet capacity
- The Chair requested for the next Board meeting, a financial exception report to illustrate the planned surplus and variations in CIPs and contracts.

GNR

DJ

6.3 Board Assurance Framework – Key Issues Reports and Minutes of Assurance Committees:

6.3.1 Clinical Quality Committee

The Board noted the report.

The approved minutes of the meeting of the Clinical quality Committee held on 5th October 2012 were noted.

6.3.2 EPR Programme Board

David Jago drew the Board's attention to the likely increase in scanning costs from the original business case which has created a financial risk of approximately £250,000. A meeting regarding pathology systems had taken place with the Royal Liverpool. David Jago also noted some potential risks with current pharmacy capacity.

Geoffrey Appleton explained that he and Bridget Leek had been contacted in advance of the last EPR Programme Board as their attendance was not required due to the focus of the meeting being operational on that occasion. He asked for a briefing session for himself and Bridget Leek with Raj Jain and David Jago before the next EPR meeting.

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Pat Firby asked about the implications if the intended go live date of June is not achievable. David Jago explained that this would be reputational within the organisation but that the overriding concern was to ensure a fit for purpose system before launch. He confirmed that the delay experienced in Allscripts staff arriving at the Trust due to visa problems had impacted to some degree on the programme. He said it was unlikely that a financial penalty would be imposed through the contract, if the go live date was delayed. A revised financial forecast was being prepared.

The Board confirmed the full assurance declaration in respect of risk 22 in the Board Assurance Framework.

6.3.3 Finance Committee

David Jago drew attention to the over performance on the specialist commissioning contract. The capital expenditure plan is now closer to the planned position. The Board noted the report.

The approved minutes of the meeting held on 24th September 2012 were noted.

6.3.4 Audit Committee

The Board noted the report.

The approved minutes of the meeting held on 15th October 2012 were noted.

6.4 Changes to the Corporate Governance Manual and Approval of Assurance Committee Terms of Reference

Sarah Booth advised the Board that the Governance Manual had been reviewed in accordance with the annual review cycle.

She explained that the Constitution had been updated in the Manual following the amendments made at the Annual Members' Meeting on 24th September 2012. Monitor has given its approval to those amendments.

The Board Assurance Framework policy had been updated to reflect the Integrated Assurance Report which the Board now receives. The inclusion of this report was approved at the October Board of Directors' meeting. She explained that as MIAA will be carrying out a review of the Assurance Committees in April, the annual reporting process by the Assurance Committee chairs will take the format of a presentation or short report.

Sarah Booth drew attention to the extension of the review dates to November 2013 for the five Assurance Committees and the inclusion of an additional duty relating to receiving the e-ipr at each Assurance Committee and monitoring and reviewing the relevant indicators. She asked for the Board's approval for those changes.

The Board had previously been issued with electronic access to the updated manual.

It was noted that the Audit Committee had reviewed the changes and had recommended that the Board approve the updated manual.

The Board approved the updated governance manual.

6.5 Integrated Incidents, Complaints and Claims Report

Sue Pemberton introduced the report explaining it covered quarters 1 and 2 from April –September 2012. She highlighted the increase in incident reporting arising from clinical leadership and awareness raising, work undertaken to reduce falls and fewer incidents relating to medical equipment. She noted there had been an increase in drug incidents and dispensing errors but assured the Board that all incidents had been categorised as no harm or minor harm to patients.

Regarding incidents, 18 were categorised as causing moderate harm and one as causing severe harm. She explained that the severe harm incident related to an SUI and had been reported on StEIS. The investigation had concluded the incident was accidental and therefore a retraction from StEIS had been requested.

Sue Pemberton then drew attention to an unexpected death following discharge. The Coroner's inquest concluded that the patient died of natural causes. Nevertheless, there was learning for the Trust regarding insertion of pacemaker devices.

A further incident had been reported as a potential SUI and an update will be given to the Board following the investigation.

Sue Pemberton then highlighted figures for complaints and claims.

Following a question from Rob Toomey, Glenn Russell gave an overview of a recent SUI regarding a delay in diagnosis for Philip Mills, which had received press coverage. A full root cause analysis was undertaken and an action plan developed. Retraining of medical secretaries has also taken place regarding storage and filing of case note volumes. Sue Pemberton added that the action plan is extensive and additional training has been incorporated into induction sessions for ward clerks and medical secretaries. The Board noted the impact the delay in diagnosis had on Philip Mills' prognosis. The Chair emphasised that Board members shared the sentiments expressed surrounding this case and have received assurance that lessons have been learned and systems improved, to mitigate against a similar issue happening again.

Geoffrey Appleton questioned how the increase in drug incidents was being managed. Glenn Russell replied that incidents are reviewed by the Drug and Therapeutic Committee and Medication Errors Group.

David Bricknell queried a number of claims which hadn't been identified earlier. Sue Pemberton replied that the importance of incident reporting was continuing to be communicated. She confirmed work was underway to compare the Trust's figures for claims against those for other Trusts.

The Board noted the report.

6.5 Savile Allegations

Sue Pemberton referenced the allegations of abuse involving Jimmy

Savile which had been raised in the media. The Secretary of State had subsequently asked NHS organisations to provide assurance that they are following a robust process to protect patients' interests.

She explained that Boards have been requested to review their arrangements in relation to safeguarding. She confirmed that celebrity visitors would not be allowed unaccompanied access to Trust grounds or to individual patients. Celebrities would not be permitted to return to visit individual patients without the patient's consent. She explained that a paragraph to clarify this would be incorporated into the Volunteer's Policy.

She highlighted the last Annual Report for safeguarding presented to the Board in May 2012. The one amber rated section did not raise any concerns in relation to the Savile allegations. She also noted the positive reports from CQC visits around the Trust's assurances on safeguarding.

Pat Firby questioned the green rating for record keeping and Sue Pemberton explained that while there are some Trust-wide issues, there had never been any issues regarding safeguarding.

The Board approved the proposed wording to include in the Volunteer's Policy and noted the assurance provided to safeguard children and adults.

6.7 Update to Board of Directors on 18 Week Performance

Glenn Russell introduced the paper and referenced earlier conversations from the Board meeting about the reasons for over activity and pressure in the system. He summarised the options presented for addressing the current cardiac surgery capacity including opening up 4 beds on Cedar Ward, moving private patient procedures to the weekend, transferring additional NHS activity to the weekend or outsourcing additional capacity. The Board discussed the advantages and risks surrounding the various options and noted that work was underway to provide more information to enable accurate financial and patient capacity models to be developed. This would enable more detailed information to be presented to the Board as to any potential risks to patient safety.

Glenn Russell emphasised the importance of not sacrificing quality for additional capacity.

Pat Firby questioned the timing of the service level agreement with Spire Warrington in the context of the current pressure. Glenn Russell explained that this was a strategic decision in order for the Trust to gain a foothold into the Warrington market. He felt that this would not put any undue additional pressure on the Trust at this time.

Following a question about urgent referrals, Glenn Russell explained that the approach was to use published evidence to have a conversation with the referring organisation if a patient was identified

as not urgent and could wait for their procedure at home.

Rob Toomey questioned whether the additional 4 beds would address the increased capacity level. Glenn Russell explained that the focus of the 4 beds would be to allow patients to move quicker from POCCU to a ward bed. Tony Wilding described work underway to look at bed usage. He noted the increase in acuity of patients leading to increased lengths of stay.

Glenn Russell explained that an operational meeting had taken place where it was agreed to open the additional 4 beds and that a private patient procedure was being trialled on the weekend of December 8th. The Chair asked about the financial impact and David Jago said the precise financials were being worked through. Geoffrey Appleton queried whether carrying out private patient work at the weekend affected the profit margin. David Jago confirmed under the current tariff it would do, but discussions were imminent to renegotiate the tariff.

The Board supported the proposal to open the additional 4 beds on Cedar Ward and carry out private patient work at the weekend, and noted the work underway to map out the financial impact.

Following discussion, Board members confirmed the declaration of full assurance on this issue in respect of risk 13 on the Board Assurance Framework pending the more detailed information currently being worked on.

7 **Receipt of:**
7.1 **Integrated Finance and Performance Report for the period ended October 2012**

The Board noted the report and the comprehensive detail contained in the report.

8 **Chair's Briefing**

The Chair, on behalf of the Board, congratulated staff for the Nursing Times and Health Service Journal Awards, noting they are a credit to all staff. He noted the importance of making people feel valued when Board members undertake their walkabouts.

The Chair mentioned the forthcoming opening of the Research Unit on December 7th.

He reiterated the Board's support to the Executive Team in dealing with the current pressure in the system.

9 **Chief Executive's Briefing**

Glenn Russell briefed the Board on a Consultant Cardiothoracic Surgeon who has been excluded from the Trust. He explained that this related to concerns raised by the clinical lead that the individual's conduct was affecting patient care in a number of cases. The

individual is currently at home pending further discussions with the Trust. Glenn Russell said that should discussions not be productive, he would commission an external NCAS review of the surgeon's practice to ensure the behaviours are resolved or addressed. A Non-Executive Director would be involved in the review process.

10 Minutes of the Board of Directors' Meeting held on 30th October 2012

The minutes of the meeting held on 30th October 2012 were reviewed for accuracy. The minutes of the meeting held on 30th October 2012 were received, approved and signed by the Chair.

11 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – the Nominations and Remuneration Committee (NEDs) has updated the skill set – action close
- Action 3 – this is now covered by action 8 – action closed
- Action 4 – the terms of reference have been updated – action closed
- Action 5 – research income was presented to the Finance Committee on 26th November – action closed
- Action 7 – both actions have been completed – action closed
- Action 8 – the issue will be discussed at the Investment Committee in January
- Action 9 – agenda item 4.1 – action closed
- Action 10 – actioned by Mark Jackson on October 30th – action closed
- Action 11 – both actions have been completed – action closed
- Action 12 – included in the Corporate Governance Manual – action closed
- Action 13 – agenda item at December 3rd Council of Governors' meeting – action closed

In addition, the Chair commented on the number of consultations carried out by Monitor and requested a briefing for the Board at an appropriate time.

DJ/SB

12 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.

13 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 29th January 2013 in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

14 Any Other Business

David Bricknell asked about the Liverpool Care Pathway, which had received a significant amount of media coverage. Sue Pemberton explained that the Trust does use it and that she is assured families are involved in decisions and discussions.

Signed: _____
Chair

Date: _____

Board of Directors

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Tuesday 29th January 2013**

Present :	Neil Large Geoffrey Appleton Pat Firby Bridget Leek Rob Toomey Raj Jain David Jago Mark Jackson Sue Pemberton Glenn Russell	Chair Non-Executive Director/ Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance Director of Research and Informatics Director of Nursing Medical Director
In Attendance:	Tony Wilding Sarah Booth	Associate Director of Service Improvement Trust Secretary/ Head of Communications and Marketing
Apologies For absence:	David Bricknell	Non-Executive Director

		Action
1	Apologies for absence Apologies were received from David Bricknell, Non-Executive Director.	
2	Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story Sue Pemberton read a patient story. Geoffrey Appleton joined the meeting. Tony Wilding joined the meeting during the discussion during the NHS Mandate item and therefore the Estates items were discussed after that.	

4 Strategy and Development

4.1 Estates Strategy

Tony Wilding introduced the paper, explaining that the capital investment programme had previously been presented as part of the Estates Strategy. In view of the financial challenges facing the Trust, it was appropriate to present it as a separate document.

Tony Wilding took Board members through the projected 10-year capital investment plan commenting on the need to invest in replacement assets such as the Cath Labs and some large items of medical equipment including the CT and MRI scanners. He drew attention to the capital plan, noting it is fully committed for 2013/14. He then talked about options for future investment including the estimated costs should additional bed capacity be needed in the future.

Tony Wilding highlighted possible sources of additional funding to support future capital developments. These include charitable fundraising, FTFF loans and the Commissioner Quality Fund.

Rob Toomey queried whether the capital expenditure should be aligned to the lifetime value of assets and whether the Trust should spend its depreciation in the context of the proposed Monitor Risk Assessment Framework financial risk ratings out for consultation. David Jago replied to say the challenge will remain even if some assets can have a slightly longer life. He said it was likely that the Trust would still need to spend its depreciation even if the economic life of assets increased.

Raj Jain added that the Executive Team had been discussing the issue of cash needed versus the way of deploying the cash as well as the use of loans. David Jago described the process for Foundation Trusts to take out loans.

Geoffrey Appleton and Pat Firby expressed concern at having large cash balances. Following discussion, David Jago emphasised the need to have the appropriate levels of cash balances as this was an important indicator for Monitor. It was right that the use of cash balances should remain high on the Board's agenda.

Raj Jain said the work undertaken had prompted the issue of considering the affordability of maintaining five Cath Labs and Rob Toomey noted about utilising resources efficiently such as seven day working.

Raj Jain emphasised the importance of the business case process. To date, focus has been on safety and quality but in the future business case proposals will need to generate financial benefits in addition to ensuring patient safety.

The Board accepted the report.

4.2 Estates – Tracking Delivery of Schemes

Tony Wilding presented the paper which provided an update for Board members on the issues surrounding the delay in the delivery of Oak Ward.

He explained the complexity of issues contributing to the delay which included contractor performance, contract administration and the Trust's own processes. He then outlined the additional control mechanisms which have been put into place by the contractor, architect and the Trust.

He confirmed that Oak Ward would be handed over to the Trust at the end of January. A planned move date of 14th February had been identified.

Tony Wilding said that with the additional rigour in the system, he felt confident that the Trust could retain the contractor for the Day Ward project, especially in view of the potential delays and cost associated with any retender exercise.

Geoffrey Appleton asked about penalty clauses within the contract, the use of gateway reviews and the need for the right level of project management skills. Tony Wilding confirmed the issue of penalty clauses would be addressed via the architect and that it was as a result of observations from the Trust's project lead that the meeting with the contractors was instigated.

Glenn Russell asked for confirmation of no legionella prior to the ward opening. Tony Wilding confirmed that all safety certificates would be in place before the ward was opened.

With the ward opening on 14th February, Sarah Booth confirmed that the Non-Executive Directors and Governors would have an opportunity to visit the ward beforehand. The Mayor is keen to open the ward and a date in March is being finalised.

The Board noted the update.

4.3 NHS Mandate

Raj Jain gave a presentation on the NHS Mandate, including its objectives, outcomes and the planning timetable. He commented on the different focus from the previous Operating Framework and the introduction of pre-qualifying objectives before CQUIN payments.

He then talked through the five offers from the Board, which are seven day operating as distinct from 24/7, choice, listening more to patients including the family and friends test, data and higher standards. He highlighted the need to develop more methodologies for comparing outcomes at consultant level.

Board members commented on the five offers, which included revalidation, financial control, reward and divestments. Raj Jain mentioned current thinking in the NHS for DGHs to be more like community hospitals with concentrations of specialist care on a wider basis.

Rob Toomey commented on the use of the word 'offers' and Raj Jain replied that currently there was a lack of clarity as to how some of the proposals would be transacted and that this was a deliberate use of such language. Sue Pemberton referred to emerging discussions with CCGs showing that the CQUIN targets were more process focussed than outcome focussed.

David Jago said the focus on the underlying financial position was a change from the previous Operating Framework and should lead to more transparency with regards to health care organisations receiving "bail out" resources at year end.

Following a comment from Geoffrey Appleton regarding the workings of the Health and Wellbeing Boards, Raj Jain commented on the benefit of health organisations working jointly to influence the Boards. He cited the work being undertaken by Glenn Russell to establish better CVD services in Southport as an example of this.

Raj Jain highlighted the significance of the Specialist Commissioning function, noting the clinical specifications currently being consulted on. The Chair asked if there would be a link for innovation and research. Mark Jackson confirmed that the focus will be on developing a proper framework and a sound evidence-base nationally around research. Glenn Russell added that the specifications need to have authority with the evidence-base transparent.

Rob Toomey drew attention to the national price list and associated competition and choice. David Jago said the guidance was focussed on driving something akin to a best practice tariff which will bring about less choice in time because some providers with low volumes of patients for certain procedures will not be able to sustain providing that service and would hopefully provide a useful lever for the Trust.

Raj Jain referred to timescales for agreeing the new contracts and discussions the Executive Team had regarding the implications of the Mandate.

The Chair asked for the presentation slides to be shared with the Non-Executive Directors.

4.4 Development of an Integrated Business Plan and Board of Directors Development Plan

Raj Jain introduced the paper which reflected discussions from the Board Away Day in December.

He described how the proposal was to develop a new 'lite' Integrated

Business Plan (IBP) which will inform the annual business cycle. A Board Development Plan will support it. He emphasised the importance of having a clear rationale for prioritising expenditure on a Board Development Plan and noted the evidence base of having an effective Board leading to improved patient safety.

He commented on the emerging new regulatory assessment framework. David Jago detailed the proposed change from the financial risk rating to the continuity of services rating with liquidity as a key measure. He talked through the four ratings and associated enforcement processes as well as the proposal for external three-yearly governance reviews.

The Chair commented on the importance of delivering the IBP in the context of these changes.

Sue Pemberton commented on a meeting she had sat in on with the Secretary of State and the focus being put on failing hospitals.

The Board agreed to:

- Deliver an IBP 'lite' to the 17th December 2013 Board of Directors strategic away day
- Undertake a whole Board development programme that meets Monitor's likely requirements for governance assessment.

RJ

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4.5 **Review of Recruitment**

Raj Jain introduced the paper explaining the rationale for the introduction of the shared service approach. He commented on the issues that had arisen in the first 12 months noting that initially Capita was taking over the Trust's existing systems and processes. Capita have now implemented its own standardised recruitment process. He commented that the complexity of transferring to the Capita system had been under-estimated.

Raj Jain then referred to the fact that the size of the Trust means it cannot maintain an effective recruitment and payroll system internally. KPIs are now being produced to monitor Capita's performance and the expectation is that a much improved service will be delivered over the coming months.

Geoffrey Appleton commented that following the Workforce Committee, he felt assured that the KPIs now in place will enable the Trust to manage the contract effectively.

Following a question from Pat Firby about penalty clauses in the contract, Raj Jain confirmed that they come into effect once the transitional phase has ended.

Sue Pemberton commented on the strong HR support structure in place for staff.

The Chair drew attention to the concluding remarks in the paper

regarding quantifying the impact on the recruitment process. Raj Jain confirmed that while the Trust does not have the data to be able to confirm how many posts have been delayed, he was confident that there will be a much clearer view going forwards.

Pat Firby commented that bank staff were now being paid monthly instead of weekly and asked if that was impacting on the number of staff on the bank. Sue Pemberton said she was not aware of an issue but would look into it and Raj Jain added that all bank staff across Merseyside are paid on the same basis.

SP

The Board noted the report.

4.6 Draft Financial Plan 2013/14

David Jago introduced the paper which set out the first iteration of the 2013/14 financial plan. He explained that this would continue to be developed with an updated version being discussed at February's Finance Committee prior to the final plan being presented to the March Board.

He noted that current performance indicated the Trust will in the current financial year meet a FRR level 3. The planned position is fractionally higher, this will not be achieved due to the over performance on the contract and receipt of marginal reimbursement.

He highlighted that the forecast from month 9 to March showed a £3.6 million over performance on the tertiary contract. Discussions with the specialist commissioners had taken place with a satisfactory conclusion reached. Specialist commissioners have confirmed they will repay the Trust £2.9 million. David Jago emphasised the importance of how this news is communicated within the Trust as staff have worked hard to deliver against the targets, but performance still remains critical for the year-end position. The Chair congratulated David Jago on behalf of the Board and reiterated the importance of balancing the message to staff.

David Jago then commented on the importance of the Trust planning appropriately to deliver activity levels in the future. He referred to the likely intention from commissioners to look at a block contract approach and confirmed that the Trust would need to scrutinise such a contract carefully to ensure appropriate levels were in place for both under and over performance issues.

Following a question from Pat Firby regarding activity levels across the patch, David Jago confirmed activity had been higher in other Trusts and stated that commissioners may find themselves having an affordability issue going forwards.

The Chair challenged whether the projected surplus was sufficient to sustain the business going forwards and Raj Jain commented that income will be constrained meaning the Trust will need to look at whether it could continue to safely subsidise procedures that are

running at a deficit because of tariff issues.

David Jago highlighted his concerns that price changes have meant that two HRGs have impacted more substantially on the Trust's finances. He explained that the Trust will aim to meet as a minimum, the financial requirements of a FRR level 3 balancing the tension between delivering this and an achievable level of efficiency.

David Jago then drew attention to the CIP analysis, bridge analysis and clinical income. Following a question from the Chair regarding Welsh repatriation, Glenn Russell commented that device procedures were drifting back to the Trust because of staffing issues in Wales.

Within the financial projections, David Jago confirmed the Trust had planned for a 1% pay award. There was then a discussion about pay costs. Rob Toomey commented on the increasing pay costs and the Chair commented on the proposed changes currently out for consultation with staff side under Agenda for Change terms and conditions.

The Chair queried whether the CIP analysis projection relating to EPR was achievable and Tony Wilding confirmed that this was the planned CIP target.

David Jago then commented on restructuring costs, noting that while the Trust will look to avoid compulsory redundancy, there may be a potential requirement to accommodate some redundancy costs with consequent adverse impact on cash balance and liquidity noting the little headroom available for this use of cash whilst still maintaining and overall FRR at level 3.

He confirmed that the CIP for the current year will be delivered.

The Board noted the report.

5 Quality/Value - Performance

5.1 Month 9 Finance Report

David Jago presented the Month 9 Finance Report and confirmed that the Trust was broadly on plan with the overall FRR at 3. He highlighted the forecast position, net surplus, CIP position and strong clinical income performance.

Following a comment from Raj Jain, he confirmed that the Trust does have some aged debt that needs reviewing and that work is underway to address this. He assured the Board that going forwards, there will be complete transparency with quarterly reporting to the Audit Committee.

The Board noted the report.

5.2 Executive Summary – Finance and Performance Period Ended December 2012

David Jago introduced the paper and noting that Board members had read the report in detail, invited any questions on the financial performance as at the end of December 2012. He drew attention to the 18 weeks admitted pathways performance, C-difficile performance, delayed transfers of care and sickness absence particular in surgery and critical care.

Geoffrey Appleton confirmed that he was assured from a discussion after the Workforce Committee about the actions being taken to manage sickness absence.

Tony Wilding talked about the patient flow project to help tackle delayed discharges to intermediate care beds. Pat Firby asked whether sickness was due to work related stress and David Jago replied that an analysis of sickness absence showed that the reasons for sickness were predominantly home related.

The Chair asked if the Executive Team needed any additional support to continue managing the current issues and assurance was received from Raj Jain that the Executive Team is proactively managing the issues.

The Board noted the report.

5.3 Performance Exception – 18 Weeks Admitted Pathway

Raj Jain presented the paper which provided Board members with a detailed description of the reasons for the failure to meet the 18 week admitted pathway target in December. As a consequence, the Trust's governance rating for Quarter 3 will be amber-green.

The Board agreed to:

- Update the Board Assurance Framework in respect of Risk 13 to record 'Concerned'

SB

5.4 Quarter 3 Finance and Activity Forecast

David Jago presented the report and noting that Board members had read the report, invited any supplementary questions.

The Board noted the report.

5.5 Quarter 3 Monitor Submission

David Jago introduced the report and reflected on previous discussions relating to the 18 weeks admitted pathway target and the consequent reduction in the Governance rating from Green to Amber/Green.

The Board agreed to:

- Confirm for finance, that the Board anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months

- Confirm for governance, that the Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework, and a commitment to comply with all known targets going forwards
- Confirm that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 17 Diagram 8 and page 63) which have not already been reported.

6 Governance

6.1 External Assurances Received

6.1.1 Monitor Q2 Report

The Board noted the confirmation from Monitor of its quarter 2 finance risk rating of 3 and governance risk rating of green.

6.2 Board Assurance Framework: Integrated Assurance Report

Sue Pemberton presented the Integrated Assurance Report noting the updates from the Assurance Committees and Executive narrative.

Following a question from the Chair about the audit of survival following cardiac arrest, Glenn Russell and Mark Jackson replied that the data was from a national audit and the Trust now needed to analyse its own data to gain a more accurate picture of its own performance. Raj Jain assured the Board that the Trust's cardiac arrest performance was much better than the national average.

The Chair requested that future reports include an explanation as to why the Trust is performing well.

David Jago highlighted that the current major risk identified in regard to finance should now be downgraded following the satisfactory agreement with the Specialist Commissioners on the contract over performance.

6.3 Board Assurance Framework – Key Issues Reports and Minutes of Assurance Committees:

6.3.1 Clinical Quality Committee

Glenn Russell commented on the actions being taken following the fasting audit. The Board noted the report.

The approved minutes of the meeting held on 14th December 2012 were noted.

6.3.2 EPR Programme Board

David Jago referenced the meeting that had taken place with Geoffrey Appleton and Bridget Leek following the cancellation of the November EPR Programme Board. He also drew attention to the planned go live date and associated finances should that date slip. He commented that the training plan was being put into place as part of the activation strategy. The Board noted the report.

The approved minutes of the meeting held on 18th October 2012 were noted.

6.3.3 Finance Committee

The Board noted the report.

The approved minutes of the meeting held on 26th November 2012 were noted.

6.3.4 Audit Committee

Rob Toomey reflected on the discussion at the Audit Committee regarding the Corporate Readiness Committee and the challenge given to Tony Wilding regarding the future focus of the Committee. The Board noted the report.

The approved minutes of the meeting held on 19th November 2012 were noted.

6.3.5 Patient and Family Experience Committee

Sue Pemberton drew attention to the patient and family experience measures and way finding work underway. The Board noted the report.

The approved minutes of the meeting held on 20th November 2012 were noted.

6.3.6 Corporate Readiness Committee

The Board noted the report.

The approved minutes of the meeting held on 4th September 2012 were noted.

6.3.7 Workforce Committee

The Board noted the report.

The approved minutes of the meeting held on 9th October 2012 were noted.

6.4 Assurance on Quality and Safety

Mark Jackson gave a presentation on quality and safety. He referenced the development of the Trust's hospital mortality ratio noting the improvement in mortality which has been seen. The CCG will be accountable for how the health system is performing in the future.

He took the Board through the measures under each of the five domains and mentioned some overlaps between CQUINs and the Outcomes Framework. Regarding cancer performance, he drew attention to the work underway to see whether the health economy can adopt the Manchester model.

Mark Jackson highlighted the new measures proposed in Monitor's Risk Assessment Framework. He then outlined the next steps including the stakeholder event to determine the Quality Account priorities.

6.5 Documents signed un the Common Seal

Sarah Booth introduced the paper which set out the documents which had been signed under the Common Seal during the current financial year.

It was agreed this would be brought on a quarterly basis going forwards.

SB

The Board noted the report.

6.6 Ratification of Consultant Appointments

Glenn Russell confirmed that there had been two Consultant appointments for the Board to note. These were Dr Simon Modi and Dr Clare Appleby.

The Board noted and ratified the appointments.

6.7 Director of Infection Prevention and Control Quarterly Report

Glenn Russell introduced the report. He confirmed there had been no further cases of C-Difficile during December and January. More scrutiny had been put on the issue and two cases had been appealed. In addition, MRSA rates have fallen though Glenn Russell confirmed that focus remained on the issue.

The Board agreed to:

- Update the Board Assurance Framework to upgrade the assurance from incomplete to full in respect of Risk 13 regarding C-difficile.

SB

6.8 Charitable Funds Annual Report

David Jago presented the Annual Report of the Charitable Funds. He noted the income received through donations and legacies and following a comment regarding expenditure exceeding income, it was confirmed this was being looked at.

The Board agreed to:

- Approve the 2011/12 Charitable Fund Accounts and Annual Report for submission to the Charities Commission by 31st January 2013.

DJ

6.9 CQC Compliance Report

Sue Pemberton introduced the report which updated the Board on the status of compliance against the ESQS assessments. This followed requests for further evidence of compliance against some outcomes from the Patient and Family Experience Committee, Clinical Quality Committee and Workforce Committee.

She explained concerns under the ESQS outcomes and the actions which had been agreed at the relevant Assurance Committees.

The Board agreed:

- To confirm the agreement of compliance following further evidence for outcomes 1, 4, 5 and 13.
- For the Clinical Quality Committee, Patient and Family Experience Committee and Workforce Committee to monitor any remaining concerns until the levels are reduced to no concern.

6.10 Patient Experience Vision – Measures of Progress

Sue Pemberton presented the report which provided the Board with a six monthly update on performance against the Patient Experience Vision KPIs.

She highlighted the patient engagement events which had been held focused around compassionate care, the network of staff champions and a new induction and preceptorship programme for newly recruited, qualified nursing staff. She also explained how the Trust has involved patients in assessing the care environment and how patients and relatives were asked to describe excellence from their own perspectives. She assured the Board that work was underway to address the top three themes for improvement from the engagement events which were co-morbidity, discharge/ delays and directions.

Sue Pemberton commented that an exercise had been carried out to triangulate the feedback received from complaints, engagement events and shadowing, against the 6 step model and she then drew attention to the actions identified.

She talked about the role of patient stories and the value that staff champions have had in learning from such stories.

Sue Pemberton then drew attention to the spider diagram which showed the measures against the six steps and confirmed the Trust was on target in all areas apart from reputation which was slightly under the target.

The Chair commented on how powerful the patient and family experience vision has been and that he looked forward to the next stage in further involving families.

The Board noted the report and agreed:

- Significant assurance of progress towards achieving the PEV 2013.

7

7.1

Receipt of:

Integrated Performance Report – Period ended December 2012

The Board noted the report.

8 Chair's Briefing

The Chair commented on the emerging new NHS landscape which would mean new ways of working and different challenges to meet. He recognised the contributions of staff in helping to meet the challenges currently faced by the Trust.

He referred to the recruitment process underway for three Non-Executive Directors, noting that over 80 applications had been received.

He concluded by looking forward to the opening of the new Oak Ward.

9 Chief Executive's Briefing

Raj Jain asked Sue Pemberton to update the Board on a SUI which had occurred. She gave an overview of the incident which had involved recommendations for further tests following an x-ray not being acted on. The individual had suffered a cardiac arrest and died. She confirmed an investigation was underway.

10 Agenda for the Board of Directors Development Day on 26th February 2013

Raj Jain presented the agenda and the Chair requested consideration also be given to including an overview of the new structures in place.

RJ

11 Minutes of the Board of Directors' Meeting held on 27th November 2012

The minutes of the meeting held on 27th November 2012 were reviewed for accuracy.

The minutes of the meeting held on 27th November 2012 were received, approved and signed by the Chair.

12 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – agenda item 4.1 - action closed
- Action 3 – this is being discussed at the Investment Committee in February
- Action 4 – dates are being rescheduled for October – action closed
- Action 5 – an analysis of websites is being included with the monthly review of the stakeholder maps by the Executive Team – action closed
- Action 6 – both actions have been completed and noted– action closed
- Action 7 – the medical staffing assurance work will be completed before October 2013. The financial actions were included within the Board papers – action closed
- Action 8 – a briefing meeting was held in January – action closed
- Action 9 – a summary of documents will be included in the

- 13 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.
- 14 Date and Time of next meeting:**
The next meeting of the Board of Directors will take place on Tuesday 26th March 2013 in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.
- 15 Any Other Business**
There were no items of any other business.

Signed: _____
Chair
Date: _____

Board of Directors (Public)

Item 10

minutes

**Minutes of the Board of Directors meeting
held on Tuesday 26th March 2013**

Present :	<p>Neil Large Geoffrey Appleton David Bricknell Pat Firby Bridget Leek Rob Toomey Raj Jain David Jago Mark Jackson Sue Pemberton Glenn Russell</p>	<p>Chair Non-Executive Director/ Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance Director of Research and Informatics Director of Nursing Medical Director</p>
In Attendance:	<p>Tony Wilding Sarah Booth</p>	<p>Associate Director of Service Improvement Trust Secretary/ Head of Communications and Marketing</p>

		Action
1	Apologies for absence There were no apologies for absence.	
2	Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story Sarah Booth read a patient story.	
4	Strategy and Development	
4.1	Francis Report Raj Jain introduced the paper noting that the Board had discussed in length the findings and recommendations of the Francis Report, at the Board away day on 26 th February. He explained that the Secretary of State is yet to determine how he wishes to take forward the recommendations of the Francis Report. Raj Jain said it was his view	

that there are robust control and assurance systems in place through which the Trust can effectively monitor care.

He explained that discussion sessions with staff on the findings and recommendations had been well attended and encouraged open conversations about patient safety and dignity. Staff had a good awareness of the challenges ahead in the current financial climate.

Glenn Russell commented on the reflective process that had been carried out following the previous Francis Report and highlighted the work undertaken on leadership development.

Sue Pemberton drew attention to the fact that staff had a strong sense of personal accountability and responsibility which came out during the discussion sessions.

Pat Firby reiterated the significant work which has been carried out following the previous Francis Reports which placed the Trust in a good position going forwards.

The Chair asked if there were any areas where Board members felt immediate action should be taken. Board members confirmed that there were no immediate actions which needed addressing. He commented on the changes taking place within the NHS and the leadership structures in place to support this.

The Board accepted the report.

4.2 Draft 2013/2014 Contractual targets, CQUIN, Quality Account and Directorate Contracts

David Jago presented the report which provided a suite of information to support the Trust's Annual Plan 2013/14-2015/16 and comprised all known and expected deliverables including national targets, CQUINs and quality account requirements. He explained that the directorate contracts for 2013/14 formed a key element underpinning the overall Annual Plan which has to be submitted to Monitor by 3rd June.

He explained that given the structural changes within specialist commissioning, there were likely to be some further refinements that needed to be made as 2013/14 contracts and CQUINs were yet to be formally agreed and signed off with commissioners.

Geoffrey Appleton asked whether the references to 'improve' in relation to performance targets would be clarified with clear metrics. David Jago said that this is in the process of being finalised with the Directorates and Mark Jackson added that some targets are dependent on the outcome of CQUIN discussions, which have now concluded.

Rob Toomey asked about the changes to the process from previous years and Geoffrey Appleton asked about reward systems for Directorates. Raj Jain then explained the process for how the Directorates work with the Executive Team and the associated

earned autonomy. He added that where there had been some performance failings, such as 18 weeks and cancer, there is regular reporting into the Executive Team and Board.

Executive Directors outlined how they work with the services leading some projects from an Executive-level such as CIPs. The Chair commented that it is rewarding to see that the culture is enabling the earned autonomy to happen.

Raj Jain commented on the exceptional ability and quality of members of the Executive Team. The Chair highlighted the success of the clinical engagement to date.

Pat Firby asked about the risks associated with achieving the CQUIN targets, citing the 7 day urgent transfers as an example. Mark Jackson outlined the approach being taken to that particular target as there are a percentage of inappropriate referrals to the Trust which is impacting on capacity. Tony Wilding then highlighted the work underway to look at ACS transfers.

Raj Jain concluded the discussions by explaining how the CQUIN and Quality Account targets reflect current priorities for the Trust, without adding any additional pressure into the system. Mark Jackson added that the view from commissioners is that the Trust is at the top in terms of performance in many areas already. Glenn Russell emphasised the importance of involving and engaging clinical staff in these issues in order to enhance their understanding of current challenges and requirements.

The Board of Directors:

- Approved the documentation underpinning the 2013/14-2015/16 Annual Plan, subject to refinements in light of completion of the contracting process and publication of the 2013/14 Compliance Framework

4.3 2013/2014-2015/16 Proposed Financial Plan

David Jago introduced the paper, which set out the financial plan for the next three years. He drew attention to the key points which included a moderated surplus at £300,000 per year, an average £9 million closing cash balance, a moderated capital plan and CIP efficiency of £14 million required to be delivered over the life of the plan. He emphasised that the delivery of the CIP efficiency underpinned an overall financial risk rating of 3 under the current risk rating regime and also under the new Continuity of Services risk rating, which is likely to mean the Trust would be subject to monthly monitoring by Monitor.

Tony Wilding then gave a presentation on the use of benchmarking data from the National Cardiothoracic Benchmarking Consortium. Raj Jain said the benchmarking data is being used as an evidence base to identify potential service improvement projects. He referred to data which showed that the percentage of clinical staff at the Trust is higher than at other Trusts and commented that going forwards this presented a challenge for identifying CIPs in non-patient facing areas

(as these areas had delivered savings over a number of years). Glenn Russell commented on the importance of comparing the Trust to similar organisations.

Rob Toomey asked if the data enabled the Trust to benchmark itself with similar Trusts. Mark Jackson explained the annual process followed by Trusts and gave the perfusion service benchmarking as an example which does compare like for like.

David Jago then presented a slide showing provisions and accruals for the end of the year and commented on the £1.5 million received from commissioners in respect of support for potential restructuring costs. Attention was drawn to the limited liquidity headroom in respect of the potential for such costs to be incurred in 2013/14.

Raj Jain explained that the figure of £4.7 million had been previously identified for CIP savings in 2013/14 in the first draft financial plan presented to Board of Directors in January but for a number of reasons this had reduced to £4.1 million. He emphasised the size of the challenge in identifying these savings and commented that there remained a degree of risk about achieving this figure. The Chair emphasised the challenges facing the Trust in the coming few years and the importance of influencing commissioners.

Following a question from Rob Toomey about cash levels against the planned position, David Jago commented on the importance of maintaining the liquidity position given its fragility through the new Continuity of Services risk rating.

Rob Toomey then commented that the activity plan appeared low. David Jago replied by confirming the Trust's plan was to maintain the 2012/13 forecast outturn activity level, and that the figures in the tables related to income. The Chair emphasised the importance of the Trust being paid for the work it carries out.

David Bricknell expressed concern about activity levels growing in the context of the tariff being reduced and what is achievable for the year. Following a discussion on this point, the Chair said that the proposed plan represented the planned activity for the Trust with the associated costs and funds to underpin it. Raj Jain added that it would be useful to produce for the Board a table showing the scenarios if the projected outturn exceeds the plan and the associated mitigating actions. David Bricknell supported the need for risk analysis.

Geoffrey Appleton confirmed he had assurance that the plan had been thought through but added that the Board needed good intelligence to manage any risk of additional activity and ensure appropriate remuneration to support required levels of capacity to deliver any above plan activity levels.

In the concluding comments to the discussion, David Jago said that while the contract is unlikely to be signed by the end of March, this is not untypical across the patch due to new commissioning arrangements and allocations between specialist commissioning and

DJ

CCGs. The Chair emphasised the importance of setting a contract which is realistic and which is paid for. He added that the CIP position is more risky than in previous years and acknowledged the planned reduction from the earlier proposals was sensible in the circumstances.

The Board of Directors:

- Approved the projections for 2013/14 as the basis of the budget for 2013/14.

4.4 Establishing Full Time Academic Appointments at LHCH

Mark Jackson presented the paper, drawing attention to the importance of Research to the Trust's business. He also highlighted recent successes and developments including ground breaking treatments, innovations and profits from research income.

He referred to the Trust's strategic ambition to develop its clinical academic workforce as part of the current research strategy.

Mark Jackson explained that opportunities now exist to develop academic positions outside of cardiovascular research. He gave an overview of two opportunities which are Clinical Senior Lecturer in Respiratory Medicine and Professor of Thoracic Oncology.

Mark Jackson confirmed that the costs are able to be funded through existing non-charitable monies and historical research surpluses, together with a small contribution made from income derived from clinical activity. He outlined the two major risks, which are the inability to find suitable candidates and the need to attract people to work at the Trust.

The Board of Directors:

- Approved the proposal for the two academic opportunities.

5 Patient Safety, Quality and Value

5.1 Finance and Activity Forecast

David Jago presented the report and highlighted the key issues which included the agreement to the financial plan for 2013/14, the planned CIP position and the underspend against the capital programme. He then invited questions from Board members.

Rob Toomey asked about the impact of using bank and agency staff on over performance. David Jago confirmed that the excess costs of employing agency staff have eroded the EBITDA margin materially explaining the below plan performance in 2012/13. Sue Pemberton added that the Trust is looking at where it can employ permanent staff in posts currently filled by bank and agency staff.

The Board noted the report.

5.2 Executive Summary – Patient Safety, Quality and Financial Performance Period Ended – February 2013

David Jago introduced the paper and drew attention to a number of indicators including cancelled operations, issues around delayed

transfers of care, sickness absence and the I&E surplus being marginally lower than the planned position.

Tony Wilding explained the issues around the delayed transfer of care target and the work underway to address this.

Glenn Russell commented on the good work which has been undertaken by the infection prevention team and directorates in relation to MRSA which has meant there has been no MRSA bacteraemia for 14 months.

In response to a question from Pat Firby as to whether there is a penalty for the 26 week referral to treatment target for Wales, David Jago confirmed there is no penalty.

The Chair concluded discussions by noting the importance of the open and honest culture in the Trust.

6 Governance

6.1 External Assurances Received

Monitor Q3 Report

The Board noted the confirmation from Monitor of its quarter 3 finance risk rating of 3 and governance risk rating of amber-green.

6.2 Board Assurance Framework: Integrated Assurance Report

Sue Pemberton presented the Integrated Assurance Report and invited any comments from Board members. David Bricknell queried the content of the report and Sue Pemberton explained that it brings together the issues from all the assurance committees into a single document and is circulated each month even when the Board does not meet.

6.3 Board Assurance Framework – Key Issues Reports and Minutes of Assurance Committees:

6.3.1 Clinical Quality

Glenn Russell drew attention to the senior led reviews and the need to ensure that PAS is updated when care is transferred between visiting and resident consultants. He then highlighted the work on the Safe from Harm vision and the improvements to compliance with the WHO checklist in theatres.

David Bricknell commented on a recent Horizon programme about the WHO checklist and the complexity of the handover between theatres and ITU.

The Board noted the report.

The approved minutes of the meetings held on 11th January and 1st February were noted.

6.3.2 Patient and Family Experience

Sue Pemberton drew attention to the end of life report which provided significant assurance, the positive results in the cancer patient

experience survey, the outcomes from patient shadowing and the detailed analysis around learning disabilities. David Bricknell reiterated the importance of the results seen from the patient shadowing and suggested it would be of value for the Non-Executive Directors to undertake as well.

The Board noted the report.

The approved minutes of the meeting held on 15th January 2013 were noted

6.3.3 Finance Committee

David Jago highlighted the Financial Risk Rating position, capital programme outturn and delivery of RTT.

The Board noted the report.

The approved minutes of the meeting held on 26th November 2012 were noted.

6.3.4 Audit Committee

Rob Toomey highlighted the review of compromise agreements following the letter from the Secretary of State. The Committee was assured that the wording in compromise agreements was in line with the letter from the Secretary of State ie Patient Safety no 'gagging clauses'. He asked whether the Board should have sight of compromise agreements at a certain level. Following discussion, the Board agreed that compromise agreements for senior staff over £50,000 would come to the Board for ratification.

The approved minutes of the meeting held on 14th January 2013 were noted.

6.3.5 EPR Programme Board

David Jago drew attention to the issues and risks including above planned expenditure, training and workload documentation. Geoffrey Appleton added that the recent meeting was very productive.

The approved minutes of the meeting held on 15th February 2013 were noted.

6.4 Proposals to Amend Constitution of Liverpool Heart and Chest Hospital NHS Foundation Trust

The Chair introduced the paper and summarised the changes being introduced through the remainder of Part 4 of the Health and Social Care Act 2012. The Chair noted that the commencement order for the changes had been received, which means that the Trust is required to comply with the legal position from 1st April 2013. This includes new duties on Governors and Directors, public Board meetings, amendments to the Constitution, the principal purpose of Foundation Trusts and significant transactions.

The paper also set out the rationale for changing the Appointed Governor seats.

DJ

The Board of Directors:

- All approved the removal of the Liverpool PCT, North West Specialist Services Commissioning Team and Betsi Cadwalder University Health Board appointed Governor seats with effect from 1st April 2013
- All approved the proposal to include a seat for the Association of Voluntary Organisations in Wrexham (AVOW) with effect from 1st April 2013

6.5 Monitor's Provider Licence

Sarah Booth presented the paper which explained the key features of Monitor's Provider Licence. The Trust will receive a licence automatically from 1st April 2013, which will replace its current Terms of Authorisation. It is supported by a Risk Assessment Framework which is currently being consulted on. This proposed a number of additions and changes including three yearly governance reviews, an annual Corporate Governance Statement, changes to the financial risk rating and additional measures for the governance risk rating.

The Board noted the report.

6.6 Board Assurance Framework – closure of 2012/13 BAF and approval of 2013/14 BAF

Sarah Booth introduced the report on the closure of the 2012/13 BAF and the opening of the 2013/14 BAF. She explained that in the 2012/13 BAF, there are 27 risk areas, of which:

- the Board has confirmed 'Full Assurance' for 23 Risks
- One risk area (Risk 13) where the Board has confirmed 'Incomplete' and 'Concerned' in relation to two specific targets
- Three risk areas (Risks 18, 25 and 26) where the Board has confirmed 'Incomplete' assurance.

Sarah Booth highlighted the recommendations in the paper as to whether the risks should be closed or transferred to the 2013/14 BAF.

She referenced the Board Development Day held on 26th February 2013, where the Board had considered the proposed 2013/14 BAF. This presented an opportunity to refresh the format of the BAF to reflect the new regulatory requirements through the Monitor Provider Licence and Risk Assessment Framework as well as the Francis Recommendations.

The Executive Team has since populated the 2013/14 BAF and this has been reviewed by the Non-Executive Directors.

She explained that of the 13 BAF Statements, the evaluation concluded:

- i) Full Assurance in respect of 10 BAF Statements
- ii) For Statement 3, Incomplete Assurance relating to the two risks identified – organisational fatigue due to multiplicity of strategies and continuing reductions in net take home pay.
- iii) For Statement 6, Incomplete Assurance relating to the 18

weeks admitted pathway at specialty level target and the C-difficile target.

- iv) For Statement 11, Incomplete Assurance relating to the CIP requirement for 2013/14 not being fully planned for.

SB

She referenced a discussion she had also had with David Bricknell to re-order the statements in the 2013/14 BAF to emphasise the focus on patients and zero harm. David Bricknell then added that the new structure is complex because of the new requirements, and therefore should be kept under review to ensure it works effectively over time.

The Board of Directors:

- Approved the closure of the 2012/13 BAF noting in respect of the areas of incomplete assurance and concerned assurance that risks have been reflected in the 2013/14 BAF
- Approved and adopted the 2013/14 BAF, subject to re-ordering the statements and any changes following publication by Monitor of the final Risk Assessment Framework
- Confirmed the assurance ratings applied to all 13 BAF Statements identified for 2013/14
- Noted that updates to the BAF will continue to be made as required following the routine review of BAF Key Issues reports from the Assurance Committees at each Board meeting.

6.7 **Ratification of Consultant Appointments**

Glenn Russell confirmed that there had been two Consultant Cardiac Surgeon appointments for the Board to note following interviews on 13th March 2013. These were Mr Andrew Muir for Mitral Surgery and Miss Deborah Harrington for Aortic Surgery.

He explained that in connection with the aortic appointment, this would add expertise to the aortic team enabling the team to share aortic work and include non-aortic work.

The Board noted and ratified the appointments.

6.8 **NHS Foundation Trust Code of Governance Review**

Sarah Booth explained that Monitor requires foundation trusts to make a disclosure in their annual report explaining how they apply the main and supporting principles of the code as well as the code provisions.

In order to check continued compliance, a review of the Code's provisions has been undertaken and considered by the Audit Committee. She confirmed that no additional changes have been made to the Code of Governance and confirmed that the systems in place to ensure compliance previously, remain in place.

In addition, compliance against the principles and provisions in B1 Board of Governors (B1.2 and B1.8) has been enhanced through the establishment of Council of Governors interest groups and by reviewing the appointed governor seats.

She confirmed that the review highlighted that the Trust remains compliant with the provisions of the Code.

The Board of Directors:

- Confirmed it was satisfied with the outcome of the review and its conclusion that the Trust is compliant with all provisions set out in the Code of Governance (updated March 2010).

6.9 Mayor of Liverpool's Health Commission

Raj Jain introduced the paper and outlined the background to the formation of the Mayor's Health Commission, which is being led by Sir Ian Gilmore. The focus of the Commission to answer the question of how to improve the health and well-being of the people of Liverpool and exploit the advantages of health and academia.

He confirmed that all Chief Executives have been invited to appear before the Commission and prior to that, are required to submit a paper. He outlined the approach taken in drafting the paper which is to promote evidenced based practice.

He invited comments from Board members to supplement the content of the report. Geoffrey Appleton suggested he include mention of the Health and Well-being Boards, the Director of Public Health agenda and the Joint Needs Assessment.

The Chair commented on the timeliness of the Mayor's visit to open Oak Ward in view of the pending Health Commission work.

Following a comment by Rob Toomey regarding Andy Burnham, Raj Jain commented on his support for the integrated care model.

6.10 Non-Executive Director Appointments

The Chair thanked Board members for their participation in the recent Non-Executive Director interviews and confirmed that three excellent appointments had been made:

- Professor Lawrence Cotter
- Mark Fuller
- Marion Savill

6.11 ICMS Annual Report

Mark Jackson introduced the Annual Report, which described the workstreams. Future ambitions include developing a fully functioning website, creating a post registration fellowship and the appointment of a full-time administrator.

Raj Jain added that the ICMS Board had requested a business plan process be put into place.

Non-Executive Directors asked for congratulations to be given to staff involved in ICMS.

6.12 Spire Healthcare Limited/ LHCH Joint Venture

David Jago briefed the Board on discussions at the Investment

Committee regarding options for legal agreements. He confirmed that a contractual joint venture was proposed with Spire with the potential to move to a corporate joint venture as a limited liability partnership in the future.

The Board noted the update and approved the proposed legal structures to be used.

7 Receipt of Integrated Performance Report - Period ended February 2013

The Board noted the report

8 Chair's Briefing

The Chair commented on the recent Oak Ward opening and noted it was the outcome of a shared vision. He congratulated everyone involved in the project. Sue Pemberton added that both patients and staff are extremely positive about the Ward, several family members have stayed overnight and that it represents the Trust's philosophy of care.

Pat Firby commented on the recent letter from the Mayor which had been printed in the Liverpool Echo and asked that it be sent to staff on Oak Ward.

The Chair noted that he, Raj Jain and Ken Blasbery had attended a recent FTN conference following the Francis Report.

He mentioned recent new appointments to the Executive Team and congratulated members for their contribution and development in their roles.

9 Chief Executive's Briefing

Raj Jain provided Board members with an update on work to form partnership work with other organisations.

He concluded by noting the recent coverage of the hospital on the BBC One Show and BBC Radio Merseyside, commenting that such PR opportunities provide cumulative impact.

10 Minutes of the Board of Directors' Meeting held on 29th January 2013

The minutes of the meeting held on 29th January 2013 were reviewed for accuracy.

11 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – agenda item 6.12 - action closed
- Action 3 – this will be completed before October 2013
- Action 4 – this has a December 2013 date for completion
- Action 5 – the Director of Nursing updated the Board to confirm there was no evidence that monthly payments to bank staff were impacting on staffing levels
- Action 6 – action completed on 1st February - action closed
- Action 7 – action completed as this is scheduled into the work

SB

plan- action closed

- Action 8 – action completed on 1st February - action closed
- Action 9 – action completed by 31st January - action closed
- Action 10 – action completed – action closed

12 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 happy with the format of the meeting.

13 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 30th April 2013 at 11am in the Executive Office Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

The Chair confirmed that from 1st April 2013, the Board will be meeting in public in line with the Health and Social Care Act 2012.

14 Any Other Business

There were no items of any other business.

Signed: _____

Chair

Date: _____

DRAFT

Board of Directors (Public)

Item 10

minutes

Minutes of the Board of Directors meeting held on Tuesday 30th April 2013

Present :	<p>Neil Large Geoffrey Appleton David Bricknell Pat Firby Bridget Leek Rob Toomey Raj Jain David Jago Mark Jackson Sue Pemberton Glenn Russell</p>	<p>Chair Non-Executive Director/ Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance Director of Research and Informatics Director of Nursing Medical Director</p>
In Attendance:	<p>Tony Wilding Sarah Booth</p>	<p>Associate Director of Service Improvement Trust Secretary/ Head of Communications and Marketing</p>

		Action
1	<p>Apologies for absence There were no apologies for absence.</p>	
2	<p>Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.</p>	
3	<p>Patient Story Sue Pemberton read a patient story.</p> <p>The Chair then thanked Rob Toomey and Bridget Leek, whose terms of office as Non-Executive Directors are ending, for their commitment and hard work. On behalf of the Board, he wished them well for the future.</p>	
4	<p>Strategy and Development</p>	
4.1	<p>Safe from Harm Vision</p>	

Mark Jackson gave a presentation on the Safe from Harm Vision explaining the clinical case for the introduction of the Vision, the engagement undertaken with clinicians and managers in refining the Vision and the philosophy underpinning it. He confirmed the Vision is aspirational, based on commitment and is applicable to all staff.

Mark Jackson explained that the Vision aims to achieve lasting reductions in preventable patient harm, noting that what is defined as preventable changes over time with new knowledge and ways of working.

He then presented the Vision poster which will be used to convey the key messages to staff, the draft metrics to measure outcomes and the information sources used to determine the frequency with which harm happens. The Chair asked how the targets are set and whether the Trust could benchmark itself to other Trusts. Mark Jackson replied that benchmarking would be likely to be achievable in the longer term.

Geoffrey Appleton commented on the importance of developing a culture of learning and Mark Jackson confirmed this was central to the Vision. Pat Firby asked whether the target for measuring staff's acceptance that harm should not happen should be set at 100% rather than 90%. Mark Jackson set it was as a developmental target but would be reviewed on an ongoing basis.

Glenn Russell highlighted the need for continuous improvement, the work already underway within the Trust on patient safety and the importance of implementation so that the Vision is accepted by staff as an integral part of current work as opposed to being perceived as additional. Sue Pemberton added that the Safe from Harm Vision is closely linked with the Patient and Family Experience Vision and together they represent the Quality Strategy for the Trust.

Mark Jackson concluded by emphasising the mechanisms that would be used to implement and cascade the Vision within the Trust.

The Chair thanked Mark Jackson for his work on the Vision.

4.2 Estates Strategy – Tracking Delivery of 2012/13 Major Schemes

Tony Wilding updated the Board on building work progress on Holly Suite. This will see the provision of a new Day Ward, including an enhanced 'Amsterdam' Lounge and an integrated diagnostic suite with improvements to patient recovery areas in Cath Labs.

Tony Wilding confirmed building work is planned to be completed during December 2013 with anticipated occupancy during January 2014. Following a question from the Chair, he noted that the main risk associated with the scheme related to the fact the building is over 30 years old and therefore may mean there are some unknown legacy building issues.

The Board noted the report

5 Patient Safety, Quality and Value

5.1 Executive Summary – Patient Safety, Quality and Financial Performance Period Ended – March 2013

David Jago introduced the paper and drew attention to a number of indicators including strong performance in delivering the 18 weeks and cancer targets, infection control and emergency readmissions. He confirmed that delayed transfers of care remain a challenge for the Trust and that this is being actively managed. The overall financial risk rating remains a strong 3.

Bridget Leek asked about capacity within the Trust in light of the delayed transfers of care. In response, Tony Wilding explained that work is underway across the health economy to look at this complex issue and Sue Pemberton added that the main challenge is the availability of intermediate care beds. Following a question from the Chair about financial penalties, David Jago said the approach was to try to manage the issue within the health economy initially rather than explore financial penalties.

The Chair asked about the impact of financial penalties for failing to meet the 18 weeks target at specialty level. David Jago confirmed it did represent a significant challenge to the Trust as penalties up to £850,000 could be levied for failing to meet the target. In addition, penalties up to £50,000 could be levied for any c-difficile case above the contractual target of 4.

Geoffrey Appleton raised the issue of appraisal compliance and mandatory training. Raj Jain confirmed it had been a difficult issue and reiterated the expectation that these areas would improve this year. Mark Jackson added that some mandatory training would be more clearly linked to the Safe from Harm and Patient and Family Experience Visions.

The Chair thanked the Executive Team for their work on delivering the Annual Plan.

5.2 Quarter 4 Monitor submission

David Jago confirmed the ratings forecast for Quarter 4 as being Green for Governance with a Financial Risk Rating of 3.

The Board of Directors confirmed:

- For finance, that the Board anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months
- For governance, that the Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework, and a commitment to comply with all known targets going forwards
- That there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 17 Diagram 8 and page 63) which have not already been reported.

6 Governance

6.1 External Assurances Received

There were no external assurance reports received.

6.2 Assurance Committee Annual Reports and Review Terms of Reference

6.2.1 Corporate Readiness Committee

Tony Wilding presented the annual report of the committee explaining the responsibilities of the committee and work achieved during the 2012/13 year. He confirmed the committee had met its terms of reference and that these would be kept under continuous review. Bridget Leek noted the wide range of topics considered by the committee and the progress that has been made over the previous years around risk management.

The Board received the annual report, noted the key achievements and confirmed that the duties set out in the Terms of Reference had been met.

6.2.2 Finance Committee

David Jago introduced the annual report, highlighting the main achievements of the committee. He commented on the robust discussions held about the current challenges facing the Trust. David Bricknell added that he felt that the committee takes prompt action to respond to key issues and the Chair echoed this view.

The Board received the annual report, noted the key achievements and confirmed that the duties set out in the Terms of Reference had been met.

6.2.3 Patient and Family Experience Committee

Sue Pemberton gave a presentation on the achievements of the committee which included the Enhancing the Healing Environment work and Volunteer Strategy. She confirmed the committee was managing and mitigating risks including the discharge audit and patient flow, copy letters and the fasting policy. She felt that links from the committee to the medical leadership on the wards could be increased in the future and a greater emphasis placed on reviewing hot topics from sub committees.

David Bricknell agreed that it was an active working committee which has actively led the patient experience vision in the Trust.

The Board received the annual report, noted the key achievements and confirmed that the duties set out in the Terms of Reference had been met.

6.2.4 Clinical Quality Committee

Glenn Russell presented the annual report, commenting on the scale of issues covered by the committee. He noted that compared to several years ago, the committee now receives a much richer picture of quality is from across the Trust. He drew attention to current challenges which included c-difficile, electronic communications with GPs and the 7 day transfer target.

In view of the size of the agenda topics, Glenn Russell commented on the changes to the agenda structure, setting a time limit for presentations and trialling a page limit for papers. He felt that clinical engagement, both from medics and nurses is a strength of the committee.

Pat Firby commented on the changes in membership which have strengthened the discussions.

The Board received the annual report, noted the key achievements and confirmed that the duties set out in the Terms of Reference had been met.

6.2.5 Workforce Committee

Raj Jain presented the report, explaining that the workforce agenda had two key challenges for the year which were to rebuild the HR department and develop operational capability. Progress has been made on both agendas, though he noted that further work is still needed. He commented on the outstanding staff survey results which had been received this year.

Going forwards, Raj Jain said that the committee is developing its capability to deliver on the two key aims and he felt there was an increasing contribution from HR and L&D into the committee.

Geoffrey Appleton supported the progress made in rebuilding the HR department and Sue Pemberton commented on the improvements in the L&D department to strengthen that team's role and output.

The Board received the annual report, noted the key achievements and confirmed that the duties set out in the Terms of Reference had been met.

6.2.6 Audit Committee

Rob Toomey presented the annual report of the Audit Committee, noting the new set of external auditors, the deep dives undertaken through Mersey Internal Audit Agency and the work on wider governance issues, such as the assurance committee reviews.

David Bricknell commented on the positive relationship with the internal auditors. Geoffrey Appleton added in relation to the external auditors, the move to Grant Thornton has worked well.

The Board received the annual report, noted the key achievements and confirmed that the duties set out in the Terms of Reference had been met.

The Chair then concluded the discussions on the assurance committee annual reports by confirming the strength of the assurance committee structure and the confidence received from their work.

6.3 Director of Infection, Prevention and Control Annual Report

Glenn Russell presented the report and highlighted the successes from the past year which included 0 MRSA bacteraemias, a very low surgical site infection rate of 0.5% and prompt action in identifying any patients with influenza and norovirus. He paid tribute to the work of the infection prevention staff and the good clinical engagement across the Trust on infection prevention issues. This was echoed by Raj Jain who noted the positive relationship which exists between the infection prevention staff and the clinical services.

Going forwards, Glenn Russell noted the need for continually enhancing training, more work on antibiotic governance to ensure antibiotic prescribing is as good as it can be and the emergence of some multi-resistant organisms.

6.4 Register of Interests Review

Sarah Booth introduced the register of interests for the year ended 2012/13. Board members confirmed there were no material conflicts of interest.

6.5 Receipt of ICMS Board Minutes

Mark Jackson presented the minutes from the recent ICMS Board noting that key topics discussed were the annual ICMS report, future investment and the need for a robust business plan, strategy metrics and membership. He noted that the Royal Brompton & Harefield were keen to learn from the Trust's community model and that the cardiomyopathy service is being trialled by the Brompton.

Raj Jain added that the first year of ICMS exceeded expectations and the challenge was now to secure delivery on ambitions for the second year.

6.6 Proposal for creating a new Assurance Committee

Mark Jackson explained the wish to create a new Research and Innovation Assurance Committee, in view of the strategic importance of research to the Trust's future. He referenced the recent discussions about this which had taken place at the Board away day in February.

David Bricknell asked whether the committee would include the issue of intellectual property within its remit and Mark Jackson confirmed it would. This would be supported by the Trust's intellectual property policy and support from an external company.

Mark Jackson then detailed the committees reporting into the new assurance committee. The revised committee structure diagram was considered and it was agreed to add 'new technology' after the reference to clinical audit and effectiveness.

The Board of Directors approved:

- The establishment of the Research and Innovation Committee
- The updated Board Assurance Framework Policy
- The updated Assurance Committee structure

SB

7 Receipt of Integrated Performance Report - Period ended February 2013

David Jago introduced the report and commented on several areas of strong performance including CQUINs. He also noted areas where further work is required, for example reducing the sickness absence rate in Surgery, Anaesthesia and Critical Care.

The Board noted the report.

8 Chair's Briefing

The Chair highlighted the recent Hope Mountain Hike fundraising event and the forthcoming Team of the Year awards.

He asked David Jago to update the Board on the recent Liverpool Health Summit. David Jago explained it was the Mayor's aspiration to bring the local health organisations together to address the current challenges facing health services.

9 Chief Executive's Briefing

Raj Jain summarised his attendance at the Mayor's Health Commission noting that the key areas of focus were about working together, taking a patient centric approach and the challenges of funding. He added that the model of care at the Trust is something the Health Commission indicated it aspired to achieve in other areas.

Sue Pemberton then gave a presentation on the recently published CQC inpatient survey results noting the Trust scored 'better' than other similar Trusts in 7 categories and 'about the same' in 2 categories.

She highlighted areas of improvement and then described the work underway to improve performance in those areas where the scores had deteriorated.

She concluded by confirming the Trust remained within the 10 top Trusts nationally and posed a question to Board members about whether the Trust should retain its ambition to remain as number 1 or to focus on remaining within the top 10 Trusts.

Glenn Russell commented that the scores for some questions such as waiting for a bed were lower than previously because of the current pressures in the system through increased activity.

Raj Jain commented on the importance of achieving a top rating to staff morale and suggested the Trust's ambition should be to continue to reach for the number 1 score and as a minimum to remain within the top 10 Trusts.

Board members then debated the issue with comments including the impact on staff morale if the ambition is not to be the top performer balanced against the point at which striving to be a top performer impacts adversely on the delivery of care. David Bricknell and Geoffrey Appleton suggested engaging with patients to understand

more about the areas where the Trust performed less well.

Board members agreed that the decision had to be based on what is right for patients and their families.

The Board of Directors agreed:

- That the Trust's aspiration remained to be the number 1 performer for overall care and as a minimum to remain within the top 10 Trusts.

The Chair asked Sue Pemberton to share her presentation slides with the Non-Executive Directors and the list of the top performing Trusts.

SP

The Chair congratulated members of the team on the recent Patient and Family Centred Care conference.

10 Minutes of the Board of Directors' Meeting held on 26th March 2013

The minutes of the meeting held on 26th March 2013 were reviewed for accuracy and approved.

11 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – this will be completed before October 2013
- Action 3 – this has a December 2013 date for completion
- Action 4 – this item has now been included on the Board work plan
- Action 5 – action completed - action closed
- Action 6 – action completed – action closed

12 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 happy with the format of the meeting.

13 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Tuesday 28th May 2013 at 9.30am in the LHCH Conference Room, Liverpool Heart and Chest Hospital NHS Foundation Trust.

14 Any Other Business

There were no items of any other business.

Signed: _____

Chair

Date: _____

Board of Directors (Public)

Item 10

minutes

Minutes of the Board of Directors meeting held on Tuesday 28th May 2013

Present :	Neil Large Geoffrey Appleton David Bricknell Pat Firby Mark Fuller Marion Savill Raj Jain David Jago Mark Jackson Sue Pemberton	Chair Non-Executive Director/ Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance Director of Research and Informatics Director of Nursing
In Attendance:	Lawrence Cotter Tony Wilding Sarah Booth	Non-Executive Director Associate Director of Service Improvement Associate Director of Corporate Development/ Trust Secretary
Apologies:	Glenn Russell Bridget Leek	Medical Director Non-Executive Director

- | | | Action |
|----------|---|---------------|
| 1 | Apologies for absence
Apologies were received from Glenn Russell and Bridget Leek. | |
| 2 | Declaration of interests relating to agenda items
The Chair welcomed Mark Fuller and Marion Savill to their first Board of Directors meeting and noted that Lawrence Cotter is in attendance. He then paid tribute to Pat Firby's outstanding contribution to the Trust, noting her sincere dedication and commitment. Raj Jain then reiterated those comments noting her support for the Executive Directors and her input into ensuring patient care issues always remained a focus for the Board.

The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests. | |

3 Patient Story

Sue Pemberton read a patient story.

4 Strategy and Development

4.1 Annual Plan 2013/14 Monitor Submission

4.1.1 Annual Business Plan 2013/14

David Jago presented the paper, noting that the Annual Plan is required to be submitted to Monitor by 3rd June 2013. He commented that the plan follows the Monitor template, includes the Trust's 10 change programmes and that the directorates have been involved in completing the detail. He confirmed that the Annual Plan has taken account of the views of the Council of Governors following a workshop held for Governors.

Raj Jain summarised the key issues and challenges for 2013/14 which include changes within the NHS environment and funding stream at the same time as maintaining a focus on quality.

The Chair then took the Board through the Annual Plan. David Jago explained the three year financial plan and the impact of the tariff deflator on the 2013/14 income position as well as on the forthcoming years' positions. He explained that over the life of the plan, efficiencies of £14 million would be required.

Following a question from David Bricknell about activity levels, Raj Jain explained the demand cycle for revascularisation work and how the impact of any new service developments would be managed.

Following a question from Geoffrey Appleton, David Jago confirmed that the Annual Plan reflects the financial position for the Knowsley community services.

David Jago commented on the work underway within the health economy. Following a question from the Chair regarding the 2013/14 contract, David Jago confirmed that full PbR is in place for all 2013/14 patients where local tariffs have not previously been agreed.

Geoffrey Appleton commented on the work underway to engage with the Clinical Commissioning Groups.

The Chair asked about perfusion services and Raj Jain referenced benchmarking data highlighting potential efficiency opportunities.

Geoffrey Appleton confirmed regular updates on nursing levels were providing to the Workforce Committee and Sue Pemberton added that nursing levels are assessed formally twice a year using two assessment toolkits.

Following a question from the Chair about pressure ulcers, Sue Pemberton said that grade 2 pressure ulcers had reduced by 50% compared to the previous year's figure and that the target from commissioners for the year ahead is to maintain the current

performance. She added that the Trust is working across organisational boundaries to put in place innovative work to reduce patient's suffering from pressure ulcers no matter where they happen.

The Chair asked for a paper to come to the Board outlining the risks associated with the penalties and quality payments.

DJ

David Jago briefed the Board on the agreement reached with commissioners regarding potential financial penalties. He then drew attention to the 5% assumption built in to the CQUIN targets against risk of non-delivery.

The Chair asked about the three contracts currently unsigned and David Jago confirmed that two were expected to be signed imminently with the Welsh contract currently awaited.

The Chair commented on the work undertaken to develop the Annual Plan, the relationships built with commissioners and track record to build on for future years.

The Board of Directors:

- Approved the Annual Plan and financial templates for submission to Monitor by 3rd June 2013.

4.1.2 Financial Plan 2013/14 – 2015/16

David Jago introduced the paper, drawing attention to the Board's approval of the financial plan at the March meeting. He highlighted the key points including the clinical income contract, the agreement regarding financial penalties, a moderated surplus, an acceptable liquidity position and delivery of a Continuity of Services rating of level 4 in 2013/14.

He referenced the moderated capital programme and reduced cash balances.

David Bricknell asked about the impact on activity during August. David Jago confirmed that August is the quietest month for activity and Raj Jain explained the approach to annual leave planning noting the importance of quality and safety and operational efficiencies in the context of the regulatory regime.

Following a question from the Chair, David Jago explained the cashflow balance sheet noting the changed position to the previous year with the management of working capital. Geoffrey Appleton queried the length of time proposed to pay bills to which David Jago clarified that for larger suppliers who agreed, it was planned to extend the current 30 days to 40 but for smaller companies the current policy would remain.

Following comments from Non-Executive Directors, the Chair confirmed a piece of work will be done to explain the risks and mitigation schedule in greater depth to the new Non-Executive Directors.

DJ

The Chair concluded discussions by emphasising that the focus remained on delivering top quality patient and family experience.

The Board of Directors:

- Approved the three year financial plan for submission to Monitor by 3rd June 2013

4.1.3 Corporate Governance Statement

Sarah Booth introduced the paper and explained that the Board is required to self-certify the statements in the Corporate Governance Statement as part of the Annual Plan submission to Monitor. She explained that a declaration of 'confirmed' has been assigned to each statement. The Board Assurance Framework has been used to assess assurance against each requirement of the Corporate Governance Statement. There are currently three declarations of Incomplete assurance in the BAF but she explained that the Board of Directors anticipates that it will be in a position to assign a 'Full Assurance' rating to the following BAF Statements:

- i) BAF Statement 4 – A current declaration of 'Incomplete Assurance' due to the risks relating to organisational fatigue due to the multiplicity of strategies and the continuing reductions in net take home pay for staff.
- ii) BAF Statement 5 – A current declaration of 'Incomplete Assurance' due to the challenge around meeting the 18 weeks admitted pathway target at specialty level and the C-Difficile target.
- iii) BAF Statement 10 - A current declaration of 'Incomplete Assurance' due to the challenges faced by the tariff deflator and tariff restructuring, achievement of the 2013/14 CIPs and insufficient tariff for complex aortic cases.

The Board of Directors:

- Confirmed compliance in respect of all the Corporate Governance Statements, noting the risks highlighted above in relation to BAF statements 4, 5 and 10 and the associated mitigating actions being taken.
- Confirmed that the full assurance ratings assigned to all remaining BAF statements remain valid.
- Approved the full self-certification and that the attached return is signed by the Chief Executive and Chair, on behalf of the Board for submission to Monitor as part of the Annual Plan return by 3rd June 2013.

4.2 Annual Report and Accounts 2012/13

4.2.1 Annual Governance Report

David Jago confirmed an updated paper had been circulated from Grant Thornton which provides an unqualified opinion on the annual accounts. He explained that the executive summary sets out the key issues for the Trust and identifies areas for improvement to address by the end of quarter 1.

Geoffrey Appleton drew attention to Julian Farmer's concluding positive remarks at the Audit Committee about the strength of the Trust's position.

Pat Firby commented on the reference in the executive summary to the excellent working papers.

The Board of Directors accepted the findings.

4.2.2 Annual Accounts Governance

David Jago introduced the Annual Accounts noting the recent due diligence process carried out by the Audit Committee. He drew attention to the contents of the pack including the draft annual accounts, the Head of Internal Audit's Opinion, the External Auditors draft governance report and the confirmation of the Trust as a going concern. David Jago referenced the unqualified external audit opinion received from Grant Thornton.

The Board of Directors:

- Approved the accounts for the year 31st March 2013
- Authorised the Chief Executive to sign the Foreword to the Accounts
- Authorised the Chief Executive to sign the Accounting Officer's Statement of Responsibilities (within the accounts)
- Authorised the Chief Executive to sign the Annual Governance Statement
- Authorised the Chief Executive to sign the Statement of Financial Position (formerly known as the Balance Sheet) at 31st March 2013
- Authorised the Chief Executive to sign the Management Representation Letter to the External Auditor (Appendix 3)
- Authorised the Chief Executive and Director of Finance sign the letter to Monitor regarding the consistency of the (FTC) Schedules to the accounts as required by Monitor (Appendix 4).

4.2.3 External Assurance on the Quality Report

David Jago explained that the external auditors are required to submit their external assurance report on the Quality Report to Monitor on 28th June. He confirmed that this will be brought to a future Board of Directors meeting.

4.2.4 Audit Committee Effectiveness

Mark Fuller confirmed that the Audit Committee had met on 23rd June and considered the Grant Thornton final audit report. The committee recommends to the Board that the accounts are approved and the necessary signatories added.

David Bricknell commented on the effort put in to ensure a smooth transition in the annual accounts process following the appointment of the new external auditors and new Director of Finance. David Jago noted the level of experience within the finance team.

DJ

The Board of Directors approved the recommendation from the Audit Committee.

4.2.5 Approval of Annual Report and Accounts for Liverpool Heart and Chest Hospital NHS Foundation Trust Period 1st April 2012 to 31st March 2013

David Jago drew attention to the Annual Report and Accounts which are due to be uploaded to Monitor by 9am on 30th May. The Audit Committee considered these and recommends that the Board of Directors approves the documents.

The Chair commented on the challenging times ahead and recognised the significant achievements made during the year. Following a request from the Chair, Executive Team members gave their thoughts on the past year noting achievements in delivering the patient and family experience vision, the work to maintain performance on a number of key targets and the clarity of the Trust's vision. Raj Jain concluded by emphasising the importance of year after year of improvements and how the Trust influences cardiothoracic care across the communities. The Chair asked about staff motivation for the coming year. Raj Jain explained that staff have really bought into the vision for the Trust which in turn drives motivation.

4.3 Patient and Family Centred Care Vision

Sue Pemberton gave a presentation on the Patient and Family Centred Care Vision, explaining the progress made to date in developing the new vision including engagement with staff and family members. She then drew attention to the self-assessment tool for wards and departments and took the Board through the new statements under each step of the vision. Sue Pemberton then explained the spider diagram to measure results and showed where the areas were for improvement. She explained that the next step was for the Executive Team to develop a three year plan of priorities prior to carrying out engagement work with staff in July/ August.

Mark Fuller asked about the wording for the 'stay' statement as the words 'patient' and 'family' are written into other statements. Sue Pemberton explained the statement was written from the perspective of both the patient and family member. Pat Firby said the new vision represented an important step change in including family members so prominently. Sue Pemberton said the challenge was how to influence the wider educational programmes for health care staff so that they include family centred care. Geoffrey Appleton highlighted the importance of the values embedded in the organisation which are supporting the development of a culture where staff want to work.

Lawrence Cotter asked how consultant staff were aware of the spider diagram quality indicators and Sue Pemberton explained the engagement she has undertaken with the management board which includes clinical leads. She explained that the next steps for the vision would also be shared with the management board and that one of the PFCC champions is a consultant.

The Board noted the vision.

5 Patient Safety, Quality and Value
5.1 Executive Summary – Patient Safety, Quality and Financial Performance Period Ended – March 2013

David Jago introduced the paper and drew attention to the Governance risk rating for April which initially indicated it would be Amber-Green due to a failure to meet the 62-day cancer target. However, the Trust has successfully appealed against one breach meaning that the Governance rating for the month will be Green. The Financial Risk Rating score for the first month is currently slightly below plan at a FRR of 2.

The Chair asked about cancelled operations and Tony Wilding confirmed that 10 cases had been cancelled due to critical care bed availability. It was agreed that the Finance and Performance Committee should consider the cancelled operations target in greater detail at its July meeting.

DJ

6 Governance
6.1 External Assurances Received

There were no external assurance reports received.

6.2 Safeguarding Report

Sue Pemberton presented the annual safeguarding report noting the duty for the Trust to ensure it has robust processes in place. She confirmed there are named nurses and doctors and a multi-disciplinary safeguarding group. She highlighted the unannounced inspection carried out by the CQC in August 2012 which looked at the safeguarding standard. Sue Pemberton then explained the robust policy in place and the standards against which the Trust is required to report. She explained the reasons why the Trust had one amber score and one red score, the latter of which will be considered by the Workforce Committee.

She then confirmed policies and procedures had been reviewed in line with the recommendations of the Saville enquiries.

She explained the training requirements for staff and assured the Board that all staff have had training in safeguarding. She then concluded by highlighting the progress from the past year and priorities going forwards.

Geoffrey Appleton praised the comprehensive level of information in the report.

The Board of directors:

- Noted the content of the report and agreed the proposed self-assessment of standards and endorsed the forward plan for 2013/14.

6.3 Integrated Incidents, Complaints and Claims Report

Sue Pemberton introduced the report and drew attention to a number

of key points including a positive increase in incident reporting as staff are encouraged to actively report incidents.

She then gave an overview of reporting by directorate and the top reported incidents which included medical equipment, falls, documentation and drug incidents. She explained that there was one incident categorised as red and reported to STEIS.

She assured the Board that all complaints are acknowledged within 3 working days timescale and all are responded to within the guidance. Clinical care remains a theme but there are no trends within that.

She then drew attention to claims and explained the work underway to learn from claims. Following a question from the Chair, Sue Pemberton confirmed that claims are not always reported as complaints. Marion Savill asked whether substantiated claims should be identified as incidents and Sue Pemberton confirmed that an investigation would be initiated on receipt of a claim as appropriate.

SP/TW

The Chair asked for the corporate readiness committee to look further into the linkage between claims, complaints and incidents.

The Board of Directors noted the report.

6.4 Quality Governance Framework Review

Mark Jackson presented the Quality Governance Framework paper which provided assurance on the arrangements for the governance of quality, informed by the recent Francis report.

He explained that the evidence base column has continued to be populated since the Board previously considered the report and the gap analysis identifies new work to be carried out.

He confirmed that the template is developed as the mechanism to bring together recommendations from external reports such as the Mid Staffordshire report, the Government's response and the recent Quality Governance publication from Monitor. Mark Jackson then explained the three year audit process in place to measure progress.

Raj Jain explained the importance of the document for Non-Executive Directors as it demonstrates how Board Directors are effectively discharging their responsibilities. He said it also condenses recent learning from several sources into a single document.

The Board of Directors:

- Was assured on the robustness of the arrangements the Trust has in place for governing clinical quality
- Approved the use of the quality governance framework as the vehicle for responding to the Francis report and First & Foremost
- Approved the actions necessary to make the improvements identified for 2013/14

7 Receipt of Integrated Performance Report - Period ended April

2013

David Bricknell asked if the indicators in the Quality Governance Framework were included within the IPR. Mark Jackson replied that some new indicators such as Safe from Harm will be incorporated into the IPR in future. Raj Jain added that the IPR represents the strategic view of performance which the Board previously determined it wanted to see. It is supported through the Assurance Committee and Directorate Governance structures.

The Board noted the report.

8 **Chair's Briefing**

The Chair commented on the work underway within the health economy and the likely timescales involved.

He confirmed induction programmes were being developed for the new Non-Executive Directors and that a review of the timing of committees was being considered.

9 **Chief Executive's Briefing**

Raj Jain confirmed that the Monitor Compliance Team visited the Trust on 9th May for a relationship visit which went well. He then added that members of the Executive Teams from Barts and the Royal Brompton also recently visited the Trust.

10 **Minutes of the Board of Directors' Meeting held on 30th April 2013**

The minutes of the meeting held on 30th April 2013 were reviewed for accuracy and approved.

11 **Action Log from previous meeting**

The Board reviewed the action log and confirmed the following :

- Action 2 – this will be completed before October 2013
- Action 3 – this has a December 2013 date for completion
- Action 4 – this item was completed on 30th April – action closed
- Action 5 – this item was completed on 14th May – action closed

12 **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 happy with the format of the meeting.

13 **Date and Time of next meeting:**

The next meeting of the Board of Directors will take place on Tuesday 30th July 2013 at 9.30am in the Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____

Chair

Date: _____

Board of Directors (Public)

Item 10

minutes

Minutes of the Board of Directors meeting held on Tuesday 30th July 2013

Present :	Neil Large Geoffrey Appleton David Bricknell Lawrence Cotter Mark Fuller Marion Savill Raj Jain David Jago Mark Jackson Glenn Russell	Chair Non-Executive Director/ Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance Director of Research and Informatics Medical Director
In Attendance:	Tony Wilding Sarah Booth Tracy Boustead	Associate Director of Service Improvement Associate Director of Corporate Development/ Trust Secretary Associate Director of Human Resources
Apologies:	Sue Pemberton	Director of Nursing

		Action
1	Apologies for absence Apologies were received from Sue Pemberton.	
2	Declaration of interests relating to agenda items The Chair welcome Tracy Boustead, Associate Director of Human Resources to her first meeting and noted that it was the first Board meeting since all the new Non-Executive Directors had taken up their posts. The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3	Patient Story The Board viewed a patient story which had been filmed by the Trust.	

4 Strategy and Development

4.1 Estates Strategy – Tracking Delivery of Schemes of 2013/14

Tony Wilding presented the report and updated the Board on progress on Holly Suite. He explained that the scheme is planned to be completed during December 2013 with occupation during January 2014. However, he explained that due to some low level asbestos floor tiles being uncovered during the building work, there may be a delay of up to 6 weeks to the scheme. A revised programme is being developed to bring the 2 phases of the scheme into 1 phase to help mitigate against the projected delay.

Following a question from the Chair about whether the delay would cause any operational delays, Tony Wilding confirmed that it would not have any major impact.

The Board of Directors:

- Noted the update on the capital scheme

4.2 Car Parking Briefing Paper

Tony Wilding introduced the paper, which provided Board members with an update on solutions to improve the patient and staff car parking on site. He confirmed he was due to meet with local residents regarding their concerns imminently with a representative from the Royal Liverpool. Tony Wilding then outlined the proposed solutions which include opening up a second entrance on site and recommending that a dedicated public crossing is created at the front entrance. In addition, the Royal Liverpool has confirmed that the creation of a new disabled car park at the main entrance is scheduled for quarter 4.

Following a question from the Chair about a further entrance into the multi-storey car park, Tony Wilding confirmed that he was continuing to have discussions on this and would provide an updated position to the Board.

The Board of Directors:

- Noted the progress made in relation to car parking.

4.3 Annual Review of Membership Strategy

Sarah Booth explained that the Council of Governors' Membership and Communications Sub-Committee had reviewed the Membership Strategy and it had been approved by the Council of Governors at its meeting on June 3rd.

The recommendation in the strategy is to retain the membership target at 10,100 members and to manage the churn rate and recruit in under-represented areas. Sarah Booth explained that the communications, recruitment and engagement plan set out a programme of activities for 2013/14 which includes the successful medicine for members events.

The Chair noted the good work and support provided by the Governors.

TW

Mark Jackson asked about the inclusion of the e-community into the plan as it will provide a forum for Governors to interact with members. Sarah Booth replied that once the e-community had been set up and was being trialled, she proposed to discuss it with the Membership and Communications Sub-Committee and it could then be included within the planned activity. The Chair added that in view of the new requirements of Governors, it is planned to use the induction day in October and development day with the Board in November to work through the Governor role in light of their new duties.

The Board of Directors:

- Approved the Membership Strategy and Membership Communications, Recruitment and Engagement Plan for 2013/14.

4.4 Patient Experience Measures – Progress Report

Raj Jain presented the paper and noted the significant amount of information presented within the report. He drew particular attention to the new family experience survey results. He confirmed work is still planned on the patient contract and that opportunities exist for the Trust to improve the patient and family experience following discharge.

He confirmed the paper provided good assurance on progress made. In the current climate, where patient experience is a high profile topic, he said that the work completed at the Trust should be celebrated and staff congratulated on their continuing improvements to the patient experience.

Glenn Russell drew attention to two issues which the Trust needed to remain focussed on; the time to wait for a bed and the occasions when patients need to move wards. He explained that changing wards is very often for clinical reasons, for example patients admitted with different strains of cystic fibrosis. He added that there is likely to be a requirement that cystic fibrosis patients should have ensuite bathrooms in the future. Raj Jain added that cystic fibrosis activity has increased and that the Trust needs to consider whether its current model is fit for purpose for the future. Following a question from the Chair, David Jago confirmed there has been continued downward pressure on the cystic fibrosis tariff. Geoffrey Appleton recommended that the new Non-Executive Directors should visit the Amanda Unit and he commented that the staff on the unit do a fantastic job. David Jago reiterated on the importance of working with commissioners to identify an appropriate care model and pathway. Lawrence Cotter asked why cystic fibrosis patients have to be treated in hospital as opposed to developing a community model. Glenn Russell replied that generally inpatient admissions are for the acute episodes although there is a drop in facility as well. Raj Jain commented on possible models going forwards.

Raj Jain explained that the proposal is to bring the Patient Experience Measures paper annually to the Board, supported through the BAF key issues reports. Work is currently underway on agreeing the

priorities going forwards and the Chair requested that a presentation on the priorities is delivered to the October 7th Board meeting.

The Chair commented that the report confirms the good work undertaken by the Trust and highlights those areas where improvements can still be made. Raj Jain concluded by noting the work undertaken to support people with dementia, as illustrated in the patient story the Board viewed.

The Board of Directors noted the report and:

- Agreed that a presentation on the future priorities be brought to the October 7th Board meeting
- Agreed to receive an annual progress report after the October 7th presentation.

SP

5 Patient Safety, Quality and Value
5.1 Executive Summary – Patient Safety, Quality and Financial Performance Period Ended – June 2013

David Jago introduced the paper and drew attention to relatively strong performance on cancer, noting the change in the way breaches are allocated going forwards. David Jago then spoke about performance against the 18 weeks admitted pathway target which remains challenging. He referenced previous Board discussions and confirmed that the level of cancelled operations had improved from previous reporting. One case of C-difficile had occurred and activity levels are showing signs of dropping, mainly in cardiology. Following a question from the Chair, David Jago replied that there is no material reason contributing to this downturn although it has been a trend that has previously been seen with activity then picking up later in the year. David Jago confirmed a Financial Risk Rating of 3 despite the slippage on CIP at the end of quarter 1.

David Bricknell asked if the downturn would help address the pressures around the 18 weeks admitted pathway target and Glenn Russell replied that this was unlikely as the pressure around the 18 weeks target is in cardiac surgery.

Marion Savill asked about the workforce turnover rate. Tracy Boustead replied that the topic had been discussed at the recent Workforce Committee where it was agreed that a deep dive into the issue should be undertaken and a report would be presented to the next Workforce Committee. Geoffrey Appleton commented on the benefit of improving the system of exit interviews.

TMB

Marion Savill then queried private patient revenue and David Jago explained that the market overall has seen a downturn in activity. Following a comment from David Bricknell, Raj Jain replied that a combination of NHS waiting times reducing and the economic position has contributed to the downturn in private patient activity generally. The Trust's strategies were to develop a partnership with Spire Warrington and to look at the overseas market, however the middle East is expanding capacity meaning fewer referrals are coming through. Lawrence Cotter emphasised the benefit to the Trust if its consultants carry out more private patient work on site than

elsewhere.

The Chair summarised the two main challenges as being the cancer waiting times and 18 weeks. Mark Jackson then explained the new breach allocation process in place for the cancer waiting time target.

David Jago concluded by confirming the Governance risk rating of green.

The Board of Directors noted the report.

5.2 Q1 Monitor Submission

David Jago introduced the paper and noted that the Governance rating for Quarter 1 is Green and the Financial Risk Rating is 3. He drew attention to item 5.2a which contained the monitoring submission information for Monitor. He confirmed plans were in place to maintain compliance against all the required targets.

Following the private Board of Directors meeting, Board members returned to this agenda item and subsequently agreed that the return to Monitor should be altered to record 'Unconfirmed' due to the likelihood of the 18 weeks admitted pathway target being breached in Quarter 2. Raj Jain confirmed that he and David Jago had previously notified Monitor verbally about the risks to performance on this target.

The Board of Directors confirmed:

- For finance, that the Board anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months
- For governance, to amend the wording in the Monitor declaration to record 'Unconfirmed' as the Trust is unable to confirm ongoing compliance with the 18 weeks admitted pathway target due to the likelihood of it breaching this in Quarter 2 and to have a discussion with Monitor prior to submission of the return
- That there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 17 Diagram 8 and page 63) which have not already been reported.

DJ

6 Governance

6.1 External Assurances Received

The Board of Directors noted the Monitor Q4 report.

6.2 External Assurance on the 2012/13 Quality Report

David Jago introduced the report, noting that the Board of Directors had received the Annual Report and Accounts for 2012/13 at its last meeting on 28th May. At that time, the external audit was not fully completed on the 2012/13 Quality Report. Following completion of that work, Grant Thornton has provided its limited assurance audit opinion on the Quality Report.

Following discussion about the nature of the limited assurance report, Mark Jackson confirmed that the Trust is required to have a limited

assurance report. Mark Fuller confirmed that the issue of this limited assurance report, as opposed to a full assurance report, had been raised by Audit Committee members, however it was acknowledged that it is a statutory requirement for the external audit report to take this format.

The Board of directors:

- Noted the contents of the audit opinion of the LHCH 2012/13 Quality Report alongside the signed audit opinion.

6.3 Director of Infection Prevention Quarterly Report

Glenn Russell confirmed to the Board that there had been no cases of MRSA bacteraemia in Quarter 1 and 1 case of C-difficile. He outlined the process in place for C-difficile sampling. He then gave an overview of hand hygiene audits and highlighted an emerging concern regarding water safety. Following a question from Mark Fuller, he assured the Board that the issue was localised and that there was a robust action plan in place.

Raj Jain concluded by congratulating the infection prevention team on their work in view of the low infection rates despite activity increasing. Glenn Russell paid tribute to the work of Nicky Best.

Sarah Booth asked the Board to consider updating the assurance rating in the Board Assurance Framework in relation to C-difficile from incomplete to full, in view of the assurance about systems and processes from the report.

The Board of Directors:

- Noted the report
- Agreed to update the Board Assurance Framework to upgrade the assurance from incomplete to full in respect of BAF Statement 5 regarding C-difficile.

SB

6.4 Amendments to Liverpool Heart and Chest Hospital Foundation Trust Constitution

Sarah Booth presented the proposed changes to the Constitution, which are required to comply with the remainder of Part 4 of the Health and Social Care Act 2012 which came into force on 1st April 2013.

She explained that the Board had previously received a schedule of the required changes, which include new duties and powers for Governors, approving significant transactions and changes to Appointed Governor seats.

Sarah Booth then explained that some additional changes had also been made to the Constitution including:

- The removal of provisions relating to the appointment on authorisation of the initial Board and Governors
- A number of general changes such as the removal of references to Terms of Authorisation, as these have been replaced by the Monitor Provider Licence
- Updating the reference to the composition of the Board of

Directors.

In line with the Constitution, more than half of the members of the Council of Governors voted to approve the changes at its meeting on June 3rd. She explained that the Board was now required to vote to approve the changes

David Bricknell asked whether Monitor was required to see the changes proposed to the Constitution. Sarah Booth confirmed that Monitor no longer approves the changes but that they require a final copy of the approved Constitution.

The Board of Directors:

- Voted on the changes and unanimously approved the changes to the Constitution
- Noted that one Governor is required to present any changes which affect the powers, duties and/or role of the Council of Governors to the Annual Members' Meeting in order for the changes to continue to have effect.

6.5 CQC Compliance Report

Raj Jain presented the report on the Trust's compliance with the CQC's Essential Standards of Quality and Safety. He described the areas where moderate concerns had been assigned. These include requiring greater assurance around the quality of the process for using the WHO checklist and workforce compliance with PDR/ appraisal completion. He confirmed that due to an accounting issue with the PDR figures, revised figures were being presented to the Workforce Committee which will show an improved position and that a more informed view will be taken about compliance at that point.

Mark Jackson commented that through Executive Team discussions, it had been recommended to increase the minor concern recorded for MDT revascularisation to a moderate concern.

Raj Jain then gave an overview of the proposed process for future Care Quality Commission assessments noting the role of the new Chief Inspector of Hospitals. He felt the Trust's approach to the new assessment process should be the same as the previous one which was to bring the required standards into the organisation and gain ownership from the Board downwards.

The Board of Directors:

- Endorsed the compliance made for outcomes 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 16, 17, 18, 19, 20 and 21
- Agreed to increase the minor rating for the revascularisation MDT from a minor to a major concern
- Agreed to receive updated information on outcome 14 in December 2013
- Noted that the Clinical Quality, Patient and Family Experience and Workforce Committees were monitoring concern levels until they are reduced or no concern reached.

MJ

6.6 Reference Costs 2012/13 Assurance Sign-Off

David Jago explained the background to the paper noting the new process for this year. He confirmed that due to the timescales by when the reference cost submission was required, the Audit Committee had approved the costing process at its meeting on 15th July. He explained that the Board of Directors is now required to formally ratify the Audit Committee's decision.

David Jago confirmed to the Chair that Monitor has indicated that 2010/11 reference costs will continue to be used but that the submission data will be used to inform the tariff for 2015/16. He indicated there may be some changes to tariff during 2014/15, and while there has always been the ability for Trusts to adopt a local tariff, the important difference going forwards is that Monitor wishes to have sight of those tariff agreements. He noted that currently Aortic services are inappropriately remunerated and that he is liaising with commissioners regarding this. The Chair emphasised the importance of making a reasonable level of surplus in order to be able to invest in services in the future.

David Bricknell commented that there are other non-profitable service lines. David Jago replied that there is a set of mandated costing guidelines and that those non-profitable service lines will be discussed at the Finance Committee. He emphasised the importance of properly coding activity in order to get the appropriate remuneration. The Chair concluded by saying he was confident that the right processes had been followed and therefore the Board had confidence in making the submission.

The Board of Directors:

- Ratified the Audit Committee's decision to approve the costing process which supports the reference cost submission for 2012/13 and consequently submit LHCH reference costs in line with the agreed timeline.

6.7 2013/14 Standard Contract

David Jago explained that the paper was requested by the Board of Directors around the challenges faced by the Trust under the standard contract. He highlighted the key performance challenges which are the 18 weeks admitted pathway target, cancer 62-day target and C-difficile.

The Chair then asked about the key financial challenges to which David Jago replied that these are 18 weeks and C-difficile. Mark Jackson added that there is a residual risk around two CQUIN targets - 7 day transfers and communication. Following a question about the penalties from the Chair, Mark Jackson confirmed penalty payments would be staggered across the year if the Trust breached the target.

David Jago confirmed that a pragmatic understanding with commissioners had been reached meaning that penalties where applied would be subject of agreed improvement plans with investment. He confirmed the importance of working with commissioners in the future as penalties may be applied in future

years.

The Board of Directors noted the report.

6.8 Non-Executive Director Composition on Assurance Committees

The Chair explained that following the appointment of three new Non-Executive Directors, he had reviewed the composition of the NEDs on the Board Assurance and Sub Committees. This review had taken into account the personal skills and development needs of all NEDs. The Chair highlighted the changes to NED membership on the committees and confirmed that if a NED was not available for committees, they should find another NED to attend and inform Sarah Booth. David Bricknell noted that he wasn't a member of the Clinical Quality Committee.

The Board of Directors:

- Approved the proposed changes to the Non-Executive Director representation on Board Assurance Committees
- Agreed for the Chairs of the Committees to ensure the changes are reflected in the terms of reference
- Agreed for the Director of Research and Informatics to change the list of ICMS Board Directors at Companies House in light of the change of NED representation on the ICMS Board.

7 Receipt of Integrated Performance Report - Period ended June 2013

The Board noted the Integrated Performance Report.

8 Chair's Briefing

The Chair thanked Board members for their involvement during the recent interview process for the Chief Executive. He confirmed the departure of Raj Jain as being 6th October with Jane Tomkinson starting on 7th October to ensure a smooth transition. In view of this, he suggested to the Board that there is a dinner for Raj Jain on 3rd October and a lunch for staff on 4th October.

The Chair acknowledged the recent fundraising efforts of the Bentley Rally Drivers Club in raising over £30,000 for the Trust.

He confirmed a review of charitable funds was underway and that the work would be aligned to the business plan.

The Chair is organising two walkabouts with Governors, on 6th and 7th August, to which Non-Executive Directors are welcome to attend.

He concluded by announcing the date of the joint development day with the Council of Governors and Board of Directors on November 13th.

9 Chief Executive's Briefing

Raj Jain congratulated Knowsley COPD team on winning a HSJ integrated care award and he commented on the commitment of the team.

He said it was pleasing to hear that Sue Pemberton has been invited to work with NHS North to share our patient experience work to develop case studies. He added that an article about the patient and family centred care work was being carried in the Nursing Times this week.

He then mentioned the recent Upper GI tendering process which included a two-day visit to the Trust by two clinicians and patient representatives. He paid tribute to everyone involved in the work noting especially the contributions of Ann Conley and Mr Richard Page.

10 Minutes of the Board of Directors' Meeting held on 28th May 2013 (Public)

The minutes of the meeting held on 28th May 2013 (public) were reviewed for accuracy and approved.

11 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – this will be completed before October 2013
- Action 3 – in progress and a terms of reference paper has been prepared for the July private meeting of the Board
- Action 4 – this item was an agenda item - action closed
- Action 5 – a date for a teaching session needs to be agreed
- Action 6 – this item was an agenda item – action closed
- Action 7 – this item was discussed at the Finance Committee in June – action closed
- Action 8 – this item is due to be considered at the next Corporate Readiness Committee

12 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 happy with the format of the meeting.

13 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Monday 7th October 2013 at 9.30am in the Boardroom, Liverpool Heart and Chest Hospital NHS Foundation Trust.

Signed: _____
Chair

Date: _____

Board of Directors (Public)

Item 12

minutes

Minutes of the Board of Directors meeting held on Monday 7th October 2013

Present :	Neil Large	Chair
	Geoffrey Appleton	Non-Executive Director/ Deputy Chair
	David Bricknell	Non-Executive Director
	Lawrence Cotter	Non-Executive Director
	Mark Fuller	Non-Executive Director
	Marion Savill	Non-Executive Director
	Raj Jain	Chief Executive
	David Jago	Director of Finance
	Mark Jackson	Director of Research and Informatics
	Sue Pemberton	Director of Nursing
	Glenn Russell	Medical Director
In Attendance:	Tony Wilding	Associate Director of Service Improvement
	Sarah Booth	Associate Director of Corporate Development/ Trust Secretary
	Tracy Boustead	Associate Director of Human Resources

Apologies:

- 1 Apologies for absence**
There were no apologies.
- 2 Declaration of interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.
- 3 Patient Story**
The Board viewed a patient story which had been filmed by the Trust. Following a question from Lawrence Cotter about how the Trust identified patient stories, Sue Pemberton commented that they come from a variety of sources including staff on wards identifying patients and families interested in telling their story.

Action

The Chair then commented on the fact it was Raj Jain's last Board meeting. He thanked Raj Jain on behalf of the Board, noting the key tasks he had faced such as FT status and cultural change as well as supporting teams to make the right choices and decisions. The Chair acknowledged the significant contribution that he had made and on behalf of the Board wished him every success in his new position.

4 Strategy and Development

4.1 Estates Strategy – Tracking Delivery of Schemes of 2013/14

Tony Wilding presented the report which provided an update on the development of the new Day Ward. He confirmed that the scheme is planned for completion during December 2013 with an expected occupancy during January 2014.

Further to the discussion at the previous Board meeting in July, he confirmed that work to remove the low level asbestos floor tiles which had been found, is now completed. Further demolition work will take place during the next two to three weeks. A revised work programme has been drawn up which still delivers the project in December despite the delays previously reported to the Board. He commented on the support shown by staff in the department. Tony Wilding noted that some equipment requirements are currently estimated over the planned budget and this is being currently looked into. He emphasised the importance of the project concluding by 20th December in view of the Christmas break.

Following a question from the Chair about the difference the service will make, Tony Wilding explained the staff engagement work and service change aspects being taken through the user group. Raj Jain added that the primary focus of the new suite will be the patient and family experience vision, in light of potential competition as well as productivity improvements, as already seen through the trial of the Amsterdam lounge model. Raj Jain then commented on the development of the Trust's relationship with the Royal Liverpool Hospital in terms of partnership working through the Day Lounge. Glenn Russell emphasised the importance of the benefits being seen by the whole Trust. Tony Wilding agreed to organise a visit to the Day Lounge for the Chair.

TW

The Board of Directors noted the report.

4.2 Research Strategy – Annual Report and Forward Plan

Mark Jackson presented an updated on progress delivered against the Research Strategy.

He outlined a number of key achievements which included good progress against the ICMS objectives, the development of a new cardiomyopathy service, the further development of PROMs for the Trust and links with academia including a link with the Liverpool School of Tropical Medicine. Mark Jackson then explained about meeting the NIHR timeframes for recruiting to, and beginning, trials. He emphasised

the importance of staff and patients understanding the fact that the Trust is a research active organisation. He explained about a collaborative venture with Imperial College and successes with clinical trials with the opportunity for Dr Rod Stables to be a director of a trials unit on site. He then commented on the improvements seen in generating research income, noting the difficulties in attracting grant income.

A commercial strategy has been drawn up to make links with industry which has seen some moderate early successes. Mark Jackson then took Board members through the financial projections, noting the contribution to the Trust from research, the payment to Liverpool Health Partners, academic partner payments with Clatterbridge Centre for Oncology and the Liverpool School of Tropical Medicine and the identification of finances for building a new career structure for research nurses.

Mark Fuller commented on the £3 million revenue target from grants next year and asked if there were sufficient resources inhouse to support the achievement of that amount. Mark Jackson commented on work undertaken to cultivate relationships with industry and the use of an external grant writer. Following a question from David Bricknell, Mark Jackson explained the timescales between submission and publication of research papers. Lawrence Cotter commented on the key difference between registering for a higher degree and actually achieving the degree. Mark Jackson commented on the benefit of links with Imperial College and the associated regular reviews in place.

The Chair asked how proposed service developments come through the commissioning process. David Jago replied that there is a business case process in place which means the business case is considered through TSMT and the Executive Team. Raj Jain added that other external routes include commissioning for evidence through specialist commissioning. The Chair then asked whether the Trust was seeing value for money through the Liverpool Health Partners agreement and Mark Jackson confirmed that value was being seen especially through links for academic partnerships. Raj Jain commented on the strategic benefits of being part of LHP especially around any future service reconfigurations.

The Board of Directors noted the report.

4.3 Staff Experience Measures – Progress Report

Tracy Boustead presented the report which provided an update on the performance of the Trust's Staff Experience Vision.

She explained the background to the development and launch of the vision in September 2011 before describing the current spidergraph which shows the year on year improvement against each of the staff experience vision pillars.

She then gave an overview of the CQC engagement score and emphasised the importance of continuing to make improvements going forwards especially in light of the challenges around maintaining morale

in the current financial climate and the NHS wide media coverage. Tracy Boustead commented on the importance of staff communication and the development of key messages to staff following Board of Director meetings.

Geoffrey Appleton commented on the challenges around appraisals and mandatory training, as well as learning from those who leave and grievances. Lawrence Cotter commented on the fact that not all the scores were 100%.

The Chair asked about the planned work going forwards. Tracy Boustead replied to say this included work on the appraisal system and having further discussions with staff about results from staff surveys.

Mark Fuller suggested targeting new staff and Tracy Boustead agreed that engaging new staff would be crucial.

Raj Jain added that the workforce strategy is due to be refreshed and that this will be addressed through future business planning processes. He emphasised the importance of painting compelling pictures of the future to keep staff motivated and the importance of transparency and fairness.

The Board of Directors noted the report and the development of a Workforce Strategy.

4.4 Patient Experience Priorities

Sue Pemberton explained the three key areas to be focussed on as part of the Patient and Family Experience Vision. She then outlined progress to date and engagement with the Board on defining the new vision and priorities. Sue Pemberton described the staff engagement work including Management Congress, a Trust-wide self-assessment and agreement to use the net promoter score going forwards. She cited the national drivers which underpin the vision and priorities. The Executive Team has met with all the teams during September and October to communicate and discuss the Patient and Family Experience Vision and Safe from Harm Vision.

Sue Pemberton then described the work planned for the year, including the care partner concept, the patient portal as part of EPR, standardising discharge processes, building on the engagement work with patients and families, and education and support for staff through the champion role, shadowing and specialist education. She then commented on the alignment with the 6Cs and the discussions held with staff about the 6Cs and their applicability and importance.

Sue Pemberton described net promoter scores on the spidergraphs for patient experience and family experience.

Marion Savill asked about the difference between the inhouse survey score and external survey score for the treatment question on the family experience spidergraph. Sue Pemberton said that further information is needed to understand it further and Mark Jackson said a similar situation had occurred previously with a question on the patient

experience spidergraph and it may be due to how respondents are interpreting the question. Glenn Russell expressed surprise that the scores were not lower due to some of the difficulties experienced through the Trust as a result of additional capacity and patients moving around beds on some occasions. Sue Pemberton commented on discussions she had had with Jane Tomkinson about getting more real time patient feedback as the surveys are undertaken once the patients have gone home and triangulating all sources of information.

Following a question from Mark Fuller regarding discharge with medications, Sue Pemberton confirmed that most of the patients where possible leave the ward with medications. Tony Wilding then outlined the patient flow bundle which sets out the planned date of discharge alongside whether TTOs are in place.

Following a request from the Chair, Sue Pemberton outlined how the targets had been set on the patient experience spidergraph. Mark Fuller queried the target for after stay as it is lower than the inhouse survey target. Mark Jackson explained how the target sample size is small and Raj Jain commented on the balance of setting realistic targets whilst the data is understood further. The Chair suggested that the target is developmental.

Lawrence Cotter queried the wording of the arrival question in light of Glenn Russell's comment about patients sometimes waiting. Mark Jackson assured him that he would ensure it is captured.

Geoffrey Appleton commented on the need to see more data over a longer period of time. Sue Pemberton confirmed she would bring it back to the Board in April.

David Bricknell asked how many of the champions are clinicians. Sue Pemberton said there were a number of clinicians involved and some Allied Health professionals (AHPs). She added that there had been positive commitment from clinicians and she commented on the engagement from the clinical leads at the management congress earlier in the year.

The Board of Directors noted the presentation and agreed:

- **For an update to come to the Board in April 2014**
- **To continue reporting via BAF key issues with an annual report to the Board in October 2014.**

4.5

Wayfinding Proposal

Sue Pemberton took the Board through the proposals to improve wayfinding across the hospital, which included feedback from a patient survey and engagement events with patients. She commented on the funding support from charitable funds previously agreed to support the Enhancing the Health Environment work.

Sue Pemberton described the proposed approach which includes colour coded zones, floor signage, incorporating the number of steps to difference venues and use of artwork.

SP

Glenn Russell asked about the external signage from the M62. Tony Wilding confirmed there had been some initial discussions with the council, although initial feedback was that the council was looking to reduce the number of signs and presented minimal opportunity for better signposting of the Trust.

Following a question from the Chair as to whether the proposal fell fully into charitable funds, Board members confirmed that the core signage is core business with the additionality supported by charitable funds.

The Board of Directors approved:

- **The proposed wayfinding improvements**
- **The submission of a bid to Charitable Funds to support the additionality of the work.**

SP

5 Patient Safety, Quality and Value
5.1 Executive Summary – Patient Safety, Quality and Financial Performance Period Ended – September 2013

David Jago introduced the paper and commented on strong performance on cancer waits and cancer performance and the planned breach against the 18-weeks admitted pathway target. He commented on the significant work undertaken against the RTT target. He said activity remained a key concern as did cancelled operations. There have been two cases of c-difficile to date against a target of four.

Following a question from the Chair about cancelled operations, Tony Wilding gave the background to the reasons for the cancellations and confirmed the directorates were managing this on a case by case basis. The Chair asked if there was sufficient flexibility in the system to which Glenn Russell explained there were more emergency aortic cases coming in which is an additional complexity. Tony Wilding mentioned the importance of understanding the impact of case mix for the capacity planning work for 2014/15.

Glenn Russell assured the Board it is being actively managed but sometimes capacity is challenging given natural volatility that sometimes occurs. Geoffrey Appleton commented on the importance of ensuring the Trust is paid for all the additional work it does. Raj Jain commented that the situation now is different from the previous situation three years ago. He said the Trust is now reaching its capacity and the challenge will be the impact on targets going forwards. David Jago said in reply to a question from Mark Fuller about increases in referrals, that maximising the bed usage is key.

The Chair asked Tracy Boustead about turnover figures. She confirmed that a paper will be taken to the next Workforce Committee and that the formula now used is different from the previous one. She explained that had it been the same, the Trust would be under target. She said capability cases were being managed more effectively. She explained the adjusted turnover figure following a question from Lawrence Cotter. Raj Jain added that the turnover figure was about 13% previously but that a decision had been taken that 8-9% felt an appropriate figure. He

explained that as time goes by, the figure should fall.

Lawrence Cotter commented on the good work undertaken by the infection control and prevention team.

Marion Savill asked about the Wales 26 week compliance target as it does not feature in the dashboard on the front page of the paper. David Jago explained the work underway to meet this and Glenn Russell confirmed that patients are always assessed on their clinical need.

The Board of Directors noted the report.

5.2 Q1 Finance and Activity Forecast

David Jago introduced the paper which set out a forecast financial position based on financial performance at month 5, the delivery against the targets set within the business plan and associated risk ratings set out by Monitor.

He summarised the key challenges identified through the Annual Plan work including CIP programmes, potential penalties under the standard contract, cost pressures, activity levels and and CQUINs.

David Jago confirmed that these challenges are reflected in the Trust's financial performance to month 5 which shows that while the Trust is below its planned position, it nevertheless remains on target for the delivery of a Continuity of Service (CoS) rating at level 3. He noted that this follows the release of £200,000 contingency funding in month 5. He explained that the contingency was specifically set aside to deal with forecast risk.

He explained the overall FT sector has planned a surplus of 0.1% of turnover and the Trust is forecasting a surplus of 0.3% of turnover.

In respect of CIP performance, David Jago confirmed that at month 5 the original CIP plans remain £630k behind plan but that additional schemes totalling £304k have been identified. Currently the CIP is expected to under achieve by £271k.

He noted that the forecast position includes the assumption that activity comes back in line with the planned position in quarter 4. David Jago confirmed the Continuity of Services rating is forecast to be at level 3. He emphasised the fragility of the liquidity position such that improved performance to the extent of £112K would see a CoS rating of level 4 being achieved.

David Jago confirmed that the winter position is the busiest time and assured the Board of the work being undertaken by the Executive Team to actively manage this.

He emphasised the importance of the work being undertaken to influence the tariff position specifically around aortics given that the current forecast loss on this service line essentially add circa 1.0% to CIP target.

There was a discussion about the use of contingency reserves. The Chair drew attention to the latest forecast and comparison tables, noting the need for the Board to see the forecast based on the work planned to bring the position back. David Jago then outlined the options available such as reviewing all expenditure and the use of contingency funds, should this be required. He assured the Board about the strength of clinical engagement into the CIP process especially around standardisation.

Following a question from Mark Fuller, David Jago confirmed he would refresh the forecast table to reflect future months performance. Mark Fuller then asked about stretching payment times for creditors which David Jago confirmed the Trust would do this for large organisations. The Chair suggested further discussions at the October Board Away Day.

DJ

The Chair concluded by noting the work underway to deliver the key objectives set out in the Trusts 2013/2014 Annual Business Plan.

The Board of Directors noted the report and noted the key actions to be taken forward to give assurance that the Trust will continue to satisfy the Monitor Risk Ratings.

5.3 Q2 Monitor Submission

David Jago proposed that in view of timescales, the Chair, Chief Executive and Chief Finance Officer review the submission and agree this outside of the Board meeting.

DJ

The Board of Directors agreed this.

5.4 Assurance on Mortality

Mark Jackson introduced the presentation noting the reasons why measurement occurs, for judgement, research and improvement. He explained about HSMR and how it is calculated across 56 diagnostic groups accounting for 80% of mortality, and SHMI which is another measure of mortality. Mark Jackson described how the Trust has developed its own mortality measure and demonstrated the mortality rates based on this model. He then referred to national benchmarks and the improvement works which have been undertaken bringing the Trust into the top third of best performing Trusts. Mark Jackson described the results analysed by consultant and consequent publication by NHS Choices on consultant data for some specialties. He confirmed the Trust had no outliers using the same methodology.

Mark Jackson then referred to mortality over weekends, and he said there was limited evidence of an increase over weekends. He confirmed the Clinical Quality Committee had reviewed this and requested further assurance which will be presented to the next Committee in December.

He described CVD mortality in Liverpool compared to across the country then spoke about avoidable deaths which will be the focus of work going forwards.

He concluded by describing the approach to how the Trust improves its performance, including the mortality review group, patient safety group, disseminating learning points and literature reviews. Safe from Harm is the vehicle for improving safety through the hospital.

Glenn Russell referred to a week in September when seven deaths occurred. He assured the Board a full debrief had occurred after each case, and several of the cases had been emergencies. He confirmed that any lessons will be taken back through the clinical audit days and assured the Board there was nothing out of the ordinary surrounding them. Glenn Russell described the challenges for surgeons to maintain low mortality rates in light of an ever aging population and increases in complexities and volume of emergency procedures.

Lawrence Cotter commented on the balance between requiring low mortality rates but still needing consultants to operate on complex cases.

David Bricknell commented on the Trust's performance compared to others and Marion Savill felt the Trust would be a higher performer given the specialist nature of its work. Mark Jackson commented on the scale of improvement made to date and Glenn Russell noted that through good governance improvements have been made within the performance of the Trust's consultants. He stressed that the importance of achieving performance in the top third has been a tremendous achievement.

Geoffrey Appleton asked whether deaths while patients are on the waiting list are measured, to which Mark Jackson confirmed the Trust's data is being audited for this at the moment.

Lawrence Cotter asked how many surgeons perform cardiac surgery and thoracic surgery, to which Glenn Russell confirmed there were two. He commented that the national direction was towards specialising in one area.

David Bricknell commented about the involvement of NEDs in reviewing mortality in other Trusts. Glenn Russell confirmed patient safety representatives were on the patient safety group and a NED perspective would also be welcomed although Raj Jain urged caution about not changing the dynamics of the mortality review group and the potential to stifle open and transparent debate.

Lawrence Cotter commented that the weekend data related to several years ago and that things have changed and improved since then.

The Chair commented that the clinicians welcome the mortality analyses.

The Board noted the presentation.

5.5 Safe from Harm – a unifying approach to improving patient safety

Mark Jackson presented the paper which set out how the Trust's quality strategy, Safe from Harm, brings together the relevant

recommendations from the Francis, Keogh and Berwick reports.

He then explained that with the publication of recent documents the Executive Team has carried out a gap analysis against each to identify the evidence of what LHCH already had in place for each recommendation, whether that was sufficient and whether further work was needed.

Mark Jackson then described how the Quality Governance Framework is being used to bring all the quality improvement plans into a single document and develop an integrated view of the Trust's work.

He took the Board through a summary of work planned under each domain of Safe from Harm together with an indication of progress made to date. He added that the work plans include a lot of the patient and family experience work.

Following a request from the Chair, Mark Jackson detailed the major challenges which include staff engagement and work has already identified a number of patient safety champions and identifying actual programmes for patient safety improvement work. Tracy Boustead reinforced the importance of early engagement with staff which has happened with Safe from Harm.

Mark Jackson outlined the targets as illustrated on the spidergraph.

Following a question from Mark Fuller, Glenn Russell confirmed that the assurance from this work will be fed into the Clinical Quality Committee. Sue Pemberton highlighted the importance of allowing staff to suggest their ideas for improvement.

The Chair congratulated Mark Jackson on a good piece of work to capture all the outcomes and recommendations.

The Board of Directors:

- **Approved Safe from Harm as the single unified and integrated approach to meeting the appropriate recommendations from the Francis, Keogh and Berwick reports**
- **Approved the implementation plans that will deliver the detail of Safe from Harm**
- **Agreed to dedicate a proportion of the next Board away day to discussion patient safety in general and Safe from Harm in particular**

MJ

6 Governance

6.1 External Assurances Received

Raj Jain noted the discussions with Monitor to highlight the challenges in meeting the RTT target and David Jago confirmed that the Governance Rating for Quarter 2 is Green.

The Board of Directors noted the Monitor Q1 report.

6.2 Director of Infection Prevention Quarterly Report

Glenn Russell confirmed to the Board that there has been one case of C-difficile reported in August which brings the total number in six months to two against the annual target of four.

Further to the report presented to the July Board of Directors, he confirmed that work has been undertaken to resolve the isolated water sample issue. He described the approach taken to minimise patient risk and work is ongoing.

The Board of Directors noted the report.

6.3 Ratification of Consultant Appointments

Glenn Russell explained that following interviews on 8th August, two substantive consultant anaesthetists were appointed. They are Dr Piotr Wolski to work in POCCU and Dr Anurodh Bhawnani for ITU. In addition, a locum consultant anaesthetist was appointed, Dr Karim Elkasrawy. Glenn Russell confirmed their allocated PAs following a question from Lawrence Cotter.

The Board of Directors ratified the consultant appointments.

6.4 Risk Assessment Framework

David Jago and Sarah Booth presented the report on Monitor's Risk Assessment Framework which replaces the Compliance Framework from 1st October.

David Jago explained the changes to the Financial Risk Ratings, which are replaced by the Continuity of Service (CoS) ratings which is focused on the risks faced by FTs in continuing service provision. He described the approach to commissioner requested services and noted the range of regulatory action as well as the new CoS measures. He commented on the headroom with the CoS metric and the importance of liquidity. The Trust's current CoS rating will be a 3. All four quarters results going down for the CoS will be published following submission of the 2014/15 Annual Plan.

Sarah Booth explained the changes to the governance rating system including the indicators used to assess the Trust and the changes to the associated rating system, the requirement for three-yearly governance reviews and the annual corporate governance statement. Mark Jackson noted that the safety metrics had not appeared in the final version of the RAF. Sue Pemberton commented on the work of the quality surveillance groups in assessing provider performance in the quality and safety agenda.

The Board of Directors noted the report.

7 Receipt of Integrated Performance Report - Period ended September 2013

The Board noted the Integrated Performance Report.

8 Chair's Briefing

The Chair noted Sarah Booths last Board meeting and thanked her for her work at the Trust and wished her well in her new role.

The Chair noted the recent fundraising work of the Bentley Rally.

The recent ICMS symposium demonstrated the significant work completed and Lawrence Cotter commented on the positive contribution of the Trust.

The Chair had recently met with Michelle Laing who will be the new nominated governor from JMU.

9 Chief Executive's Briefing

Raj Jain referred to a meeting with the specialist commissioners. He noted that the employment tribunal had been completed and the barristers' opinion is that the Trust put forward a good case. The outcome is awaited.

10 Minutes of the Board of Directors' Meeting held on 30th July 2013 (Public)

The minutes of the meeting held on 30th July 2013 (public) were reviewed for accuracy and approved.

11 Action Log from previous meeting

The Board reviewed the action log and confirmed the following :

- Action 2 – this will be included as part of the work on the IBP - action closed
- Action 3 – in progress and an update will be given to the private Board meeting
- Action 4 – this item is covered in item 4.1 on the private agenda - action closed
- Action 5 – this item is due to be considered at the December Corporate Readiness Committee
- Action 6 – Tony Wilding confirmed a meeting with Vinci has been held and costs proposed for new car park barriers. Discussions are ongoing
- Action 7 – this is an agenda item 4.6 - action closed
- Action 8 – an update has been provided to the Board and a paper will be taken to the next Workforce Committee
- Action 9 – this was completed on 31st July - action closed
- Action 10 – this was completed on 31st July – action closed
- Action 11 – this has been completed – action closed

12 Board of Directors Calendar for Dates 2014

Board members noted the dates.

13 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 happy with the format of the meeting.

14 Date and Time of next meeting:

The next meeting of the Board of Directors will take place on Monday 30th November 2013 at 9.30am in the Boardroom, Liverpool Heart and

Chest Hospital NHS Foundation Trust

Signed: _____
Chair

Date: _____

|

Board of Directors (Public)

Item 11

minutes

Minutes of the Board of Directors' meeting held on Tuesday 26th November 2013

Present :	<p>Neil Large Geoffrey Appleton David Bricknell Prof Lawrence Cotter Mark Fuller Marion Savill Jane Tomkinson David Jago Dr Mark Jackson Dr Glenn Russell Clare Pratt</p>	<p>Chair Non-Executive Director/ Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Financial Officer/Deputy CEO Director of Research and Informatics Medical Director Acting Director of Nursing</p>
In Attendance:	<p>Tony Wilding Tracy Boustead Nicola Casey Julie Tyrer</p>	<p>Chief Operating Officer Associate Director of Human Resources Executive Office Manager Infection Control Nurse (Item 5.1 only)</p>
Members of the Public:	<p>Daniel Bower</p>	<p>KPMG</p>
Apologies:	<p>None</p>	

- | | | Action |
|-----|---|--------|
| 1. | Apologies for absence
There were no apologies. | |
| 2. | Declaration of interests relating to agenda items
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests. | |
| 3. | Patient Story
The Board listened to a patient story regarding a patient with sleep apnoea. | |
| 4. | Strategy and Development | |
| 4.1 | <u>Strategic Planning 2014- 2019</u>

Jane Tomkinson confirmed that the Board Development day held on | |

the 2nd December 2013 is to be repeated with TSMT and senior leaders within the organisation.

A further Board Development day is due to be held on 17th December 2013 where Business planning will be the main agenda item. The Chair added that service line management will also be discussed on the day with the aim to further understand profit and loss.

Non-Executive Directors requiring further clarity on the order of the day or have any questions or queries please raise them prior to the meeting with the Chair.

5. Patient Safety and Quality

5.1 Tissue Viability Update

Julie Tyrer, Tissue Viability Specialist Nurse was in attendance to update the Board on Tissue Viability.

The main aim of the presentation was to review pressure ulcer activity over the last 3 years, review the NHS safety thermometer and pressure ulcer incidence data and to look at current activity and actions.

Glenn Russell asked about engagement from medical staff particularly on critical care. Julie Tyrer confirmed that she has seen a huge improvement and there is now full engagement from medical staff.

Mark Jackson asked if there was merit in collaborating with other organisations to mitigate the prevalence of pressure ulcers on admission. Julie Tyrer reported that there had been some resistance from other Tissue Viability nurses, however liaising with other organisations and sharing best practice was the way forward.

Jane Tomkinson asked about zero tolerance as progress had been good so far, and what more could be done to improve. Julie Tyrer replied by stating that keeping up the momentum and continuing to challenge and raise awareness. The Board was informed that targeted improvement work such as focusing on one site had seen long term reductions.

The Chair on behalf of the Board thanked Julie Tyrer for her informative presentation.

5.2 Safety Culture Survey

Mark Jackson presented a paper detailing responses from a recent staff safety culture survey.

It was explained that the staff safety culture survey had been conducted over the past three years. The latest survey was a snapshot survey designed to ask pertinent questions regarding the 'Safe from Harm' ethos. It was carried out in September 2013 and there were 376 respondents from an approximate headcount of 1,420 staff (26%).

The Board's attention was drawn to page 3 of the report which highlighted responses to each specific question.

Geoffrey Appleton sought further clarification and assurance in relation to question 1 which asked “I think we should not accept that harm inevitably happens” as it appeared that 12% of the workforce who completed the survey did not to agree with the statement and this was more pronounced amongst medical staff.

Mark Jackson responded to the query stating that engagement is excellent from medical staff and he did not perceive there to be a fundamental issue with patient safety. Glenn Russell added that this is evident from attendance at Audit meetings and engagement around the mortality review process is universal.

Lawrence Cotter agreed that there is no doubt that the majority of staff are totally committed to reducing harm but results suggest that a small minority are not engaged in the process.

Discussion ensued regarding the wording of the question and Mark Jackson explained that this was about tolerance to harm as opposed to actual harm. Geoffrey Appleton asked for some thought to be given to enable respondents to justify their response.

Jane Tomkinson added that it was very clear from the patient story that harm is perceived differently and in future when considering harm there was a need to be mindful of peoples’ perception of harm.

The Chair referred to the spider diagram on page 5 of the report particularly the commitment and culture results. Mark Jackson explained that the reduction from 34% to 12% was a result of the net promoter score calculations. The Chair stressed the importance of understanding the methodology behind the results as they identify a number of areas where targeted improvement efforts need to be made.

Mark Jackson and Tony Wilding agreed to lead on a further piece of work to identify recommendations and actions that need to be taken forward.

MJ/TW

The Board of Directors reviewed the contents of the paper and noted the areas for improvement.

5.3 Nurse Staffing Levels Review

Clare Pratt presented a paper, the purpose of which was to provide assurance to the Board of Directors that nursing staffing levels and skill mix are subject to regular review and are set at appropriate levels to ensure the provision of Excellent, Compassionate and Safe Care In October 2011 the first set of data was collected and presented at Workforce Committee and has subsequently been reviewed on a 6 monthly basis. To date, 5 sets of data have been presented and reviewed using quantitative assessments such as those encapsulated in the Association of UK University Hospitals (AUKUH) and other more qualitative Professional Judgement methods. It was noted that as well as the qualitative and quantitative data collected twice yearly, the organisation also uses local and national benchmarking data to compare activity, acuity and staffing levels with other comparable sites.

It was explained that activity across the organisation varies at weekends with some areas seeing a reduction in admissions and others noting an increase in acuity as patients are transferred to wards from high dependency areas. This necessitated data AUKUH collection to be undertaken over 21 consecutive days from the 2nd – 22nd September to ensure weekend activity was captured; however the exception to this was Day Ward which currently operates a five day a week service.

It was noted that the Directorates provided assurance that staffing levels within both SACC and CACM have received detailed scrutiny over the last twelve months and that strategic planning work has been undertaken to ensure that staffing is safe and appropriate and this was confirmed for each area.

Clare Pratt proposed that in future an annual review of nursing workforce is undertaken using the methodology described in this report and that this review is reported to Workforce committee and assurance provided to the Board of Directors. A 6 monthly interim review of workforce will also be undertaken and assurance or risks will be reported to the Board of Directors accordingly.

Marion Savill stated that she felt there was clear assurance with the methodology but was less clear about the actual staffing levels and particularly the staffing mix.

Clare Pratt informed the Board that a more detailed 50 page report was scrutinised at the Workforce Committee with no concerns raised, however the skill mix is determined using RCN recommended guidance the exception being Day Ward due to the rapid turnover of patients.

In relation to the staffing mix Clare Pratt reported that most Trusts experience difficulty in recruiting staff as experienced staff leave they are more likely to be replaced with less experienced staff; however there is a comprehensive preceptorship programme in place and the Trust is also more pro-active in recruiting students who have trained within the organisation.

Marion Savill agreed that the range of parameters is good but it would be useful to see what proportion of the time the target is being met.

Clare Pratt agreed to circulate the full paper that had gone to the Board Assurance Committee detailing ratios to all Board members and she agreed to present a further report to the January 2014 meeting

CP

The Board of Directors noted the paper and supported the proposals for ongoing monitoring of nurse staffing levels across the organisation.

5.4 Open and Honest Care Transparency Project

Clare Pratt presented a paper updating the Board on the Open and Honest Care Transparency Project.

It was explained that The NHS North West Transparency of Care

project was launched by the Chief Nurse for NHS North of England in 2011. It was the first-ever publication of collaborative, up-to-date monthly information tracking patient harms, staff views including whether they would be happy for friends and family to be treated in the hospital they work at, and results of patient experience surveys.

It was reported that 8 trusts across the North West had participated in phase 1 of the pilot (October 2011- February 2012) which consisted of monthly reviews of falls and pressure ulcers that patients suffered whilst in hospital and in clinical areas where the harm had occurred. Patients and staff answered survey questions regarding their experience and each trust published its results supported by a narrative explaining the steps taken to improve care and experience.

Results from phase 1 of the pilot demonstrated that 8 patients suffered Grade 2 - Grade 4 pressure ulcers, there was one incidence of MRSA and 1 patient suffered a fall. The hospital score was 91% for the Friends and Family test. Overall 97% of patients received harm free care in the hospital.

Clare Pratt updated the Board on phase 2 of the project which looks at the incidence of harm caused by grade 2, 3 and 4 pressure ulcers and falls that have resulted in a moderate or serious harm to patients. Published data will show the number of falls and pressure ulcers for each month. Where harm has occurred patients and staff members have been asked about their perception of the care that was provided on the ward at that time.

Lawrence Cotter sought further clarification in relation to page 6 of the report which indicated that only 30 members of staff would recommend the hospital as a good place to work. Tracy Boustead confirmed that work is ongoing with staff at the moment as staff morale does appear to be low particularly in Critical Care but so far the drivers for this have not yet been identified.

The Chair asked where the data is published. Clare Pratt confirmed that it is published on the website. Marion Savill posed the question as to whether the Board supported the Trust in being part of the Transparency Project.

The Chair reminded the Board that the Trust is already signed up to the Transparency project, however he stressed the importance of using and understanding the data rather than just reporting it.

Glenn Russell asked whether the Trust will be benchmarked against the data as this will now be in the public domain.

Clare Pratt explained that this is the first set of data published therefore the next published data should show either an increase or decrease which will enable trends to be identified.

The Chair asked for the Executive team to review the process and agree on actions going forward.

CP

It was agreed for a further paper to be presented at the next Board meeting. Clare Pratt agreed to action this with the support of Tracy Boustead.

CP/
TMB

5.5 Report on Nursing Quality Assurance

Clare Pratt presented a report updating the Board on the recent independent review of nursing and governance which took place in October 2013.

It was explained that the review was commissioned to provide assurance regarding the overall quality of care provided within the Trust. This consisted of a two-day formal visit which was extended a further one day due to an unannounced visit from the Care Quality Commission. The principal aim of the visit was to undertake a rapid assessment of the Trust's overall position on the provision and governance of clinical services associated with nursing including an assessment of patient safety and experience.

Jane Tomkinson confirmed that verbal feedback was given following completion of the review and no areas of concern in relation to patient safety were identified and several areas of good practice were noted during the course of the visit.

Clare Pratt brought the Board's attention to Appendix 2 of the report which highlighted progress against the recommendations. The Board noted the report and requested a review in six months' time to provide assurance that actions had been imbedded.

CP

The Board of Directors reviewed the content of the independent report and noted the areas for improvement and the associated action plan.

5.6

Winter Preparedness

Tony Wilding presented a paper to inform the Board of the plans put in place to prepare the organisation for the traditionally busy winter period within the NHS.

It was reported that plans are produced on an annual basis and are based on experience from previous winter periods, intelligence from other NHS organisations and also in collaboration with colleagues from surrounding NHS Trusts.

Tony Wilding informed the committee that the main risk the Trust may face is if winter pressures this year exceed thresholds from previous years as this could result in reduced elective capacity which could impact on the Trust's ability to deliver on elective activity targets.

Marion Savill sought further clarification in relation to the financial implications should the Trust have to meet emergency demand. David Jago assured the Board that whilst the Trust would support the overall network it would not lose sight of the need to deliver its contracted activity.

The Board of Directors approved this year's winter plan

6. Targets and Financial Performance

6.1 Targets Performance to Month 7

Tony Wilding presented a paper detailing compliance against key performance areas for month 7.

Compliance was noted for all three of the 18 week pathway targets; however the Trust is currently underperforming against two out of three of the Welsh RTT targets.

It was noted that whilst good progress has been made to reduce the backlog of long wait patients and improve compliance against the referral to treatment targets the Trust is now entering the winter period which heightens the risk of emergency activity impacting on elective performance.

Geoffrey Appleton commented on the useful report, but asked how much is under the Trust's control to ensure compliance. Tony Wilding confirmed that work has been undertaken to enhance the weekly Executive dashboard to show weekly performance throughout the month.

Marion Savill raised the issue of financial penalties and what contingencies are in place if the Trust does not achieve the target for Welsh activity. David Jago confirmed that he is still in negotiations with the commissioners so unfortunately cannot give full assurance but it is clearly part of the plan to minimise penalties therefore work is on-going. The Board noted there was no clinical risk to patients as all emergency and urgent cases had been treated as such.

Tony Wilding informed the Board that the Health Records team has been restructured around waiting list management and work is currently taking place to review pathways.

The Chair reminded the Board that Service Line Management and contractual performance will also form part of the Development Day scheduled for 17th December.

The Board of Directors noted the contents of the report.

6.2 Financial Performance to Month 7

David Jago presented a paper detailing the Trust's financial performance at month 7.

Key issues to note were as follows:

- Overall Continuity of Service Risk Rating (CoSRR) of level 4 against a plan of 3.
- Capital expenditure at month 7 at £4.7m some £0.6m below plan with a forecast outturn at £6.7m set against a plan that catered for capital expenditure at £6.5m.
- Cash balances at £9.9m, £2.1m above plan with forecast year end cash balances at £8.6m against a plan of £9.0m.

- A forecast net surplus of £141k against the planned year end net surplus of £309k.
- Achieved CIP at month 7 of £2.3m ; £65k below plan with a forecast outturn of £3.9m (£0.5m non recurrent) against the planned required level of efficiency of £4.1m.
- Net deficit position of £149k against a planned surplus at month 7 of £249k. Normalised the deficit position is £0.6m, a variance against the normalised position of £849k. The Chair sought clarification that whilst challenging the Trust would still be able to recover and deliver against its Financial Plan/Tariff for the year which David Jago confirmed was deliverable.

Slippage against the 2013/14 CIP programme although reduced in month to £0.06m, with £0.5m of the forecast CIP being delivered non-recurrently, makes delivery of the 2014/15 plan challenging. A focussed review of non recurrent schemes continues and has resulted in the improved position in month 7 and will be completed within two weeks.

Whilst the Trust will endeavour to increase activity where possible, as noted a large proportion of the underperformance relates to non elective activity, over which the Trust has little influence. A detailed review of the cost base with Directorates continues to be undertaken to see where costs can be reduced to mitigate this risk to the Trust's financial plan.

Future reporting to the Board of Directors will include enhanced reporting around directorate income & expenditure and trading performance .

The Board of Directors noted the content of the report.

6.3 Workforce Performance to Month 7

Tracy Boustead presented a paper detailing the Trust's Workforce performance at month 7.

Key areas to note were as follows:

- Sickness absence – whilst this remains slightly below the Trust's target, performance continues to improve and there is significant improvement on last year's performance.
- Turnover – continues to fluctuate above and below the Trust target however further work is ongoing to ascertain reasons for turnover.
- Mandatory training – continues to be of a concern however work is ongoing with Learning & Development and the directorates to address the issue.
- PDR's – continues to be a concern however monitoring compliance has been transferred to HR & OD and performance will be scrutinised within the Workforce Committee.

Tracy Boustead advised the Board that work is underway to develop

and implement a workforce planning system and this would be integrated into the business planning process.

Jane Tomkinson sought further clarification in relation to stress related sickness absence and whether it was work or home related. Tracy Boustead reported that work is on-going to understand the reasons further. Tracy Boustead agreed to update Jane Tomkinson outside of the meeting.

TMB

The Chair asked for further clarity on reasons for the high turnover of staff. Clare Pratt responded stating predominately it is due to career development and staff wanting to enhance their skills within other healthcare settings.

The Board of Directors noted the contents of the report.

7. Governance

7.1 Care Quality Commission (CQC) Report & Action Plan

Clare Pratt presented a paper to update the Board on findings from the CQC unannounced inspection that took place on 16th and 17th October 2013.

The inspection team comprised of a total of 7 inspectors who visited a cross section of wards, critical care areas, outpatients and pharmacy.

5 outcomes were reviewed as part of the inspection as follows:

- Outcome 2 – consent to care and treatment
- Outcome 4 – care and welfare of people who use the service
- Outcome 8 – cleanliness and infection control
- Outcome 9 – management of medicines
- Outcome 17 – complaints

It was reported that initial feedback has been received along with a final report which confirmed compliance against all outcomes inspected apart from Outcome 9 – management of medicines.

Tony Wilding brought the Board's attention to the action plan attached to the report which has been developed to address areas of concern.

It was highlighted that the action plan has been forwarded to the CQC. The Trust will be subject to a further unannounced inspection of Outcome 9 within a 3 month period from completion of the action plan.

Mark Jackson asked if there are plans to have some form of independent scrutiny before another inspection. It was suggested that the Audit team could consider this within the audit plan.

David Bricknell sought and was given assurance that no patients had been harmed as a result of the gaps and near misses that were identified.

The Chair questioned the process in place to escalate risks and sought further assurance as to why those identified had not been addressed prior to the CQC inspection. Tony Wilding reported that a lot of the risks

identified where already highlighted and being actioned as part of EPR's 1st cycle of change.

Marion Savill raised some concern regarding the risks identified as the information does not correlate with the Integrated Incidents, Complaints and Claims report and the findings from the inspection.

Tony Wilding agreed to review this further and provide further assurance to the NED's.

TW

Jane Tomkinson commented that there appears to be some confusion on the different levels of assurance particularly in relation to pharmacy, drugs and incidents, therefore an external in-depth review of pharmacy including administration processes involving patients may be timely. The Non-Executive Directors reaffirmed that risks and incidents that could potentially compromise the potential safety should always be escalated to the Board either directly or through the Assurance Committee process.

The Board of Directors reviewed the contents of the report and noted the areas for improvement. The action plan was approved and will be subject to regular review and scrutiny by the Board.

TW

7.2 Mortality Review for Coronary Heart Bypass Graft and Other Procedures

Mark Jackson informed the Board that the Trust recently received a mortality outlier notification for coronary artery bypass graft and other surgery from Imperial College London. This information has subsequently been passed onto the Care Quality Commission and the Trust has been asked for details of internal analysis of mortality audit data covering the same procedures and time period.

Mark Jackson delivered a presentation to the Board showing internal analysis which demonstrated that current performance for CABG and other procedures is acceptable when comparing observed mortality rates to that measured by a recognised clinical risk prediction model such as logistic EuroSCORE.

The Board was assured that patients undergoing CABG and other procedures at LHCH are receiving acceptable care as measured by the ongoing review of mortality statistics.

7.3 Quarter 2 Monitor Submission

David Jago presented a paper detailing the Q2 Monitor Submission.

It was reported that the Q2 Monitor submission was made to Monitor on 31st October.

For this return the Trust forecast for the Governance rating was green with a financial risk rating of 3.

The Board of Directors approved the Q2 submission based on performance to 30th September 2013 which was noted as consistent with reports to the Board and Assurance Committee.

The Board considered the Monitor submission and based on the paper, Q2 Monitoring return was approved.

7.4 Governance Review – Terms of Reference

Jane Tomkinson informed the Board that MIAA has been commissioned to undertake an evaluation of the current Board assurance structure in order to determine the developments that are required to ensure the structure remains fit for purpose.

The Board's attention was drawn to the appended Terms of Reference for the review which set out the scope of work and related outputs. It was noted that the governance review will involve interviewing all Board members; review of the Board Assurance Framework and the sub-committee structure and require access to all Board and Assurance Committee papers.

It is envisaged that the review will take place during November and December for discussion and recommendations in the new calendar year.

The Board of Directors reviewed and approved the Terms of Reference.

7.5 Quarterly Integrated Incidents, Complaints and Claims

Clare Pratt presented the quarterly Integrated Incidents, Complaints and Claims report. The results pertain to quarter 1 and quarter 2 of the financial year 2013-2014.

It was noted that during the reporting period, the Trust has seen an increase in formal complaints. There has been a 13% decrease in the number of new clinical negligence allegations received in comparison with the previous 6 month period however the overall average settlement of claims has remained the same at 50%.

Lawrence Cotter sought further information regarding settled clinical claims expressing a desire to have sight of litigation figures. Clare Pratt agreed to obtain this information.

CP

Jane Tomkinson suggested for future reports to include key issues around each complaint as at present there is no definitive understanding of what is being raised. Clare Pratt agreed to action this.

CP

The Board of Directors reviewed and noted the Integrated Incidents, Complaints and Claims report.

7.6 EPR System – Audit & Governance

Mark Jackson presented a paper the purpose of which to inform the Board of initiatives introduced since he took IT & EPR into his portfolio, namely:

- A proposed governance structure that attempts to streamline arrangements for information management, information technology and the Electronic Patient Record (EPR).
- How the quality of record keeping within the EPR will be audited

- and improved.
- A new framework for assessing and realising the benefits of EPR in the longer term.
- Disaster recovery arrangements

The Board's attention was drawn to page 3 of the report which detailed the new governance structure for IM&T. The diagram represented a significant paring down of the previous structures that existed in silos with the introduction of newly formed committees.

The Board of Directors noted the contents of the report and approved the new governance structure, the EPR audit and improvement plan for electronic documentation and the approach to future benefits realisation.

8. Minutes and Key Issues from Assurance Committees

8.1 Patient & Family Experience Committee

Clare Pratt reported good practice from the PLACE report; all 4 areas assessed scored higher than the national average.

Results from the National Cancer Patient Survey 2012/13 indicated some excellent results however there were clear opportunities for enhancement of cancer services which will be progressed via the Division. In the main this related to communications with patients awaiting transfer in other organisations and an action plan has been developed to strengthen the current system. This plan will be reviewed by PFCC

The Board noted the report.

The approved minutes of the meeting held on 10th September 2013 were noted.

8.2 Finance Committee

Financial Performance was noted by the Board along with Performance management and corporate risk management processes and mitigation plans to ensure delivery of annual plan.

The Board noted the report.

The approved minutes of the meeting held on 30th September 2013 were noted.

8.3 Audit Committee

It was noted that the Audit committee had questioned MIAA in respect of the recent internal audit report on CQC and how this piece of work aligned to the outcome of the recent unannounced inspection which saw the Trust non-compliant in outcome 9 Management of Medicines. Mark Fuller explained that a copy of the draft report would be given to MIAA to inform their update to the Audit committee at its next meeting.

The Board noted the report.

DJ

The approved minutes of the meeting held on 15th July 2013 were noted.

8.4 Charitable Funds Committee

David Bricknell reported that the committee reviewed the charity reserves policy, noting the current levels of cash balances held and agreed to increase investment in Charities Official Investment Fund.

The Board noted the report.

The approved minutes of the meeting held on 20th August 2013 were noted.

8.5 Workforce Committee

Tracy Boustead informed the Board that the terms of reference for the new Strategic Education Board were ratified by the committee.

The Board noted the report.

The approved minutes of the meeting held on 23rd July 2013 were noted.

8.6 Clinical Quality Committee

Glenn Russell highlighted two moderate concerns raised in the committee namely medication errors occurring as a result of the introduction of EPR and radiology alerts not receiving appropriate action and patients suffering harm. Action plans for both risks will be monitored closely by the committee until complete.

The Board noted the report.

The approved minutes of the meeting held on 4th October 2013 were noted.

9. Information

9.1 Development Visit – Trust's Library and Knowledge Service

A letter from Healthcare Libraries Unit was presented to the Board for information.

It was noted that the Trust library was visited on the 20th August 2013 as part of the round of development visits. Feedback from the visit stated "It's an excellent service which is well-embedded in the work of the Trust".

The letter was noted by the Board of Directors.

10. Chairs Briefing

The Chair reported that Mark Jackson had been nominated for NHS Quality Champion/Innovator of the Year Award.

The Council of Governors' away day had been a success and had

generated good ideas for the future work plan..

Governors recently conducted a walkaround visiting Elm Ward and Robert Owen House. NED walkabouts are currently being arranged with plans to designate areas to individual NEDs and their link Executive Director. These will be circulated to all once finalised.

11. Chief Executives Briefing

Jane Tomkinson informed the Board that ACHD briefings are currently taking place with the aim to have new recommendations and a standardised plan in place by 2014.

The NHS England Mandate has recently been published with no significant changes.

The next Patient Engagement event is taking place on 29th November 2013 with good representation from the Council of Governors, Executives and Non Executives.

In relation to the wider stakeholder engagement, the Board were informed that meetings are taking place with Liverpool Health Partners and Liverpool City Council.

12. Minutes of the Board of Directors Meeting held on 7th October 2013 (Public)

The minutes of the meeting held on 7th October 2013 (public) were reviewed for accuracy and approved.

13. Action Plan from Previous Meeting

The action plan was duly updated with main points to note as follows:

Item 1 – for review in January 2014

Item 2 – to be discussed in Corporate Readiness Committee in December.

Item 3 – Day ward visit complete

Item 5 – Monitor submission complete

Item 6 – Safe from harm complete

14. 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 happy with the format of the meeting.

15. Date and Time of Next Meeting

Tuesday 28th January 2014, 9.30am, Boardroom, Management Zone, Portakabins

Board of Directors (in Public)

Item 11

minutes

Minutes of the Board of Directors' meeting held on 28th January 2014

Present :	Neil Large Jane Tomkinson Geoffrey Appleton Lawrence Cotter Mark Fuller Mark Jackson David Jago Sue Pemberton Glenn Russell Marion Savill	Chair Chief Executive Non-Executive Director/ Deputy Chair Non-Executive Director Non-Executive Director Director of Research and Informatics Chief Financial Officer/Deputy CEO Director of Nursing Medical Director Non-Executive Director
In Attendance:	Tracy Boustead Lucy Lavan Tony Wilding	Associate Director of Human Resources Associate Director of Corporate Affairs Chief Operating Officer
Governors / Members of the Public:	Ken Blasbery	Senior Governor
Apologies:	David Bricknell	Non-Executive Director

	Action
1. Apologies for absence As noted.	
2. Declaration of interests relating to agenda items The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.	
3. Patient Story The Board received a story from a patient via video.	
4. Strategy and Development 4.1 Progress Update on Strategic Planning Jane Tomkinson updated the Board on the development of the Trust's strategic plans, noting that as commissioning intentions had not yet	

been set out, there would be a significant amount of work to do between now and the end of February 2014 in order that commissioners meet the timeframes set by NHS England for agreement of 2014/15 contracts.

The paper presented set out the strategic goals that the Board had previously articulated and clarified the ongoing work to develop the underpinning strategies.

The Executive Team had worked to define the milestones that would underpin the strategic goals, with an initial focus on the first two years in order to inform the operational plan required by Monitor on 4th April 2014.

Powerpoint slides setting out the key milestones were then presented by members of the Executive Team for each of the strategic goals.

The Board discussed the goal relating to 'Quality and Experience', testing the meaning of the term 'reliable' care and recommending that the Trust's objectives should be sufficiently stretching by inserting the term 'at least' where this was appropriate; for example in relation to the Trust being ranked within the top 10% of hospitals for overall patient care.

The Board noted that the existing visions for 'Patient and Family Centred Care' and 'Safe from Harm' were firmly embedded into this work and there was clear evidence of a direct link between these visions and the milestones, confirming continuity of the good work in these areas to date.

In relation to 'reliable' care it was noted that this meant consistency with all patient interventions done in the right way, at the right time, every time. The only comparators available currently to measure reliability were the 3 Advancing Quality Care Bundles that have been used for benchmarking amongst Northwest providers over the last 3 years. Following discussion, it was agreed that there was merit in considering whether use of other terms such as 'always events' might be more meaningful and compelling to staff. It was also noted that EPR would provide significant support to staff in delivering reliable care.

In reviewing the milestones presented for 'Service and Innovation', the Board determined that it could be helpful to attend CCG Board meetings to gain a better understanding of commissioning priorities and constraints. Whilst intelligence gathering from websites and Board minutes had provided only limited value, attendance at Board meetings, might provide a richer picture. The Non Executive Directors agreed to support this by attending selected meetings at partner organisations.

The Board noted that the outline milestones for this goal would be prioritised and clarified once further work had been progressed. This included the agreement of commissioning contracts and CQUINs targets for 2014/15; and completion of a review of opportunities relating to 7 day working.

**NEDs
(ML)**

It was noted that work was also underway at Directorate level and that examples would be used to illustrate the level of detail of this work at the forthcoming Strategy Day on 25th February 2014.

A discussion followed around the need to ensure that the objectives were 'SMART' and it was noted that there was a significant amount of exploratory work to assess the feasibility of plans and to prioritise options. This would take place in 2014/15 enabling greater clarity of milestones for subsequent years. The need to ensure that teams were equipped with the required business skills to enable this work was acknowledged.

It was agreed that there should be further consideration of use of language to ensure consistency in use of terms such as 'excellent', 'high quality' and 'reliable' in defining the objectives and milestones.

The Board went on to discuss the milestones underpinning 'Value' and noted the work in progress to analyse capacity in relation to activity, bed modelling, outpatient efficiency and theatre / catheter laboratory scheduling. It was estimated that this work would be completed by the end of February 2014 in order to inform the scope to remodel the use of beds and support the development of future service plans.

The milestones for 'Workforce' focussed on embedding the right culture. The Board highlighted a need to have sight of plans for transformation of the workforce and noted that the 'Value' goal incorporated workstreams to enable different ways of working in addition to reviewing the transactional aspects of managing the workforce.

In relation to the 'Stakeholders' goal, the task to re-define the stakeholder map and determine priorities for relationship building was noted, whilst recognising the pace of change of the external environment meant that priorities would need to be regularly re-evaluated. It was agreed that pursuance of relationships to secure the Trust as a designated specialised service provider in the Northwest would be paramount. Good progress had been made in establishing the Trust's profile nationally in fields of research and this now needed to be built on in respect of service delivery.

A discussion followed in relation to the need for greater clarity of specific objectives and a desire to have a clear mechanism for rating and assessing progress of delivery. It was noted that the work to develop the 2014/15 Board Assurance Framework would support this; also that work would be done to crystallise the plan on a page for review on 25th February.

The Board acknowledged that the primary purpose of the presentations had been to share proposals and test direction of travel. The Board confirmed its support for the work in progress noting the importance of continued dialogue with both internal and external stakeholders in setting and clarifying the strategy in readiness for submission at the end of June 2014.

**Execs
(JT)**

It was confirmed that the submission date of the strategic plan to Monitor was 30th June 2014 (not January as indicated erroneously in the paper).

Board members had previously received and noted Monitor's planning guidance including the recommended self-assessment tool which the Board agreed to undertake in February to inform and improve the planning process and structure going forward.

4.2 Estates Strategy – Tracking delivery of 2013/14 Major Schemes

The Board noted the reason for the delay in completion of the project which was due to the need to undertake structural alterations to provide adequate clinical accessibility to all bed spaces and ensure patient safety. The revised completion date was now 7th February 2014 with occupancy planned for the week of 17th February 2014, to coincide with reduced planned activity due to scheduled maintenance work in the Catheterisation Labs.

In respect of the delay, the Trust had served a non-completion certificate to the contractor on 20th December 2013 and the contractual consequences were being pursued between the architects and builders.

The Board noted that the Day Ward had been built to a high quality specification with the needs of patients and families at the forefront of the design.

An Official Opening would be organised in due course.

TW

5. Patient Safety and Quality

5.1 Quality dashboard / Performance

The Board received and noted a new report on key quality indicators. The key risks at Quarter 3 related to the performance of the CQUIN target in relation to pressure ulcers; potential challenge to achieve urgent cardiac surgical waiting times in Quarter 4 due to increased demand; admission times for urgent cystic fibrosis referrals; and consistently achieving VTE assessment (mitigated by EPR and targeted training).

It was noted that the format of the 6 monthly Integrated Claims, Complaints and Incidents Report was under review and that the intention was to incorporate key metrics from this within the Quality dashboard. This was accepted.

SP

A discussion followed in relation to the metrics for patient and family experience. It was noted that plans were in place to improve the gathering of feedback from families and carers and that this data would be included in future reports.

SP

The Board considered the extent to which the report demonstrated sustained improvement in quality and safety and discussed further the incidence of device-related pressure ulcers and the psychological (as well as physical) impact of falls; noting the importance of investigating

and learning from all episodes of harm.

The Board was updated on a grievance raised by staff in Critical Care and noted that discussions with staff representatives and trade unions would take place to ensure full understanding and response to the issues raised.

In triangulating 'hard' and 'soft' intelligence, the need to work on staff engagement in critical care had been identified. The Board discussed the Terms of reference for a review to be conducted by the Head of Governance which would be agreed imminently, such that an improvement plan could quickly be put into action. This was supported and an update would be brought to the Board on completion of the review.

SP

5.2 Director of Infection Prevention and Control : Quarter 3 Report

The Board received and noted the report, acknowledging that MRSA acquisition rates had generally been low but that a 'spike' in acquired MRSA colonisation had been evidenced in September 2013. There were no MRSA wound infections. The Board noted that all patients concerned had been isolated and managed appropriately.

6. Targets and Financial Performance

6.1 Targets Performance to Month 9

The Board received the performance report, noting that the content had been enhanced to provide data on the current quarter's performance in addition to Month 9 and Year to date, to better inform the Board declarations required by Monitor.

It was noted that the 18 week RTT had been achieved for Quarter 3 and was on course to meet the target at the year end.

The Trust was working actively with Welsh commissioners to reduce the backlog of long waiters in Wales in the context of funding constraints.

In respect of cancelled operations, it was noted that cancellation of urgent operations was now being captured (in addition to elective) and this data was being monitored via the weekly Executive Team dashboard.

The Board noted the recent press coverage of the NAO report on NHS waiting times. It was noted that the Trust had recently commissioned an external review of management of the 18 week pathway and that an action plan including provision of further training of key staff would be delivered in response to the recommendations of the final report. The Board would be briefed on the level of assurance that could be attributed to its systems and processes for managing waiting lists once the report is finalised. It was noted that the Board could also take assurance from the annual external audit opinion on the Trust's Quality Account.

TW

The Board went on to discuss the differential waiting times for English and Welsh patients and questioned whether this translated into

differential clinical outcomes.

It was noted that a study of mortality data for Welsh patients had been completed but there was no data readily available that compared mortality for English and Welsh waiters; or patients waiting 18 weeks as opposed to 26 weeks. Mark Jackson agreed to explore this further and report back to the Board. It was noted that ongoing PROMS work would provide Quality of Life scores that could be stratified by length of wait and that this data would be also available in the near future.

MJ

The Medical Director advised that all patients are treated according to clinical need and that emergency and urgent cases would always be dealt with as such, irrespective of whether the patient was referred by English or Welsh Commissioners. The cohort of longer waiters applied only to elective referrals and these patients were continually monitored and escalated if their condition deteriorated whilst on the waiting list. It was noted that whilst there might be no apparent evidence of increased risk of mortality, there was clearly an impact for these patients in relation to their overall experience.

It was noted that the Trust was continuing to work closely with Welsh commissioners to align referrals to LHCH with the financial envelope available.

6.2 Financial Performance to Month 9

The Board received and noted the Month 9 finance report, which highlighted the following:

- Continuity of Services rating 3 in line with plan;
- Capital expenditure £0.24m below plan at Month 9 with forecast outturn £0.3m in excess of plan;
- Cash balance £1.6m above plan with forecast year end cash £0.3m below plan;
- Forecast net surplus £64k, below the planned year end surplus of £309k
- Achieved CIP on plan at Month 9. With forecast outturn £3.9m (£0.6m non recurrent) against plan of £4.1m;
- Normalised deficit of £1.3m – an adverse variance against plan of £1.14m

The Board discussed the risks as highlighted in the report, including CIP slippage and the non-recurrent element of CIP which will carry forward to 2014/15; in-year cost pressures; under-recovery of non elective income and risks relating to contractual penalties; and potential winter pressures in Quarter 4.

The impact on cash as a result of overpayments to staff due to errors by Capita was noted.

All Monitor metrics were on target and there was sufficient headroom in relation to debt service cover and liquidity to secure year end compliance.

The Board noted that there had been thorough debate on the financial position at Finance Committee where it had also been noted that

aspirations in relation to generation of income from private patients in 2013/14 had been over-estimated.

The Board sought clarification on the impact of repatriation of PPCI activity to North Wales in relation to the planned reduction of income, noting that reducing the cost base in accordance with this change remained a challenge.

It was noted that the Trust was well placed to meet future specialist commissioner requirements for provision of angioplasty given its ability to provide 24 hour access and clinical expertise enabling radial access. A discussion followed in relation to the scope to achieve further recurrent CIPs in the context of year on year pressure on Directorates to reduce costs and the need for transformational change. The Board heard that clinical engagement remained paramount and that Clinical Leads were working proactively to identify opportunities for change through use of patient level costing data and benchmarks.

The Executive Team would remain active in challenging the Directorates' thinking through exploration of different models of care including partnership work with other organisations to enable pathway management across traditional boundaries.

Jane Tomkinson summarised that the strategic plans illustrated a new approach to the CIP challenge and that there would be a renewed focus on accountability for delivery, supported by effective leadership, training and development where required.

The Board noted the Trust's financial position at 31st December 2013.

6.3 Workforce Performance to Month 9

The Board noted the workforce metrics at 31st December 2013.

6.4 Benefits Realisation from EPR

The Board noted that 50% (approx) of the planned financial benefits identified for the year to date had been realised.

Mark Jackson set out proposals for a new methodology to be applied to benefits realisation, using evidence to illustrate how a comprehensive benefits realisation plan that is targeted on clinical improvements is most likely to yield success. He presented survey data from US hospitals with electronic patient records to highlight the comparative success of targeted over non-targeted plans. The hospitals reported a broad range of benefits including quality enhancement, improved patient safety and operational efficiencies.

The Board reflected on the lessons that could be learnt in respect of the business planning process, noting that in addition to the disappointing yield of financial benefits against plan to date, the Trust had also incurred significant additional costs that had not been identified within the original business case. The Board requested that a full financial evaluation be undertaken and also that a review of the business planning process be incorporated into the internal audit plan. It was also agreed that the targets would be reviewed and challenged

MJ/DJ

further to ensure maximum realisation of any potential residual benefit.

Despite the poor yield of planned financial benefits to date, the Board acknowledged the clarity and magnitude of positive benefits in respect patient safety, patient and staff experience and reputation that had been brought through the investment in EPR.

The recommendation to develop a Stage 2 Benefits Realisation Plan underpinned by the evidence based approach presented was supported.

MJ

7. Governance

7.1 CQC Action Plan and Review of Outcome 9

The Board received a paper evidencing strong progress on the pharmacy action plan along with details of a wider internal review of compliance with Outcome 9 and additional actions arising from this review.

In readiness for the CQC follow up visit, the Pharmacy Department had undertaken an internal review of its medicines management procedures and had updated the process for managing controlled drugs as a result.

It was noted that the Trust had also commissioned an external review of the Pharmacy Department which would be progressed in the next 2-3 weeks.

The actions taken to date provided assurance that the Trust was now compliant with CQC standards in relation to medicines management.

The outcome of the CQC's follow up visit (within 3 months) will be reported to the Board.

TW

7.2 Charitable Funds Annual Report and Accounts 2012/13

The Board noted that the Charitable Funds Committee had received and reviewed the Charitable Funds Annual Report and Accounts 2012/13 and had considered the external audit findings before recommending to the Board of Directors for approval.

The Board noted the Charitable Funds Annual Report and Accounts 2012/13 and received the audit findings report from Grant Thornton, the Trust's external auditor, which provided an unqualified opinion.

The Board approved the Charitable Funds Annual Report and Accounts 2012/13 for submission to the Charity Commission by 31st January 2013.

7.3 Outcomes from Council of Governors and Board of Directors Development Day 13.11.13

The Board noted the report and the actions arising from development day, including the evaluation of the effectiveness of the Council of Governors. The actions would now be taken forward with Governors by

NL/LL

the Chairman and Associate Director of Corporate Affairs.

7.4 Board Assurance Framework – Review of 2013/14 BAF and Development of 2014/15 BAF

The Board considered a paper setting out proposals for developing the Board Assurance Framework for use as an assurance tool in 2014/15 to support the Board in prioritising its workload and ensuring timely provision of information to support Board declarations relating to regulatory and legal compliance and to support the monitoring and management of principal risks to the delivery of the key milestones underpinning the strategic plan.

The key principles underpinning the BAF process and the proposed structure and format of the new BAF were supported, together with progression of the next phase of the work which would involve population of the 2014/15 BAF with the engagement of the full Board.

In tandem with this work, it was recognised that the Governance Review would be progressing and that the BAF, BAF Policy and Risk Management Strategy and Policy would need to be reviewed and aligned with any changes to the governance arrangements.

The Board then reviewed in detail the 2013/14 BAF giving careful consideration to current and emerging risks, in the context of the Quarter 3 Board declarations that would be submitted to Monitor at the end of January 2014.

The Board had previously identified four areas of ‘incomplete assurance’ and considered each of these in turn:

- i) Delivery of the 18 week pathway at Specialty level – the Board had scrutinised the Q3 performance metrics (Item 6.1) and had noted that this target had been achieved in Q3 and was now on track to deliver the year end target. An external review of the pathway management process had identified areas for improvement and these had now been addressed, including the provision of further training for clerical staff. On this basis, the Board was confident that ongoing compliance with this target would be achieved. The Board upgraded its evaluation of this risk area to ‘full assurance’;
- ii) Incidence of C-Difficile - the Board confirmed that it was assured that effective systems and processes were in place for the management and control of infection, as evidenced through review of reports from the Director of Infection Prevention and Control. Whilst there would always be risks associated with the incidence of unavoidable infections, particularly given the nature of the specialty and the necessity to administer multiple antibiotic therapies, the Board confirmed that incidence of C-Difficile was currently within Monitor’s ‘de- minimus’ target and therefore the Board would upgrade its evaluation of this risk area to ‘full assurance’;
- iii) Level of Unplanned CIP 2013/14 – The Board confirmed its understanding of the residual gap and the validity of contingency plans that could be applied in the event that

plans to address the shortfall were not realised. On the basis that an element of the current year's CIP is non-recurrent and will impact upon the 2014/15 efficiency requirement, the Board resolved that this risk area would continue to be rated 'incomplete assurance'.

- iv) Organisational fatigue relating to multiplicity of strategies and reductions in net take home pay – the Board acknowledged that these issues continue to feature but considered that these had not compromised organisational delivery and performance; therefore the evaluation of this risk area would revert to 'full assurance'.

The Board went on to consider the remaining BAF entries, all of which were currently rated 'full assurance'. The Board gave careful consideration to Item 12 (Compliance with CQC standards), concluding that whilst the CQC had identified that action was needed in respect of management of medicines, the Board was now assured that the Trust was fully compliant with Outcome 9 (Item 7.1). The Board concluded its evaluation, confirming that all remaining BAF entries would remain rated as 'full assurance'.

The Board approved the transitional arrangements set out in the paper to manage the closure of the 2013/14 BAF and adoption of a new BAF for 2014/15.

7.5 Quarter 3 Monitor Return

Having reviewed the BAF together with the financial and operational performance against Monitor metrics to the end of Quarter 3, the Board noted that the Q3 monitoring return would report a Governance Rating of 'Green' and a Continuity of Services Rating (CoSR) of '3'. The return would be submitted to Monitor by 31st January 2014, along with a narrative summary that would be circulated to Board members electronically prior to submission.

The Board discussed the unplanned decrease in EBITDA margin in two consecutive quarters, noting that the narrative summary would explain the adverse variance and mitigation plans. It was noted that in the unlikely event that its worst case forecast came to fruition the Trust would continue to maintain a CoSR 3.

The Board considered and authorised the signing of the Board statements that would accompany the submission, confirming that:

- For finance, that the Board anticipates that the Trust will continue to maintain a Continuity of Service Risk Rating of at least 3 over the next 12 months;
- For governance, that the Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards;
- And otherwise, the Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 21, Diagram 6) which have not already been reported.

DJ

7.6 External Assurances Received :

7.6.1 Q2 Letter from Monitor

The Board received and noted the letter and Executive Summary Report issued by Monitor following analysis of the Quarter 2 submission.

7.6.2 CQC Final Report

The Board received and noted the final report published by the Care Quality Commission following its routine unannounced inspection on 16-17th October 2013.

8. Board Assurance - BAF Key Issues Reports and Minutes of Assurance Committee Meetings:

8.1 Patient and Family Experience Committee

The Board received and noted the BAF Key Issues report, noting continued compliance with provision of copy letters; extensive work in progress on dementia care; and a review of the ESQS process to ensure alignment with the CQC's new inspection criteria.

The minutes of the meeting of the Patient and Family Experience Committee held on 12th November 2013 were noted.

8.2 Finance Committee

The Board received and noted the BAF Key Issues report, noting the plans in place to mitigate risks relating to RTT compliance in Surgery, CIP slippage and delivery of activity plans.

The minutes of the meeting of the Finance Committee held on 25th November 2013 were noted.

8.3 Audit Committee

The Board received and noted the BAF Key Issues report, noting the completion of two Assurance Committee reviews and the identification of outstanding disaster recovery work relating to the provision of mirrored off-site servers; limited assurance in respect of MIAA's review of recruitment; and outstanding issues identified by MIAA follow up work.

It was noted that a briefing note would be prepared for Board members setting out the security arrangements in place for mitigating the risk of fire and flood in relation to the co-location of the on-site servers.

The minutes of the meeting of the Audit Committee held on 28th October 2013 were noted.

8.4 Workforce Committee

The Board received and noted the BAF Key Issues report.

The minutes of the meeting of the Workforce Committee held on 18th October 2013 were noted.

8.5 Clinical Quality Committee

The Board received and noted the BAF Key Issues report.

MJ

The minutes of the meeting of the Clinical Quality Committee held on 13th December 2013 were noted.

8.6 Corporate Readiness Committee

The Board received and noted the BAF Key Issues report.

The minutes of the meeting of the Corporate Readiness Committee held on 10th September 2013 were noted.

9. Chair's Briefing

The Chair provided feedback following the recent HfMA Chairs' Meeting, highlighting that changes to funding would catalyse the redesign of pathways.

It was noted that there would be merit in working more closely with the Health and Wellbeing Board and opportunity to influence its direction of travel.

Plans for the opening of the new Day Ward were noted along with plans to explore options for creating a second entrance to give clarity to the organisation supported by improved signage.

10. Chief Executive's Briefing

The Chief Executive advised that commissioners had deferred any decision to award the tender for Upper GI and were instead seeking a collaborative solution. In response to this, key clinicians from RLBUHT and LHCH would visit Aintree Hospital to view the facilities and evaluate the feasibility of a collaborative approach. If this proved not to be possible, then commissioners would be informed of this and asked to consider a joint bid from RLBUHT and LHCH for provision of this service. The fundamental basis of the evaluation would be consideration of the right model of care for patients.

The Board was appraised of the national work being progressed on Adult Congenital Heart Disease (ACHD), which aimed to standardise treatments and care pathways. Providers would be invited to bid individually or collaboratively. The Trust would work in partnership with Alder Hey to explore the potential to bid for a Northwest service.

12. Minutes of the Board of Directors Meeting held on 26th November 2013 (in public)

The minutes of the meeting of the Board of Directors held on 26th November 2013 (in public) were reviewed for accuracy and approved by the Board.

13. Action Plan from Previous Meeting

The action plan was updated as follows:

Action 1 – closed – 5 year strategy now in development in accordance with Monitor planning guidance.

Action 2 – closed – Complaints Claims and Incidents reporting under

review – key metrics will be incorporated within the Quality Report.

Action 4 – completed and closed.

Action 5 – closed – new action to present metrics on nurse :patient ratios and percentage of shifts filled from April 2014

Action 6 – closed – metrics relating to the Transparency Project have been incorporated within new Quality Report

Action 8 – completed and closed.

Action 9 – closed (refer Action 2)

Action 10 – completed and closed.

Actions 3 and 7 for review at due date.

14. 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.

15. Date and Time of Next Meeting:

Tuesday 25th March 2014 at 9.30am

Board of Directors (in Public)

Item 12

minutes

Minutes of the Board of Directors' meeting held on 25th March 2014

Present :	Neil Large Jane Tomkinson Geoffrey Appleton David Bricknell Lawrence Cotter Mark Fuller Mark Jackson David Jago Sue Pemberton Glenn Russell Marion Savill	Chair Chief Executive Non-Executive Director/ Deputy Chair Non-Executive Director/ Senior Independent Director Non-Executive Director Non-Executive Director Director of Research and Informatics Chief Finance Officer/Deputy CEO Director of Nursing Medical Director Non-Executive Director
In Attendance:	Tracy Boustead Lucy Lavan Tony Wilding	Associate Director of Human Resources Associate Director of Corporate Affairs Chief Operating Officer
Governors / Members of the Public:	Tony Roberts	Governor
Apologies:		

- | | | |
|-----|---|--|
| 1. | Apologies for absence
There were no apologies for absence. | |
| 2. | Declaration of interests relating to agenda items
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests. | |
| 3. | Patient Story
The Board received a patient story. | |
| 4. | Board Assurance - BAF Key Issues Reports and Minutes of Assurance Committee Meetings: | |
| 4.1 | Patient and Family Experience Committee | |

Action

1
Chair's
Initials

The Board received and noted the BAF Key Issues report.

A discussion followed in relation to the potential impact on patient experience of patients being moved between wards, particularly at unsocial hours. It was noted that a data collection exercise was underway to establish the reasons for bed moves after 9pm; also that a review of requests for bed spaces to be cleaned had suggested that out of hours, the problem was largely confined to the coronary care unit, where on occasion, patients would be moved in order to accommodate emergency PPCI cases. The process for discharging patients from critical care to the wards was also under review as part of the patient flow work. The results of the data collection exercise would be fed back to the Patient & Family Experience Committee in due course.

SP

The minutes of the meeting of the Patient and Family Experience Committee held on 14th January 2014 were noted.

4.2 Finance Committee

The Board received and noted the BAF Key Issues report and reflected on learning in relation to the current year's financial risks.

In particular, there had been an unanticipated downturn in non-elective activity and private patient income was below target. Significant changes to commissioning arrangements were beginning to embed and the Trust would take opportunity to influence strategy development for specialised services and engage in new clinical networks.

For 2014/15 there would be an emphasis on strengthening performance management and informing risk management processes by undertaking a wide range of sensitivity analyses.

Going forward, there would be a primary emphasis on the proactive management of the cost improvement programme.

The minutes of the meeting of the Finance Committee held on 27th January 2014 were noted.

4.3 Audit Committee

The Board received the BAF Key Issues report, noting the recent review of the Workforce Committee and concerns relating to the contract performance of the payroll provider, particularly in relation to payroll accuracy and customer experience. It was noted that the Trust had begun a formal process of contract remedy and also that a number of other partners had signalled intent to exit the contract, which had implications for sustainability of the service.

The external auditor had indicated a requirement for substantive testing of the payroll function as part of the annual accounts audit.

The Board requested that the Workforce Committee considers progress at its next meeting and provides a clear recommendation to the Board in June 2014 as to whether or not the Trust should now exit the contract.

TB

The Board discussed the arrangements in place for mitigating the risk of fire, flood and other hazards in relation to the co-location of the on-site servers, noting that the environment met all accredited standards. It was noted that due to downtime requirements, the full disaster recovery solution had been delayed slightly but would be in place by 8th April 2014. The Board requested confirmation of satisfactory completion via the Chief Executive's weekly e mail update.

JT

It was noted that the Annual Report of the Audit Committee would be brought to the Board in April 2014.

DJ/MF

The minutes of the meeting of the Audit Committee held on 14th January 2014 were noted.

4.4 Clinical Quality Committee

The Board received and noted the BAF Key Issues report.

A discussion followed in relation to the 2012 Plymouth Review of theatres and process improvements that had been implemented to improve safety. In particular, the Board noted that the briefing process had been strengthened with a mandate that all key staff must be present and checklists complied with prior to the start of each procedure. These processes would be subject to audit and work in relation to further developing the safety culture would continue.

The Board discussed the plans to pilot an electronic solution for the radiology alerting process.

The minutes of the meeting of the Clinical Quality Committee held on 7th February 2014 were noted.

5. Strategy and Development

5.1 Annual Plan – Monitor submission of 2 year operational plan

The Board received the draft two year operational plan for review prior to submission to Monitor on 4th April 2014. It was noted that work to develop the 3-5 year strategic plan was in progress and would be submitted at the end of June 2014, following Board approval, in line with Monitor's requirements.

The two year plan represented a culmination of work led by the Board at recent Strategic Development Days and in consultation with the Council of Governors and other stakeholders. The plan also reflected the work of the directorates in developing service line plans and risk assessments and demonstrated alignment to commissioning intent.

The Board reflected that the draft plan provided a good summary of the Trust's vision, core objectives and response to risks and opportunities, within the context of an increasingly challenging financial environment.

It was noted that the plan would need to be updated to reflect new risks in relation to recent findings of the Care Quality Commission. It was

also requested that the plan be updated to describe the planned enhancements to governance structures, processes and procedures and also to give greater emphasis of the Trust's ambitions in relation to research and innovation.

DJ

The Chair advised that the Board would return to confirm its approval of the annual plan for submission to Monitor, subject to these amendments, following consideration of the two year financial plan (Item 5.2).

5.1.1 Quality Account Priorities 2014/15

The Board noted that the Trust had met three of the four Quality Account priorities set for 2013/14, noting that the target to reduce pressure sores across the health economy had not been achieved and that this target would be linked to CQuIN plans for 2014/15.

The engagement work with stakeholders to identify priorities for 2014/15 was explained and the Board approved the recommended priorities for 2014/15 as :

- Identification and assessment of patients with dementia;
- Reduction in the development of pressure ulcers;
- Reduction in the number of falls;
- Improved timeliness of communications to GPs at the point of discharge.

The Board discussed the dementia target, noting that the national requirement to complete assessments within 72 hours seemed slow and that in reality the vast majority of LHCH patients are assessed well within a 24 hour period.

It was noted that the implications of pending new legislation relating to assessment of mental capacity would need to be considered.

In relation to the target for communicating with GPs, the investment in EPR to achieve this electronically was noted, but with the caveat that only a minority of GP practices had systems that could interface. Clarity around commissioners' expectations in respect of this target would need to be sought.

SP

The Board discussed the CQuIN target setting process, noting that strong performance in some areas such as infection prevention had led to the Trust being penalised with unrealistic targets the following year. For example, the proposed contractual target for C-Difficile for 2014/15 is 1. It was noted that discussions were still underway in relation to agreement of CQuIN targets for 2014/15.

5.2 2 Year Financial Plan 2014/15 – 2015/16

The Board discussed the external context for the proposed financial plan and noted the considerable financial challenge facing the NHS.

Cut backs in local authority spending were discussed and it was noted that whilst delayed transfers were not currently a significant problem for the Trust, the processes for timely discharge would continue to be

monitored closely. As yet there was no clarity as to how the 'Better Care Fund' would be deployed but the Trust was well-positioned for engagement with and representation on the Health and Wellbeing Board.

The Board went on to discuss the adequacy of CIP plans, noting the engagement of KPMG to provide external challenge and to support the identification of CIPs in the context of transitioning from a transactional to a transformational approach to increased efficiency.

It was noted that there was further work to update the profile of the CIP prior to submission of the plan, following confirmation of the 2014/15 pay uplift policy and an agreement to reduce the uplift applied to nursing budgets as a result of new ways of working. Further efficiencies were anticipated in relation to the Trust-wide review of nursing, but these would need to be considered against potential requirements for increased investment in front-line staffing.

The Board went on to discuss the profitability of key service lines, noting the need to proactively manage risk by driving down costs where activity was being lost to competition and / or repatriation.

In respect of highly complex, high cost services such as aortics, work was continuing with commissioners around consideration of a local tariff as well as national influence in relation to revisions to the structure of the tariff. The Board acknowledged that it may need to make difficult decisions in the future such as considering the capping of procedures, where services were not financially sustainable. However, such decisions would not be taken lightly and would first involve a vigorous approach to raising awareness with all key stakeholders.

It was noted that cardiac surgery continued to be loss making and that efficiency improvements such as early discharge / early surgery, patient flow and theatre productivity would improve profitability; although any decision to invest in critical care staffing would counteract the impact by adding to the surgical cost base.

A key objective for the finance team in 2014/15 would be to ensure effective utilisation of service line reporting to drive down costs through standardisation of practice.

The Board identified a need for a better understanding of service line efficiency in the context of benchmarking data.

The Board sought a greater understanding of the assumptions underpinning the private patient activity, given underachievement of target in 2013/14. It heard that work was underway to better define the Trust's offering and promotion of this offering to the private market; also that the Trust had signed up to BUPA's CT and MRI Networks in acknowledgement of evidence that greater in patient work was likely to flow from diagnostic provision.

The Board noted the challenge of the requirement to approve and submit the financial plan ahead of 2014/15 being formally agreed with

commissioners. The assumptions underpinning the plan were discussed and the Board confirmed its ambition to plan to maintain a Continuity of Services rating of 4 and to generate a level of surplus sufficient to support future investments in service provision.

The Chief Finance Officer took the Board through the schedule of emerging risks as highlighted in the financial plan (Appendix 5) and clarified assumptions made in the plan in respect of planned service tenders and repatriation intentions. This analysis highlighted a range of potential upsides and downsides along with mitigating actions.

The Chief Executive requested that the detail of the operating budgets for 2014/15 be brought to the Board for information. This would confirm the resourcing of the 2014/15 pay award and clarify the decisions to be made around proposed investments, such as critical care. The capital plan would also be reviewed alongside the budgets as this provided some flexibility in relation to managing financial risk.

DJ

In summary, the Board concluded that this was a prudent plan which effectively communicated the pressures and challenges facing the Trust but required further work in relation to the CIP challenge. It was agreed that a key focus for the April 2014 Board meeting would be the analysis of CIPs; along with a summary of contingencies; an update on commissioning negotiations; and measures in train to improve the financial position. The Board would also wish to review a first cut of service line analysis enabling an understanding of current activity, activity target 2014/15, and variance from reference cost by key service line.

DJ

Going forward, CIPs would be planned on a rolling basis across a 3-year timeframe.

DJ

The Board approved the annual plan for submission to Monitor, subject to the amendments noted.

DJ

5.3 Sustainability Plan

The Board noted the recent publication by Public Health England setting out a sustainable development strategy for the NHS and social care system and supported the proposed Environmental Management Policy, setting out a framework for environmental management within the Trust. Specific targets and KPIs to monitor progress would now be developed for ongoing review via the Corporate Readiness Committee.

It was noted that the Trust had previously participated in the Liverpool Carbon Collective but that this initiative had curtailed as a result of organisational change across the health economy.

6. Patient safety and Quality

6.1 Quality Dashboard

The Board noted the report which highlighted an 'amber' rating for pressure ulcers as measured by the safety thermometer and the consequential risk in relation to CQUIN performance.

The report had been enhanced to incorporate complaints with work in progress to integrate data relating to claims. Net promoter scores for family experience had also been included with work underway to increase the number of respondents.

The risk relating to increasing waiting times for urgent cardiac surgery was discussed, with the Medical Director advising on the need to fully embed the criteria used by DGHs for referrals to the urgent pathway; there was evidence that the number of inappropriate referrals was impacting upon capacity.

It was noted that although the number of falls had reduced in comparison to 2012/13, there would be continued focus on this indicator with falls reduction a key priority within the 2014/15 Quality Account.

A discussion followed in relation to the recording and reporting of medication errors and the definitional problems associated with measuring these. Use of EPR would assist in this respect by establishing the standard definition, as set by MHRA, and tracking this; the system would also ensure the eradication of transcription errors. The electronic system would enable real time monitoring and thus strengthen accountability and performance management.

It was noted that any medication error resulting in harm would be escalated in accordance with the incident reporting process.

An external review of pharmacy is currently underway and would provide the Board with independent assurance in relation to the effectiveness of systems and processes.

The Board noted the report.

6.2 Raising Concerns – ‘Speak Out Safely’ Campaign

The Director of Nursing & Quality outlined proposals for launch of a ‘Speak out Safely’ campaign and revised policy for raising concerns, which were aimed at supporting staff to raise concerns regarding safety and quality of care provided to patients; and to reinforce the Trust’s commitment to listening and taking the concerns of staff seriously. In tandem there would be enhancements to the incident reporting process, to maximise the engagement of all staff in the incident reporting process.

The Board discussed the possible impact of the campaign and recognised the need for careful management of responses from staff.

The Board noted the report and confirmed its support for the campaign launch, new Raising Concerns Policy (approved by the Workforce Committee) and the improvements to the incident reporting process.

6.3 English vs Welsh waiting Times

The Board had previously requested assurance around the impact of the longer waiting times associated with patients referred from Wales.

The Board received data on waiting times and associated mortality for 2013, with waiting times stratified for England and Wales.

The analysis demonstrated that there was no statistical difference in outcomes for English and Welsh waiters.

The Board noted the report and requested that the analysis be shared with the Welsh commissioners.

MJ

7. Targets and Financial Performance

7.1 Targets Performance to Month 11

The Board received the performance report, noting that the 18 week RTT pathway remained compliant overall but that specialty compliance was not achieved by cardiology in Month 11; two of the three Welsh RTT targets continued to underperform; whilst performance on cancer targets and management of C-Difficile remained strong.

Performance against all Monitor metrics was on track to achieve compliance at the end of Quarter 4.

The Board discussed the impact of use of statins in reducing the incidence of coronary heart disease but concluded that offsetting factors such as incidence of diabetes and obesity meant that there was unlikely to be any correlating impact on demand for the Trust's clinical services.

It was noted that Liverpool Health Partners would be hosting the 'Big Data Collection' in which primary care would be participating and that in the future this may help to better inform predictive planning.

The Board noted the report.

7.2 Financial Performance to Month 11

The Board received and noted the Month 11 finance report, which highlighted the following:

- Continuity of Services rating 3 in line with plan;
- Capital expenditure £0.12m below plan at Month 11 with forecast outturn £0.2m in excess of plan;
- Cash balance £4.9m above plan with forecast year end cash £1.5m in excess of plan;
- Forecast net surplus £54k, below the planned year end surplus of £309k
- Achieved CIP ahead of plan at Month 11, with forecast outturn £4.2m (£0.68m non recurrent) against plan of £4.1m;
- Normalised deficit of £1.3m against plan of £0.8m

The Board discussed the risks as highlighted in the report, including the £0.68m non-recurrent element of CIP which will carry forward to 2014/15; in-year cost pressures; under-recovery of non elective income, CQuiN delivery and financial settlement from Welsh commissioners in relation to prior approval for ICD implants provided.

All Monitor metrics were on target and there was sufficient headroom in relation to debt service cover and liquidity to secure year end

compliance.

It was noted that a strong financial settlement had been secured for 2013/14 and the finance team was congratulated for their work.

The Board noted the Trust's financial position at 28th February 2014.

7.3 Workforce Performance to Month 11

The Board noted the workforce metrics at Month 11.

It was noted that there had been renewed emphasis on Directorates taking ownership for the management of performance of workforce metrics.

The Board received an update on tribunal proceedings relating to a claim for unfair dismissal.

7.4 Staff Survey 2013 Summary Report

The Board received and noted the Trust's summary results relating to the 2013 National NHS Staff Survey. The Workforce Committee would now review a more detailed directorate analysis of the results.

It was noted that the Trust had ranked 7th amongst Acute and Specialist Trusts in relation to staff engagement, with particularly strong results in this area for medical staff engagement.

The key areas for focused action will be the strengthening of the appraisal process, realisation of the benefits for staff experience from EPR and response to a review of Equality, Diversity and Human Rights.

8. Governance

8.1 Board Assurance Framework : Closure of 2013/14 BAF and approval of 2014/15 BAF

The Board completed its closing review of the 2013/14 Board Assurance Framework, confirming its rating of 'full assurance' for all principal risk areas with the exception of unplanned CIP. It was agreed that this residual risk would carry forward to the 2014/15 BAF and that all remaining risks would now be closed.

The Board approved the 2014/15 BAF, acknowledging that this was work in progress. Initial work on developing the new BAF had focused upon defining the evidence base to support the Corporate Governance Statement that the Board will be asked to sign off in June 2014.

The recommendation that an external review of the sufficiency and completeness of this evidence be undertaken to inform the Board declaration process was supported.

Work would now focus on profiling the risks associated with delivery of the Trust's strategic objectives, such that a fully populated 2014/15 BAF could be brought to the Board for consideration in May 2014.

It was noted that the BAF Policy would be updated to provide clear

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LL

documentation of roles, responsibilities for the operational management of the BAF and supporting BAF processes. This would be aligned to the new Committee structure.

The Board commended the strength of this piece of work and supported progression of the next steps, as outlined.

8.2 Monitor licence – Compliance Review

The Board received a paper setting out a detailed review of each condition within provider licence, noting that an accountable executive had been assigned responsibility for compliance with each condition.

The review recommended a summary checklist for use as a tool for use by the Audit Committee in receiving a quarterly, high level overview of compliance with the licence and an alert to any emerging risks. This was supported by the Board.

The Board noted the review, confirming that there were no areas in which it required further assurance. The Board reviewed the Q3 Status Report noting in respect of Condition G7 that the Trust awaited a final report from the CQC following its unannounced visit to critical care.

It was agreed that the requirement to complete DBS checks for all Directors would be confirmed and compliance checked by the HR team.

TB/LL

Subject to the above, there were no qualifications to the BAF in respect of licence compliance, at the present time.

8.3 Annual review of Board Directors' disclosures

The Board received and reviewed disclosure statements requested from Directors in respect of declaration of interests, NED independence and 'Fit and Proper Persons' test.

The Board gave careful consideration to the Register of Interests and confirmed that there were none that would constitute a material conflict.

Lawrence Cotter declared that he had omitted to declare that he continues to service clinics at the Betsi Cadwaladr Trust and it was noted that this interest would be added to the Register.

The Board agenda would continue to include a prompt for Directors to remind the Board at the start of each meeting, of any interests that could potentially conflict with the business to be discussed.

The Board reviewed the self certifications made by each Non – Executive Director in respect of the criteria for independence as set out in the Code of Governance (Provision B1.1).

Consideration was given to a common business interest declared by Marion Savill and Mark Fuller but this was deemed to be remote and unconnected to the business of the Trust.

The Board determined that each of the Non-Executive Directors, including the Chairman was independent.

The Board reviewed the summary of self-declarations made by all Board Directors in respect of the criteria set out in the licence to determine that a Director is a 'fit and proper person'. It was noted that Sue Pemberton's name was erroneously omitted from the schedule presented, but that she had submitted a fully compliant declaration.

The Board confirmed that each Director had self-certified that they fully met the 'fit and proper persons' test.

8.4 Code of Governance – Compliance Review

The Board noted the requirements of the revised Code of Governance which came into effect from 1st January 2014. The detailed review of compliance with each provision was considered and the Board confirmed the assessment that the Trust was compliant in all areas with the exception of Provision B6.2. This new provision required foundation trusts to commission an external review of the effectiveness of the Board at least every 3 years. Monitor's final guidance on this process is awaited. The Board confirmed its intent to commission an external evaluation, in accordance with the pending guidance in the Autumn of 2014.

NL/JT

The Board approved a draft disclosure statement which explained the reason for the Trust's non-compliance with this recommendation; this statement would be included within the 2013/14 annual report.

LL

The Board supported the recommendations set out in the report in respect of developmental work and noted that a Governance Sub Committee of the Council of Governors had been appointed and would provide a vehicle for the engagement of governors in the compliance review.

NL/LL

8.5 External Assurances Received :

8.5.1 Q3 Letter from Monitor

The Board received and noted the letter and Executive Summary Report issued by Monitor following analysis of the Quarter 3 submission.

8.5.2 CQC Intelligent Monitoring Report

The Board received the CQC's latest Intelligent Monitoring Report (published 14th March 2014), noting that the Trust's risk rating had dropped from level 6 to level 4, as a result 3 risk areas, out of a possible 50; these related to whistleblowing alerts, emergency readmissions and never event reports (no harm).

9. Chair's Briefing

The Chair updated the Board on discussions at a recent HfMA Chairs and CEOs meeting, regarding the need to secure sustainability for the NHS through transformational change, and the outline plans for specialist centres which would most likely be aligned to the large teaching hospitals.

The Chair emphasised the need to invest time in building key strategic partnerships in Liverpool and to carefully plan for best use of the Board time that is to be dedicated to strategic planning and board development in the year ahead.

The Board reflected on the success of the recent Joint Development Day with Governors, noting the value of directorate / clinical contributions to the strategic discussions.

The Chair noted the success of Nutrition Week and the involvement of Directors in supporting snack rounds on the wards.

10. Chief Executive's Briefing

The Chief Executive advised that the closing date for MARS applications was 24th March 2014 and the review process via TSMT and Executive Team would now progress.

The Board was advised that the Chief Executive and Associate Director of Corporate Affairs were leading on governance work on behalf of Liverpool Health Partners Ltd.

The Chief Executive reported that she was working with the HfMA to develop a new network for CEOs from provider and commissioning organisations and that the first meeting will take place in June 2014.

11. Minutes of the Board of Directors Meeting held on 28th January 2014 (in public)

The minutes of the meeting of the Board of Directors held on 28th January 2014 (in public) were reviewed for accuracy and approved by the Board.

12. Action Log from Previous Meeting

The action log was reviewed and updated as follows:

Actions 1 – 7, 9,10 and 12 – completed and closed.

Action 8 – Board to review for closure following consideration of a paper on EPR benefits realisation at private meeting (commercial in confidence).

Action 11 – for review in May 2014.

13. 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.

14. Date and Time of Next Meeting:

Tuesday 29th April 2014 at 9.30am

Board of Directors (in Public)

minutes

**Minutes of the Board of Directors' meeting
held on 27th May 2014**

Present :	<p>Neil Large Jane Tomkinson Geoffrey Appleton David Bricknell</p> <p>Lawrence Cotter Mark Fuller Mark Jackson David Jago Sue Pemberton Glenn Russell Marion Savill</p>	<p>Chair Chief Executive Non-Executive Director/ Deputy Chair Non-Executive Director/ Senior Independent Director Non-Executive Director Non-Executive Director Director of Research and Informatics Chief Finance Officer/Deputy CEO Director of Nursing Medical Director Non-Executive Director</p>
In Attendance:	<p>Lucy Lavan Tony Wilding</p> <p>Katherine Sheerin Cath Barton Martin Walshaw</p>	<p>Associate Director of Corporate Affairs Chief Operating Officer</p> <p>Chief Officer, Liverpool CCG -Item 5 only General Manager CCM -Item 6 only Clinical Lead-Respiratory Medicine -Item 6 only</p>
Governors / Members of the Public:		
Apologies:	<p>Tracy Boustead</p>	<p>Associate Director of Human Resources</p>

1. **Apologies for absence**
Apologies were received from Tracy Boustead.
2. **Declaration of interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.

Action

1
Chair's
Initials

3. Patient Story

The Board received a patient story.

4. Annual Report and Accounts 2013/14

4.1 Audit Findings Report 2013/14

The Board noted the draft Audit Key findings Report which provided :

- an unqualified audit opinion in respect of the financial statements;
- an unqualified opinion on the Use of Resources, based on a review of the Trust's arrangements to secure economy, efficiency and effectiveness;

The report would be finalised following completion of the external assurance review of the Quality Report, but no issues were anticipated.

The Board noted the report.

4.2 Annual Accounts Governance

The Board noted the report, which set out the process and regulations that had been adhered to in the production and audit of the financial statements.

After considering the audit findings and the Director of Audit Opinion, the Board of Directors :

- Approved the accounts for the year 31st March 2014,
- Authorised the Chief Executive to sign the Foreword to the Accounts
- Authorised the Chief Executive to sign the Accounting Officer's Statement of Responsibilities (within the accounts)
- Authorised the Chief Executive to sign the Annual Governance Statement
- Authorised the Chief Executive to sign the Statement of Financial Position (formerly known as the Balance Sheet) at 31st March 2014
- Authorised the Chief Executive to sign the Management Representation Letter to the External Auditor (Appendix 3)
- Authorised the Chief Executive and Director of Finance sign the letter to Monitor regarding the consistency of the (FTC) Schedules to the accounts as required.

4.3 External Assurance on Quality Report

It was noted that external auditor was in the process of finalising the assurance work in relation to the Quality Report. This work would be completed within the next 48 hours and in advance of Monitor's submission deadline.

4.4 Audit Committee Recommendation

The Chair of the Audit Committee confirmed that the Audit Committee had met immediately prior to the Board of Directors meeting on 27th May 2014 and had reviewed the audited annual report and accounts. A detailed presentation on the key financial statements had been provided by the Financial Accountant; the Chief Executive had been in attendance to report on the Annual Governance Statement; and the

Committee had received and considered the external audit findings and the Director of Internal Audit's Opinion.

It was noted that the external auditor had commended the high quality of work undertaken by the finance team in preparing the final accounts, with only minor adjustments required in respect of errors.

There had been one material reclassification of £2.9m as a result of an issue found at the host CCG for Isle of Man monies. The CCG had been required to reclassify this expenditure as non-NHS monies which meant that all affected provider Trusts had to make subsequent amendments to how they accounted for this revenue. This was noted.

On the basis of the assurances received, the recommendation of the Audit Committee was that the Board of Directors should now approve the Annual Report and Accounts for the period 1.4.13 – 31.3.14, for submission to Monitor by 9am on 30th May 2014.

4.5 Approval of Annual Report and Accounts for Liverpool Heart and Chest hospital NHS Foundation trust Period 1.4.13 – 31.3.14

Having considered the documents presented and the recommendation of the Audit Committee, the Board of Directors approved the Annual Report and Accounts for the period 1.4.13 – 31.3.14.

The annual report and accounts would be submitted to Monitor by 30th May 2014 and then laid before Parliament in accordance with statutory requirements.

A summary version will be produced and will be made available, in addition to the full annual report and accounts, at the Annual Members' Meeting to be held on 29th September 2014.

The Board acknowledged the work of the finance team in effectively managing the year end process.

5 Healthy Liverpool Programme

Katherine Sheerin, Chief Officer, Liverpool CCG joined the meeting to deliver a presentation to the Board on the Healthy Liverpool Programme, describing the vision for the health of the population of Liverpool in 2020 and the key milestones which would see improvement in life expectancy and a reduction in life years lost below the age of 75; and how improved outcomes would be achieved in the context of the financial environment and significant cuts to the Local Authority budget.

The key work programmes, all led by clinicians comprised Mental Health, Healthy Ageing, Long Term Conditions, Children, Learning Disabilities and Cancer with healthcare settings based around prevention, neighbourhoods, specialist community provision and hospitals.

The Vision was based on person centred coordinated care. A 5 year strategy and 'blueprint' is to be published by September 2014 and

work on preferred options will then commence leading to a formal consultation process to run from June 2015.

The Board discussed the magnitude of the challenge set out in the plan; the scope for deployment of the Better Care Fund to reduce emergency admissions and invest in social services; the limitations around information technology in primary care and how this might impede the development of the primary provider model; how alliance contracting might work in the future; the need to carefully manage pace; and an acknowledgement that workforce redesign and IM&T are key enablers for delivery of the programme.

The Board commended the ambitions for patients and confirmed the Trust's support for the programme of work outlined.

Katherine Sheerin left the meeting.

6 Cystic Fibrosis Business Case and Launch of Fundraising Appeal

Dr Martin Walshaw and Cath Barton joined the meeting.

Martin Walshaw delivered a powerpoint presentation providing data on the growing adult population of cystic fibrosis sufferers, an overview of the disease and how it is managed, highlighting the need for segregation of patients to avoid the risk of cross infection; and details of the national specification for service delivery from 2015.

The Trust currently has 12 designated beds on Amanda Unit, 7 of which have en suite facilities; and 6 en-suite rooms on Maple Ward which together accommodate patients with the two main strains of the disease. Due to segregation requirements and the need for en suite facilities, the Amanda Unit is not fully utilised for cystic fibrosis patients and its design no longer meets the needs of the service. It is estimated that a total of 16 beds, coupled with new 'out of hospital' initiatives would be sufficient for the service going forward.

The proposal set out was to vacate the Amanda Unit and to re-provide 10 en suite rooms for Cystic Fibrosis patients on the former Oak / G Ward.

The Board noted the requirements in the context of the wider estate and how improved facilities for cystic fibrosis could be aligned with other strategic ambitions, including the offering for private patients and other service plans.

A discussion also followed in relation to the impact of new therapies for management of the disease.

The Board noted that a full business case will be brought to the Board in June 2014 for consideration.

Plans for launching a fundraising appeal were discussed and it was noted that whilst the plans to upgrade the former Oak / G Ward would commence in the current year in order for the new unit to be

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operational by April 2015, there would be a time-lag around raising the required funding. A second phase to the programme in respect of dealing with the residual estate (current Amanda Unit) and improving facilities on Maple ward to ensure consistent facilities across the Trust, would be integral to the campaign.

Martin Walshaw and Cath Barton left the meeting.

7 Board Assurance - BAF Key Issues Reports and Minutes of Assurance Committee Meetings:

7.1 Patient & Family Experience Committee

The Board received the BAF Key Issues report, which highlighted the outcome of the recent Equality and Diversity Review and an update on the recent Supreme Court ruling in relation to mental capacity and deprivation of liberties.

The minutes of the meeting of the Patient & Family Experience Committee held on 11th March 2014 were noted.

7.2 Finance Committee

The Board received and noted the BAF Key Issues report, noting the assurances that had been received in relation to the year-end reporting for 2013/14.

The minutes of the meeting of the Finance Committee held on 31st March 2014 were noted.

7.3 Audit Committee

The Board received and noted the BAF Key Issues report.

The minutes of the meeting of the Audit Committee held on 13th May 2014 were noted.

7.4 Clinical Quality Committee

The Board received the BAF Key Issues report, noting actions in response to the recent fasting audit; the senior led reviews / ward round process and an investigation into a recent incident in theatres. The Board noted that compliance with the WHO safety checklist was much improved and that local audits would continue to be reviewed on a monthly basis to ensure sustained compliance. The Board discussed the incident in theatre which was a 'no harm' event and arose from an error by an individual rather than a system weakness.

The Board noted the report.

The minutes of the meeting of the Clinical Quality Committee held on 4th April 2014 were noted.

8 Strategy and Development

8.1 Overview of draft 5 Year Plan

The Chief Finance Officer delivered a powerpoint presentation highlighting the key changes to this year's planning process and the emphasis for the 5 Year Plan submission on the sustainability declaration, market analysis and context, risk and 5 year financial

modelling. There was a need to demonstrate ability to meet the unique challenges of 2015/16 onwards and this will be underpinned by a detailed analysis of key service lines.

Whilst the Trust's position was strong in relation to maintaining the dominant market share for the services it provides, there are challenges for specific service lines, such as PCI. In relation to aortics, discussions continue with Monitor on the pricing model; whilst the move to HRG4+ will yield benefits for 2016/17, the Trust is working with the Royal Brompton to make the case for accelerating this change for 2015/16.

The Board reflected upon the Trust's position within the local health economy and the strategic partnerships that were being developed in recognition of the need to consider more innovative service models and to work with partners in pursuit of the aims of the Healthy Liverpool Programme. Whilst the challenges were not insignificant, the Trust was well placed to work with partners towards these goals and to influence the shape and direction of specialist service provision, as the national strategy for specialist services emerges.

It was noted that the submission to Monitor must be a maximum of 50 pages with a publishable 20 page summary. Work is in progress to complete the planning templates and the work undertaken by the Board at strategic planning days will be reflected. The Board will have further opportunity to discuss strategic options on 17th June 2014 and refine the plan if needed, before approval of the final submission at the June Board meeting.

Reference was made to a recent communication from Monitor, giving Foundation Trusts an opportunity to remodel their 2015/16 financial plans. The Board re-affirmed the assumptions underpinning the 2015/16 financial plan, as submitted to Monitor at the end of April 2014, confirming that these were prudent and extant. The Trust would not therefore unlock and resubmit its 2015/16 projections at this point.

It was noted however that the Trust would need to revisit its plans following publication of the strategy for specialised services in the Autumn.

The Board noted the work in progress towards completing the 5 year strategic plan submission.

8.2 2014/15 CIP and Quality Impact Assessment

The Board received a paper setting out the governance arrangements for CIP delivery, noting the mechanisms in place to undertake quality impact assessments of each CIP work stream and the process established for tracking CIP delivery. This work was well underway for 2014/15 schemes and an update will be provided by the Chief Finance Officer at the next Board meeting.

The Chief Finance Officer also delivered a powerpoint presentation to highlight the key factors for delivering sustainable CIPs, with reference to guidance published by Monitor.

DJ

An overview of the 2014/15 CIP was presented and discussed. The CIP was categorised by enabling strategy, illustrating that the majority of planned savings would be delivered through workforce redesign, procurement and pathway redesign. The CIP was also analysed by Directorate and the top 10 CIP schemes noted; these included job planning and reduction of sessions paid at premium rates; renegotiation of prices for drug eluting stents; drug protocols; vacancy control; and reviews of nursing and administrative structures. It was noted that a significant proportion of the CIP continued to be transactional and the key challenge was to increase the level of CIP delivered through transformational change.

The Board discussed in further detail the approach to procurement savings and noted that opportunity arising from a push for a national procurement framework also carried risks as the Trust's clinicians had established strong business relationships with many key clinical suppliers.

It was noted that the proposed changes to the Trust's governance arrangements will strengthen accountability and responsibility and support the delivery of a challenging financial agenda whilst maintaining a clear line of sight on quality of service provision. The new Operational Board will in future provide assurances to the assurance committees ensuring renewed rigour in the scrutiny and challenge process.

8.3 Strategic Partnership Update

The Board noted progress in the development of its strategic partnerships with Southport and Ormskirk Hospital NHS Trust and Wirral University Teaching Hospital NHS Foundation Trust.

It was noted that colleagues at Warrington and Halton Hospitals NHS Foundation Trust had expressed disappointment with the Board's decision not to support the Trust's development of a PCI service.

The Board confirmed the importance of considering partnership opportunities on a case by case basis in the context of benefits for patients and alignment with the requirements of the health economy.

It was noted that national standards for the provision of paediatric and adult congenital heart disease would be subject to consultation from September 2014, with a tendering process expected in February / March 2015. It was confirmed that LHCH will work actively with Alder Hey in response to this process.

8.4 Liverpool Health Partners Strategic Plan

The Board received and noted the Liverpool Health Partners (LHP) Strategic Plan, which had recently been signed off by the LHP Board.

As a partner, LHCH continues to contribute an annual subscription and through the Chief Executive and Associate Director of Corporate Affairs, the Trust is providing leadership for the governance arm of LHP. The LHP could be a conduit for future research funding at LHCH

and be high profile in facilitating change across the City. It was noted that LHP would be leading on genomics research, an area in which clinicians at LHCH hoped to become involved.

The Board heard that LHP would be active in the forthcoming Liverpool Festival of Business and that opportunity would be taken to enhance the profile of LHCH through this event.

9 Patient Safety and Quality

9.1 Quality Dashboard

The Board received the Clinical Quality Performance Report at 30th April 2014, noting the risk around assurance that appropriate VTE prophylaxis is being administered due to data quality and validation issues arising from the migration from manual to electronic data collection.

A discussion followed in relation to falls and it was noted that an improvement project had begun on the 3 surgical wards; this will include a review of the way in which surgical patients are educated and encouraged to seek aid from staff when mobilising after surgery.

It was observed that readmission rates appeared to be increasing. The Board heard that Directorates were taking action in respect of this with good progress being made. This indicator will continue to be monitored closely.

The Board noted the report.

9.2 Annual Mortality Review

The Medical Director presented data to provide assurance on Trust and specific consultant related outcomes and described improvements made to the mortality review process.

The process of surveillance of mortality was explained and the Board heard how data was collated, validated and reviewed, both at Clinical Quality Committee and with individual practitioners via the appraisal process.

The Board was reminded that the nationally recognised HSMR indicator is a risk adjusted metric generated from the Patient Administration System and is not applicable to LHCH due to the limited range and specialist nature of services provided. The Trust had therefore developed a bespoke version of HSMR for internal use. Whilst this metric was not externally validated or directly comparable with any published national benchmark, it provided a useful means of measuring trends and demonstrated clearly that the Trust's mortality rate continued to decline.

The Board considered whether it was now timely to review this target given that improvements in care delivery were now embedded and performance over time was now consistently within the tolerances of the target. The Director of Research and Informatics agreed to review the target and make recommendations to the new Quality Committee.

MJ

The Trust also measures mortality in relation to two nationally and internationally recognised marker procedures – 1st time isolated Coronary Artery Bypass Graft (CABG) observed : expected risk adjusted mortality ratio; and Non Primary PCI observed :expected risk adjusted MACE ratio.

It was explained that risk adjustments are less sophisticated in the field of thoracic surgery and that there was no nationally agreed method of risk adjustment. Funnel plots were used to track mortality rates for individual practitioners. Whilst all performed within acceptable confidence limits it was recognised that there were limitations in drawing inferences as the complexity and risk of individual caseloads were not comparable.

The Board reviewed the graphs and data presented and noted that a variety of databases were in use to construct global and individual risk adjusted mortality performance; that all performance data is within normal expected ranges ; and that the use of EPR to allow one-time data entry and real-time monitoring of mortality will facilitate more accurate data.

It was concluded that the Trust had good processes to review and manage mortality rates across surgery and cardiology. Scrutiny of other specific areas such as Cystic Fibrosis via ‘deep dives’ undertaken by the Clinical Quality committee.

The Board noted that the CQC’s new Intelligent Monitoring Report was metric based and the Trust’s methodologies for measuring and monitoring mortality would be reviewed for alignment.

MJ

The Board went on to discuss the mortality review process and how this had evolved since 2007. A Mortality Review Group had been introduced in 2009 to facilitate independent review of system and practitioner performance; learning from mortality and correlation with serious untoward incidents and cardiac arrest audits; and provision of reports to the Clinical Quality and Directorate Governance Committees.

The Board heard that the process for routine mortality review was comprehensive and thorough but could be subject to delay, particularly in cases where a coroner’s post-mortem had been performed, resulting in a time-lag of up to 4 months between time of death and presentation of learning. A rapid response process was in place in respect of critical incident reporting.

The Medical Director presented a status report on the review process by specialty as at April 2014, confirming that the backlog of reviews, as noted by the CQC, had been cleared.

The Board noted that the CQC had recognised the excellence of the Trust’s mortality review process and had supported the planned further enhancement to include nursing reviews. Whilst this development posed a potential risk around further delay, EPR would

enable nurse and doctor led reviews to be conducted simultaneously. Both reviews would be brought together for peer review by a multidisciplinary team, enhancing organisational learning. It was recognised that the process was a powerful tool in supporting the continued delivery of excellent clinical outcomes.

The Board discussed the consultant appraisal process and noted the controls in place to ensure full compliance with the consultant appraisal process.

A discussion followed around the key themes that emerge from learning and it was noted that these often centre around completeness of documentation and consistent application of care bundles.

The Board considered the implications of the transparency of the review process in relation to litigation risk, noting the benefit of a robust process as strong defence.

The concept of avoidable harm was debated. The Board concluded that avoidable harm is often subjective and guarded against any punitive approach that could stifle openness.

The Board discussed how it would be sighted on mortality trends on an ongoing basis and noted the inclusion of indicators of harm within the draft Board dashboard that was under development. It was noted that there were strong controls in place to ensure escalation of serious untoward incidents and to ensure that the criteria around openness are fully complied with. The new Quality Committee will play an important role in triangulating data relating to harm and learning from incidents.

9.3 Report on Results of 2013 National Inpatient Survey

The Board received the Patient Survey Report 2013, noting that LHCH had been ranked top in the country for overall patient care, for the 7th time in 8 years and had achieved an excellent response rate, well in excess of the national average.

The Board considered the areas in which there had been a significant change in response compared to the 2012 survey. There was one area of decline relating to the sufficiency of help from staff for patients to eat their meals. This issue will be considered by the Nutrition Group and actions taken to improve support to patients at meal times.

It was noted that delays on discharge continued to be an issue and that support for junior doctors was being reviewed, particularly in relation to use of electronic prescribing and speeding up the processing of prescriptions to take home.

The Board noted the report, acknowledging the impact of the staff in consistently achieving excellent feedback from patients.

9.4 Nursing Review – Assurance Report on Delivery of Action Plan

The Board received and noted a progress report on the delivery of the action plan that was put in place following an independent review of nursing commissioned in October 2013. It was noted that the actions had been shared across the nursing workforce and were owned and implemented by clinical leaders.

The Board accepted the report and confirmed it's satisfaction with progress of the actions.

9.5 Health & Safety Annual Report

The Board received and noted the annual report of the Health & Safety Committee.

9.6 Emergency Preparedness Annual Review

The Board received the annual report of the Emergency Planning Group. It was confirmed that the Trust's major incident plan was compliant with statutory and regulatory requirements; a review of the Flu Plan by NHS Merseyside had been deemed compliant with a score of 97%; and an audit of Business Continuity Plans undertaken by NHS Merseyside was 98% compliant.

The Board noted the report.

9.7 Integrated Claims, Complaints and Incidents Report

The Board received the report on incidents, complaints and claims for Quarters 3 and 4 2013/14.

The reporting culture as measured by the trend in reported incidents was noted, with POCCU remaining one of the top reporting areas. The Speak Out Safely Campaign had been launched in April 2014.

It was noted that PASCAL Metrics had been commissioned to undertake a hospital-wide culture survey in July and August 2014.

The Top 5 themes for reported incidents were drug related incidents, documentation, medical equipment, delay in obtaining assistance and falls.

The analysis of complaints and claims was reviewed.

It was noted that Directorate Governance Committees continue to monitor and implement action arising from reported incidents, complaints and claims.

The Board noted the report.

9.8 Medical Devices – Report on Action to address Backlog of Maintenance

The Chief Operating Officer advised that the data contained in the report that he had planned to bring to the Board required re-work as an audit had highlighted that any item of equipment had potentially been recorded multiple times, thus overstating the extent of the backlog.

He advised that this would be corrected and a report will be brought to the Board in June 2014, providing clear evidence that the maintenance backlog is being managed. He advised that staff were now in post ensuring quicker response times and that action was now required to capture and report the data correctly.

The Board would receive a written report at the June 2014 Board meeting.

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10 Targets and Financial Performance

10.1 Targets Performance to 30.4.14

The Board received the performance report, noting that all Monitor metrics had been achieved.

The Board noted that the tolerance limit for the 62 day cancer target had been increased to 85% for 2014/15 (previously 79%). This would be a risk given the low volume of patients presenting on this complex pathway.

The Board noted that for C-difficile, the de-minimus threshold required by Monitor was 12 or less cases over the course of the financial year; however the contractual target demanded by commissioners was 1. As the Trust had already reported 1 incidence of C-difficile, this posed a risk of financial penalty of £10k per case, if any further cases presented.

The Board noted the report.

10.2 Financial Performance to 30.4.14

The Board received and noted the finance report to 30.4.14, which highlighted the following:

- Continuity of Services rating 3 against a plan of 4;
- Capital expenditure at £105k compared to plan of £139k;
- Cash balances at £10.7m; £0.8m above plan of £9.9m;
- Normalised net surplus of £180k which is below the planned surplus of £294k.
- Achieved CIP of £0.312m against plan of £0.423m;

The Board discussed the CIP trajectory, noting that the planned start date for work on spans of control is June 2014. As previously noted, the Board requested further detail on CIPs and assurance around completion of the quality impact process at its next meeting.

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The Board discussed the profiling of activity, noting that elective work was less than plan, possibly due to the late Easter break but that significant catch up was evident in May; outpatient activity was in excess of plan, a further indicator that increased elective activity would follow. The under performance in elective activity at Month 1 was offset by non-elective activity being in excess of plan.

The Board noted the Trust's financial position at 30th April 2014.

10.3 Workforce Performance to 30.4.14

The Board noted the workforce metrics at the year end.

11 Governance

11.1 2014 Board Declarations

11.1.1 Corporate Governance Statement – KPMG Assurance Report

The Board considered KPMG’s review of the adequacy and sufficiency of evidence to support the Corporate Governance Statement and conclusion that the Board can take reasonable assurance that the controls upon which the organisation relies are suitably designed, consistently applied and effective. Only minor improvements were identified, with key recommendations relating to the compilation of evidence and the Trust’s risk register.

The Board discussed the amber rated issues highlighted by KPMG and concluded that the gaps were primarily linked to the failure to provide sufficient evidence rather than any weakness in systems and processes and that the action plan proposed would ensure that these matters were quickly addressed. In particular the Board discussed the requirement for a data quality policy, noting that the Trust did have data quality processes in place but the documentation of these needed to be strengthened.

The Risk Management Strategy and Policy was currently under review to ensure alignment with the new Committee structure and the new governance arrangements would provide a new focus for review of and escalation of risks.

The Board noted the management response and supported the proposed action plan.

Going forward, assurance reports received by the Board would be mapped against the Corporate Governance Statement in readiness for an annual review, which in future could be undertaken by internal audit.

The Board reviewed the Corporate Governance Statement and determined that each statement be declared ‘confirmed’ without qualification in relation to risks.

The Board would consider any views raised by governors at the Council of Governors meeting to be held on 2nd June 2014, before approving submission to Monitor at the end of June 2014.

NL/LL

11.1.2 Other Board Statements

The Board considered the statements to be submitted to Monitor in relation to General Condition 6 – Systems for compliance with licence conditions and Continuity of Services Condition 7 – Availability of Resources which would be submitted on 30th May 2014.

The Board confirmed its satisfaction with the assurances received via Finance Committee and Audit Committee and approved the proposed declarations for submission to Monitor.

The Board then considered the Certifications on AHSC's and Governance; and the training of Governors.

In relation to AHSCs, a conversation with Monitor had confirmed the view that as neither of the Trust's academic partnerships - the Liverpool Health Partners and the Institute of Cardiovascular Medicine and Science – met the definition of an Academic Health Science Centre or a major joint venture, this declaration did not apply.

As the LHP had aspirations to move towards an Academic Health Science System, it was recommended that the Board declare 'confirmed' but with a note to state that the LHP does not have AHSC status.

The Board supported the recommendation that this declaration be submitted as 'confirmed'.

The Board considered the evidence referenced in the paper to support the provision of training to Governors, including feedback from Governors on the Council's Governance Group confirming that training provision was comprehensive and met the needs of Governors.

The Board supported the recommendation that this declaration be submitted as 'confirmed'.

As before, Governors will be invited to give views on the Board declarations on 2nd June 2014 and any feedback will be considered by the Board at its June meeting.

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11.2 Institute of Cardiovascular Medicine and Science (ICMS) Annual Report

The Board received and noted a report on the activity of the Institute of Cardiovascular Medicine and Science during its second year of operation, noting the incorporation of the University of Liverpool which will benefit the Trust in driving forward its academic strategy in relation to cardiology and cancer.

The Board approved the development of academic relationships with the University of Liverpool via the ICMS vehicle.

11.3 Receipt of ICMS Board Minutes

The Board received and noted the minutes of the ICMS Board meeting held on 3rd April 2014.

11.4 Proposed agenda for Board Development Day 17.6.14

The Chief Executive advised that Mike Farrar would join the Board to provide insight on national policy development and facilitate discussions on the Trust's vision, supporting the Board to formulate its approach to setting out and evaluating strategic options for the future.

11.5 Governance Review:

11.5.1 Final Proposals for new Committee Structure

The Board received a detailed paper that documented the iterative process that had culminated in final proposals for the reform of the Board Committee structure. The proposals were founded upon recognised good governance principles and have been externally assured by KPMG.

In discussing the paper the Board confirmed that the primary role of the two assurance committees was to test systems of internal control and seek assurance on the quality of data, whilst the Board would hold the executive to account for delivery.

It was noted that since publication of the Board paper, meetings had taken place with the respective nominated Chairs and executive leads to review in detail the terms of reference and proposed work plans. As a result of these discussions some further refinements were to the proposed, as follows:

- Terms of Reference for Quality Committee and Integrated Performance Committee to state explicitly that these are Non Executive Director Committees
- Director of Research and informatics to be a regular attendee at Quality Committee
- At this point there will be no patient / lay representative on the Quality Committee as patient / lay input is of greater value on the Patient Safety Group; however this will be reviewed in 6 months.
- Integrated Performance Committee (IPC) to receive assurance in relation to the operational plan, but not the strategic plan as the latter would be reserved for the Board and dealt with through the designated Board strategy days and scheduled Board meetings – this would require an adjustment to the IPC's business cycle involving the requirement for an additional meeting in March instead of June each year
- Change in terminology used within the Quality Committee terms of reference involving removal of the term 'oversight' as the remit was to receive assurance.

The Board discussed the quoracy requirements for the two new assurance committees, noting the requirement for two of the three nominated Non Executive Directors to be present at each meeting. It was noted that the Board calendar would be updated and circulated to all as soon as possible, in order that diary commitments could be coordinated.

Committee membership was confirmed as follows:

- Quality Committee: Lawrence Cotter (Chair), David Bricknell (Vice Chair) and Geoffrey Appleton
- Integrated Performance Committee : Geoffrey Appleton (Chair), Marion Savill (Vice Chair) and Neil Large

The Board approved:

- i) The new Committee structure which would take effect on

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- 1st July 2014;
- ii) The Terms of Reference and business cycles for the Quality and Integrated Performance Committees and Operational Board subject to the refinements described above (effective from 1st July 2014);
- iii) The disestablishment of the 8 current Board Committees with effect from 1st July 2014;

The Board acknowledged the need to regularly review the new arrangements and refine as required.

The Board noted the proposed business cycle for strategic planning work to be undertaken by the Board and supported the time commitment that this would entail.

Progress in developing the new Board dashboard was noted and support signalled for the work in progress.

It was noted that the remaining transitional work would now be progressed. This would entail a review of the Audit Committee Terms of Reference, BAF Policy, Risk Management Strategy and Policy and Scheme of reservation and Delegation. The recommendation that the Audit Committee receive and review these documents as part of the scheduled review of the Governance Manual was supported. This review would take place in June in order that a recommendation can be made for the Board's consideration ahead of the new governance arrangements being implemented on 1st July 2014.

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11.5.2 2014/15 Board Assurance Framework (BAF)

The Board received an updated BAF, incorporating a risk analysis of the strategic objectives that had been undertaken by the executive team at a full day workshop facilitated by KPMG.

The Board discussed the document, noting in particular the gaps in controls and assurances that had been identified. It was noted that further work was required to clarify the metrics to support the 2014/15 milestones in relation to developing the business portfolio and becoming the best NHS Employer; these aspects of the BAF would be refined on completion of the work to define the strategic dashboard.

The executive accountabilities assigned to each risk area were noted and it was suggested the Chief Finance Officer's initials should be added to the risk relating to maintaining financial viability. This was supported.

The Board debated the RAG risk ratings applied to each principal risk and accepted the Board risk evaluations proposed. The Board considered carefully the validity of the red rating applied to the financial viability risk (Risk 7), noting that the 3x3 scoring matrix had generated a red rating based on an impact score of 3 and a likelihood score of 2. The Board acknowledged that it had sought further assurances around the deliverability of the 2014/15 CIP; whilst there was a clear plan there were a number of associated risks. It was also

acknowledged that there remained considerable uncertainty around commissioner plans which would not be published until later in the financial year.

It was noted that Monitor's rationale for re-opening the 2015/16 operating plans was the regulator's view that many FT plans were overly optimistic. The Board had previously confirmed its view that the Trust plans were prudent but were not without a degree of risk.

It was recognised that the purpose of the BAF was to direct and prioritise the Board's time towards issues of greatest strategic risk and it was deemed appropriate therefore that this objective was rated red.

The Board approved the 2014/15 BAF and agreed to receive and review the BAF on a quarterly basis.

The next steps as outlined were supported; namely a review of the BAF Policy and Board Business cycle.

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11.6 External assurances Received:
11.6.1 Monitor Letter Q3

The Board received and noted the letter and Executive Summary Report issued by Monitor following analysis of the Quarter 3 submission.

12 Chairman's Briefing

The Chairman updated the Board on recent events including the Mayor's Health Summit; a meeting with the Cystic Fibrosis Trust to discuss the planned investment and launch of a fundraising campaign; a Medicine for Members event held in Wrexham; the official opening of Holly Suite by Lord Mayor Councillor Gary Millar; the launch of the education centre; and receipt of 44 nominations for this year's staff awards.

13 Chief Executive's Briefing

The Chief Executive confirmed the launch of the flexible benefits package for staff and reported on the outcome of the recent MARS initiative.

14 Minutes of the Board of Directors Meeting held on 29th April 2014 (in public)

The minutes of the meeting of the Board of Directors held on 29th April 2014 (in public) were reviewed for accuracy and approved by the Board.

15 Action Log from Previous Meeting

The action log was reviewed and updated as follows:

Action 1 : Action to carry forward to June 2014

Action 2 : The Director of Research & Informatics outlined the governance arrangements in place in relation to the conduct of clinical trials. These arrangements included independent ethics reviews and

peer reviews of research findings. The Board was advised that clinical trials are exceptionally safe with minimal risk of litigation. No examples of litigation against the NHS had been identified and in the USA the small number of cases related to claims against pharmaceutical manufacturers. There was however a risk that research findings could subsequently be discredited where the consequences would be reputational rather than financial. The Board noted this advice and confirmed that Action 2 could now be closed.

Action 3 – on agenda – closed

Action 4 – on agenda but further assurance requested – action to be updated for review June 2014

Action 5 – attendance of tissue viability nurse at Board to be scheduled

Actions 10 – 11 on agenda – closed

Action 12 – the Chief Executive reported successful EDMS test completed but some residual testing required – the Board confirmed that this action could now be removed from the action log, subject to the emergence of any subsequent risk being escalated.

Action 15 – on agenda – closed

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

16 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.

17 Date and Time of Next Meeting:

Tuesday 24th June 2014 at 9.30am

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Board of Directors (in Public)

Item 12

minutes

Minutes of the Board of Directors' meeting held on 24th June 2014

Present :	<p>Neil Large Jane Tomkinson Geoffrey Appleton David Bricknell</p> <p>Lawrence Cotter Debbie Fryer</p> <p>Mark Fuller David Jago Sue Pemberton Glenn Russell Marion Savill</p>	<p>Chairman (present for part of the meeting) Chief Executive Non-Executive Director/ Deputy Chair Non-Executive Director/ Senior Independent Director Non-Executive Director Director of Strategy and Organisational Development Non-Executive Director Chief Finance Officer/Deputy CEO Director of Nursing and Quality Medical Director Non-Executive Director</p>
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In Attendance:	<p>Mark Jackson Lucy Lavan Tony Wilding</p>	<p>Director of Research and Informatics Associate Director of Corporate Affairs Chief Operating Officer</p>
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**Governors /
Members of
the Public:**

Apologies:

1. **Apologies for absence**
There were no apologies for absence.

The Chairman welcomed Debbie Fryer, Director of Strategy and Organisational Development to her first Board meeting.

2. **Declaration of interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.

Action

3. Patient Story

There was no patient story on this occasion.

4 Strategy and Development

4.1 Strategic Partnerships – Wirral

The Board received an update on the development of services in partnership with Wirral University Teaching Hospitals NHS Foundation Trust (WUTH), noting progress on joint clinical appointments and the establishment of input by LHCH consultants into MDT meetings at Arrowe Park Hospital. Due to capacity constraints at Arrowe Park, 400 stress echo tests will be now transferred to LHCH along with an additional 200 PCIs as part of the capacity created by the additional posts.

The Board discussed the implications of facilitating an in-reach service which will involve shifts in skill-mix of LHCH practitioners and a potential opportunity for greater focus on academic work.

The Board noted progress and acknowledged the strategic importance of this partnership.

A full business case reflecting future capacity and planning assumptions, financial implications and the basis for a service line agreement between LHCH and WUTH would now follow.

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4.2 2014/15 CIPs and Quality Impact Assessment

The Board was updated on progress with completion of the quality impact assessment process, noting that 104 of the 119 CIPs for 2014/15 had been formally assessed.

The Board reflected on discussions that had taken place at a recent meeting of the Finance Committee, confirming its requirement for a stock-take of the 2014/15 financial plan in respect of contracts, CQuINs, CIPs and risk assessment. This will be presented at the July 2014 Board meeting.

DJ

4.3 Strategic Plan 2014-2019

The Board received and approved the summarised version of the 5 year strategic plan which was required by Monitor for publication.

This document will also be published on the Trust's website.

The Chairman made a request to re-order the agenda and the proposed strategic dashboard was brought forward to the next item.

5 Targets and Financial Performance

5.1 Proposed Strategic Dashboard

The Board received a powerpoint presentation setting out the key principles underpinning the development of the new strategic dashboard. The aim was to provide a tool for the Board to track delivery of the five strategic objectives. The proposed metrics were high level and driver diagram based with exception reporting for targets for which performance varied from plan. It was noted that the

dashboard was not completely comprehensive and that there would remain a need for assurance reports to supplement the dataset proposed.

The Board discussed the metrics and noted that work was ongoing to refine the workforce and staff engagement measures; as well as consideration of measures of market share, over and above referrals.

A schedule of operational performance metrics completed the dashboard.

The Board gave support for the construct and content of the dashboard, acknowledging that this would evolve over time. It was agreed that the powerpoint slides would be circulated to enable Board members to consider further and offer feedback to the Director of Research and Informatics.

The dashboard would 'go live' from July 2014, for the reporting of Quarter 1 data. The schedule of operational metrics, together with a glossary would be presented to the Council of Governors meetings from September 2014.

The Chairman left the meeting at this point and Geoffrey Appleton, Deputy Chairman took the chair for the remainder of the meeting.

6 Patient Safety and Quality
6.1 Nursing – 6 Monthly Review of Capacity

The Board received the 6 monthly review of the nursing workforce.

It was noted that there is no national workforce tool to determine staffing levels and that the Trust utilises the AUKUH model supplemented with professional judgement. As acuity and patient care needs change on a daily basis, the assessment of safe staffing levels relies heavily on effective senior nurse leadership.

The Appendices to the paper provided detail of staffing by Ward for each of the clinical directorates.

The Director of Nursing and Quality presented the report and confirmed that this provided positive assurance that all areas were staffed appropriately, but cautioned that the data represented only a snapshot and did not provide insight into cultural issues that might be present. She went on to identify three areas where she had asked for further assurances:

- i) Cath Labs – whilst the numbers of staff per shift were safe, there had been recruitment delays and significant maternity leave. In addition, the model of care had changed with the introduction of the new Holly Suite and this now warranted a further review of the establishment;
- ii) Coronary Care – the unit had seen a significant increase in activity and there was a need to review staffing in the context of demand and effective use of the hospital coordinators;
- iii) Cedar Ward – the numbers were adequate but there was a high turnover of staff. Further work was in progress to

All

enhance the preceptorship programme for newly qualified nurses who required extra support due to the acuity of patients on this ward.

The Board was advised that the Assistant Directors of Nursing were active in managing the workforce on a daily basis to ensure safe staffing and optimum deployment of resources.

The Board went on to discuss wider staffing issues in theatres, noting that there was a potential shortage of anaesthetic practitioners and a high number of leavers with the staff friends and family test scoring lower in theatres than in other areas of the Trust.

The Board noted that in addition to the PASCAL Metrics cultural survey work which was planned for July and August 2014, the Trust would be commissioning a peer review of theatres and enhancing staff engagement through the launch of a programme such as Listening into Action from September 2014. In addition, the move to bring the recruitment service back in-house would be supplemented by more proactive HR support, working with Directorates to identify opportunities to incentivise retention. The benefit of gaining 'softer' intelligence on an ongoing basis through walking round and talking to staff was acknowledged as a crucial role for the Board; as was the ongoing reinforcement of the 'Speak out Safely' campaign.

The Board discussed the value of the detail contained in the report, noting the new national requirement for Boards to receive a 6 monthly capacity review in addition to a detailed monthly analysis of staff per shift.

The Board noted the report.

6.2 Nurse Staffing – Planned vs Actual Shifts

The Board noted that individual Trust data on planned vs actual staff per shift would be published on the NHS Choices website along with a range of quality indicators. It was not yet clear how RAG ratings would be applied.

The report presented showed compliance with planned staffing on every ward for day and night shifts and highlighted actions in progress to further improve staffing. It was noted that staffing is flexed according to patient need and patient safety risk assessments following escalation processes.

It was noted that white boards are now maintained on each ward showing staff on duty for each shift and that an electronic solution is being sought. The limitation of this data is that it does not account for bed occupancy or patient acuity. The Director of Nursing and Quality confirmed that the Trust is fully compliant with national reporting and publication requirements.

The Board noted the report and supported ongoing receipt of monthly data at all planned Board meetings going forward.

6.3 Medical Devices – Update on Maintenance Programme

The Board received a paper describing the process for prioritising and managing the maintenance of medical equipment. Earlier issues around staffing shortages had now been addressed and systems to manage equipment held by patients in the community had been reviewed. In the absence of any national metrics, the maintenance team had set internal targets for the department to work to and these would be reviewed on a regular basis with targets stretched to ensure continuous improvement.

The Board discussed the targets set and considered whether these were sufficiently ambitious to clear the backlog and also discussed whether the residual backlog posed a risk to patient safety. It was noted that whilst there had been no reported incidents relating to equipment maintenance, further attention should be given to ensuring robust risk assessment such that there was clarity and agreement on the level of risk that the Trust was willing to carry. It was acknowledged that maintaining every piece of equipment in accordance with manufacturers' recommended standards was not practical given capacity, issues concerning access to community – based equipment and affordability; therefore thorough risk profiling was essential.

The Board was advised that once reported, any equipment failure is dealt immediately dealt with in accordance with clinical need and the backlog related purely to routine servicing.

It was agreed that the Risk Management Team would provide support to the Medical Engineering Manager to enable a thorough risk assessment and that a further update will be provided to the Board in 3 months time.

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6.4 CQC Action Plan Update

The Board received an update on delivery of the CQC action plan, noting that recruitment was progressing and that the leadership review and subsequent changes were embedding well. Band 7 development was now well underway and safety huddles standardised.

The Director of Nursing and Quality advised that she would update the Board again in July and make a recommendation on timing for the CQC's re-inspection.

SP

The Board noted the progress report.

7 Governance

7.1 External Assurance on Quality Report 2013/14

The Board received and noted the statutory limited assurance opinion provided by the external auditor in relation to the 2013/14 Quality Report. The report provided an unqualified opinion.

7.2 2014 Board Declarations

The Board had previously approved the 2014 Corporate Governance Statement and other Board declarations required for submission to

Monitor in May and June 2014, but had wished to receive and consider any views from Governors.

The Council of Governors had reviewed the statements on 2nd June 2014 and had confirmed full support for the proposed submissions to Monitor.

The Board confirmed its approval of the Corporate Governance Statement and other Board Statements as presented in May 2014, and it was noted that these would now be submitted to Monitor by 30th June 2014.

7.3 Pharmacy Review

The Board noted the findings and recommendations following an external review of pharmacy in relation to governance and safety, operational effectiveness and electronic management of medicines.

Improvement work in relation to operational effectiveness and EPMA will now be taken forward by the Support Services Directorate and EPR Development Team respectively.

The Board noted that many of the issues highlighted in relation to the software used for electronic medicines management were already being addressed. However, members of the Board expressed concern about the magnitude of the challenges and the level of dissatisfaction expressed by system users, noting that urgent action was needed in some areas and that a prioritised action plan with clear timeframes was required.

The Chief Executive advised that the review had raised a number of issues and recommended that a member of the Pharmacy Team be invited to present to the Board in July 2014 on the findings of the report and a clear action plan. This was supported.

TW

A recommendation that a wider comprehensive review of the EPR system also be commissioned was supported.

MJ

7.4 18 week Pathway

The Board noted the findings of the external review of systems and processes in place for managing the 18 week pathway. A training programme and competency assessment process was being implemented.

The Board gave consideration to the level of risk in relation to accuracy of measuring compliance with the 18 week target and was satisfied that there was a robust validation process in place.

The Board requested sight of the action plan and it was agreed that this would be circulated to Board Members by e mail.

LL

7.5 Governance Manual

The Board approved the revised Governance Manual for adoption with effect from 1st July 2014.

7.6 Board Calendar

The Board noted the revised calendar of dates reflecting the schedules for the new Assurance Committees.

It was noted that dates for Board development still needed to be set and Directors were asked to hold 16-17 October 2014 for a 2 day event provided by the AQuA Academy. The arrangements and any further dates would be confirmed in due course.

It was noted that there would be a requirement to reschedule the planned Audit Committee meeting on 17th October 2014, as a result.

LL

7.7 External assurances Received:

7.7.1 Monitor Letter Q4

The Board received and noted the letter issued by Monitor following analysis of the Trust's Quarter 4 performance and review of the 2014/15 Operational Plan.

7.8 Ratification of Consultant Appointments

The Board ratified the appointment of Dr Neil Coulson, Consultant anaesthetist.

8 Chairman's Briefing

The Deputy Chairman had no further items to discuss.

9 Chief Executive's Briefing

The Chief Executive advised that she was exploring the Listening into Action initiative as a means of improving staff engagement. This would require a financial investment and therefore full and careful consideration will be given to the costs and benefits before any final decision is reached.

JT

The CQC's latest Intelligent Monitoring Report will be circulated to the Board when available.

LL

14 Minutes of the Board of Directors Meeting held on 27th May 2014 (in public)

The minutes of the meeting of the Board of Directors held on 27th May 2014 (in public) were reviewed for accuracy and approved by the Board.

15 Action Log from Previous Meeting

The action log was reviewed and updated as follows:

Actions 2-6 and 8-9 : completed and closed

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

16 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.

- 17** **Date and Time of Next Meeting:**
Tuesday 29th July 2014 at 9.30am

**Board of Directors (in Public)
Item 11**

minutes

**Minutes of the Board of Directors' meeting
held on 29th July 2014**

Present :	<p>Neil Large Jane Tomkinson Geoffrey Appleton David Bricknell</p> <p>Lawrence Cotter Debbie Fryer</p> <p>Mark Fuller David Jago Sue Pemberton Glenn Russell Marion Savill</p>	<p>Chairman (present for part of the meeting) Chief Executive Non-Executive Director/ Deputy Chair Non-Executive Director/ Senior Independent Director Non-Executive Director Director of Strategy and Organisational Development Non-Executive Director Chief Finance Officer/Deputy CEO Director of Nursing and Quality Medical Director Non-Executive Director</p>
In Attendance:	<p>Mark Jackson Lucy Lavan Tony Wilding</p> <p>Jonathon Peacock</p>	<p>Director of Research and Informatics Associate Director of Corporate Affairs Chief Operating Officer</p> <p>Deputy Chief Pharmacist (Item 4 only)</p>

**Governors /
Members of
the Public:**

Apologies:

1. **Apologies for absence**
There were no apologies for absence.
2. **Declaration of interests relating to agenda items**
The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda.

Action

1
Chair's
Initials

Neil Large and Geoffrey Appleton both declared an interest in agenda item 9.9 and it was agreed that they would not participate in the discussion on this item and would abstain from voting.

Neil Large declared that he had been appointed Interim Non Executive Director at The Christie NHSFT and Geoffrey Appleton declared that he had been appointed Lay Chair of St Helens CCG.

It was agreed that David Bricknell, Senior Independent Director would take the chair for consideration of Agenda Item 9.9.

3. Patient Story

The Board received a patient story.

4. Presentation on Management Response to external review of EPMA

Jonathon Peacock, Deputy Chief Pharmacist was in attendance.

Following an introduction by the Chief Operating Officer who outlined the remit of the external review of pharmacy and electronic prescribing that had followed the CQC's findings in relation to medicines management in 2013, Jonathon Peacock presented to the Board on the risks identified in relation to the EPMA system and how these were being mitigated.

The Board noted that there had been a delay in the decision to procure the Allscripts pharmacy module as the original intention had been to work on integration of the former JCC system. Challenges had arisen as a result of differences in the UK health system compared to other countries, including workflow processes, absence of bar code technology and the greater autonomy of nurses in medicines management in the UK. This meant that considerable work was needed to build a drug file suitable for LHCH and to improve workflow to enable functionality such as a single overview of prescribed medicines, counter-signature of drugs administered on a single screen and elimination of cumbersome processes involved in prescribing TTOs on patient discharge.

A number of safety enhancements had been identified, including improved display of 'in progress infusions' and inclusion of a mandatory allergy status within the patient record.

Governance arrangements had been reviewed and the Medication Errors Committee had been renamed 'Safe Medication Practice Committee'.

A key risk was that staff had indicated that they do not feel adequately trained to use the system and therefore poor system utilisation was a likely result. In order to address this, training would become mandatory and involve competency assessment. Junior doctors would be targeted for re-training in relation to the processes for clerking medication history. A soping exercise was underway to enable the effectiveness of system utilisation to be measured.

The Board noted that all amber rated risks were being actively monitored by the Clinical Quality and Patient & Family Experience Committee, with red rated risks escalated to the Operational Board.

The Board discussed the importance of retraining and for staff to receive demonstrations of the wider system to enable a better understanding of system functionality and how their own specific workflow elements contribute to the overall system of medicines management.

The Board requested further detail on the strategy for roll out of training and escalation process. This would be reported at the next Board meeting.

The Chairman thanked Jonathon Peacock for his presentation and acknowledged the work of the pharmacy team, noting that once the action plan is complete, the systems for medicines management will be safer and more effective.

Jonathon Peacock left the meeting.

5 Board Assurance
5.1 Review of Board Assurance Framework (BAF)

The Board reviewed and updated the BAF following discussion led by the nominated executive director for each principal risk in turn. The following issues were noted and amendments agreed:

Risk 1 – work ongoing to review staffing levels in some areas - overall risk assessment unchanged (green)

Risk 2 – no evidence of medication errors as a result of complexities of the electronic pharmacy system; improvement plan in progress in relation to falls; consideration of the impact of the emergence of new super-bugs such as CPE which could pose a serious risk in the future – whilst the likelihood is currently low, a medium to long term strategy and response plan is to be developed by the infection prevention team. Overall risk assessment to remain amber but definition of risk to be expanded to reflect infection as a source of harm. It was noted that serious untoward incidents and never events would be reported via the new Board dashboard.

Risk 3 – it was noted that Monitor would permit planned breach of RTT in Q2 to enable any backlog of long waiters to be cleared, where there was agreement with commissioners. There were no unplanned breaches anticipated in respect of compliance and therefore the risk assessment would remain green.

Risks 4, 5 and 6 - the risk assessments remained unchanged but gaps around the improvement trajectory and clarity on targets for deliverables must be reported at the next Board meeting.

Risk 7 – CIP delivery continued to be a red rated risk. The lack of dedicated PMO support remained a gap in control and it was requested that the executive team consider this further in order to

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understand what benefits a dedicated PMO might bring.

DJ

Risk 8 – The Director of Strategy and Organisational Development advised that she would like to re-draft the principal risk and recommend different metrics which would better reflect staff experience – a risk assessment associated with bringing recruitment service back in house would also be incorporated. These recommendations were supported and the Board agreed to consider the refresh at the next Board meeting.

DF

Risk 9 – no change to the risk assessment but trajectory for improving NHS activity to be clarified.

TW

The Board agreed to review the BAF next in October 2014. In future the review would follow consideration of the BAF Key Issues Reports from the Assurance committees.

LL

5.2 BAF Key Issues Reports and minutes from Assurance Committee Meetings

Quality Committee

The Chair of the Quality Committee reported on the work of the first meeting, noting the focus on data quality for reporting of medication errors and the need for greater clarity in relation to real errors, as opposed to potential errors. Nurse staffing levels had been considered appropriate and safe with further work to do in some areas to manage high levels of vacancies and sickness absence. An action plan was being progressed to improve the documentation to support administration of VTE prophylaxis.

The Committee had also requested further information to enable a better understanding in the shortfall of research income and in the measurement of readmission rates which were higher than expected and featured as a risk within the CQC's Intelligent Monitoring Report. It was noted that the Directorates had been asked to review readmission rates and report on their findings and action plans to Operational Board.

The Board noted and discussed the action being taken in respect of two surgeons whose outcomes had fallen outside of the 90% confidence limits measured via the CUSUM curve. It was noted that there had been a re-specification of the national audit standard and that this had triggered early intervention. The Chief Executive advised that the process of reviewing CUSUM curves on a 6 monthly basis was to be changed and that 3 monthly reviews would be carried out going forward.

The Board went on to discuss the limitations of nationally recognised measures of mortality and the adaptation of these to provide a local measure more applicable to the caseload performed at LHCH. The Director of Research and Informatics confirmed that the mortality metrics were under review to ensure alignment with the CQC's

monitoring process.

The Board noted the report and received the unapproved minutes of the meeting of the Quality Committee held on 8th July 2014.

Integrated Performance Committee

The first meeting of the Integrated Performance Committee had taken place on 28th July 2014 and therefore a verbal report was provided by the Chair of the Committee.

The meeting had focused on the key risk relating to CIP delivery and had reviewed the monthly action plan.

Performance was on target but particular scrutiny had been given to cancelled operations, delayed transfers, Welsh waiting times, workforce metrics and the profiling of capital expenditure which was significantly below plan in Quarter 1.

The Board noted the issues discussed.

Audit Committee

The Chair of the Committee presented the BAF Key Issues report, highlighting the work in progress to review and update the Audit Committee Terms of Reference and the need for the Committee to consider further its interaction and dialogue with the two new Assurance Committees.

It was reported that the Policy for Raising Concerns would be considered in October 2014 and that the follow up process in relation to internal audit findings was proving effective.

The Board noted the report and received the approved minutes of meetings held on 27th May 2014 and 17th June 2014.

5.3 Corporate Readiness Committee – Annual Report

The Board received and noted the closing report from the Corporate Readiness Committee.

The Board discussed the breach in one standard within the Information Governance Toolkit relating to information governance training. The Director of Research and Informatics advised that full compliance was expected by October 2014 and that leaders would be required to mandate this training going forward.

5.4 BAF Key Issues and Approved Minutes of meetings of former Board Committees (disestablished 30.6.14)

Finance Committee

The Board noted the BAF key issues report and received the approved minutes of the meeting of the Finance Committee held on 27.05.14.

Clinical Quality Committee

The Board noted the BAF key issues report.

Patient and Family Experience Committee

The Board received the approved minutes of the meeting of the Patient and Family Experience Committee held on 13.05.14.

Workforce Committee

The Board noted the BAF key issues report and received the unapproved minutes of the meeting of the Workforce Committee held on 23.05.14.

5.5 Operational Board

The Chief Executive reported on the inaugural meeting noting that the meeting had been well received with strong clinical contribution and increased ownership and accountability from leaders for performance and strategic development.

Directorates were now working on improved action planning with greater clarity on timescales for delivery.

The Board discussed a number of items from the report including the financial and governance arrangements that would underpin any partnership agreement with the RLBUHT for delivery of the Upper GI service; the importance of the Operations Board in overseeing actions to ensure CIP delivery; progress with the national review of ACHD services and opportunities for charitable fundraising to gather pace.

The Board noted the report and received the unapproved minutes of the meeting of the Operational Board held on 4.07.14.

6 Strategy and Development

6.1 Strategic Update and preparation for Directors' Strategy Day on 7.10.14

The Director of Strategy and Organisational development briefed the Board on a high level plan that had been put together by the Executive Team to support the prioritisation of strategic work over the next 12 months. The Board's input would be sought at the forthcoming Development Day in October 2014.

It was noted that the Executive team had undertaken the 'Facet 5' survey to better understand individual work styles and the proposal that the NEDs also complete the survey, to inform a full Board review on 7.10.14 was supported. The surveys would be issued to NEDs for completion in September 2014.

DF

Other priorities for consideration on 7.10.14 included:

- Strategic context update including early indications of specialist commissioning strategy
- A mid year review of strategic and operational plans; timetable and project plan for the 2015/16 planning round; and refresh of SWOT analysis and PESTLE.
- Feedback from Operational Board Away Day which will take place on 3.10.14.

- Further work on developing the value proposition in terms of what does 'best' mean?
- Development of stakeholder matrix and priorities and articulation of corporate 'offer', informed by branding work being facilitated by Corporate Culture.
- Outputs from MIAA review of compliance with the Quality Governance Framework
- Preparation for AQuA Development Programme
- Update on articulation and embedding of values and behaviours

It was agreed that these priorities would inform a programme for the Development Day that would make most effective use of the Board's time in relation to the strategic agenda.

DF

6.2 Membership Strategy

The Board received and supported the Membership Strategy developed by the Council of Governors, subject to ensuring a greater emphasis within the document on the Trust's vision to be 'the best'.

LL

7 Patient Safety and Quality

7.1 Readiness for CQC's new Inspection Regime

The Director of Strategy and Organisational Development shared experiences of the new inspection process from her previous Trust which had been inspected as part of the first tranche of new inspections (January - March 2014), following completion of the CQC's pilot work.

The Board was reminded of the 5 domains and considered examples of key questions under each domain.

The CQC's aim to inspect all NHS Trusts and Foundation Trusts by December 2015 was noted.

The Board discussed the pre-inspection preparatory work required and it was agreed that a data pack would be compiled and likely key lines of enquiry identified. It was noted that there is likely to be a particular emphasis on provision of care for the frail elderly, end of life care, theatres, critical care and outpatients.

The Board heard that there may be opportunity for LHCH employees to become inspectors and that this could provide valuable learning for the Trust as well as development for the individuals involved.

The importance of engagement with trainees, including junior doctors was noted along with preparation for CQC engagement events such as focus groups with staff and listening events with service users.

The CQC inspection will follow up on issues identified from previous unannounced visits; the final report will provide an individual rating for each of the 5 domains and an overall rating; and a quality summit involving the Trust, commissioners and regulators will be held 6-8 weeks following the inspection.

The Director of Nursing and Quality then shared insights from her involvement in early work by the CQC in developing a methodology that will be used to inspect specialist cardiothoracic services. It was likely that attention would be given to differences in quality and patient experience between wards within the Trust; consideration of patient flow and its effectiveness measured by numbers of outliers and cancelled operations; outpatient care, which was considered to be generally less responsive to patient needs than inpatient care; clinical effectiveness, in terms of levels of participation in audits; and organisational culture.

The data set requested for review is likely to include internal monitoring, 7 day working, incidence of surgical site infections, use of WHO checklist in catheter labs as well as theatres, theatre scheduling, returns to theatre, discharge processes and length of stay.

The Board concluded that the inspection framework offered an opportunity for self-assessment and that detailed preparation should commence with a progress report provided to the Board in October 2014.

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The Chairman requested that a briefing on the new inspection regime also be provided for governors at the next meeting of the Council of Governors.

SP

7.2 CQC Action Plan Update

The Board received the action plan update noting good progress on all areas of the action plan including recruitment, clinical supervision, MDT working and the coaching process. The implementation of the patient dependency tool was work in progress and the review of the role of the Intensive Care Assistant would be undertaken in January 2015.

There was clear evidence from staff feedback that the culture is improving and the Board supported the recommendation that the CQC be invited to conduct their re-inspection in the Autumn 2014.

7.3 Nurse Staffing Analysis

The Board received the monthly ward staffing analysis noting that staffing levels between wards are managed on a shift by shift basis to meet patient acuity levels and ensure patient safety. The Board requested greater clarity within presentation of future reports as to whether or not staffing levels met required standards where there is a reported variance from plan; for example where a lower level of staffing correlates to a reduced level of acuity compared to plan.

SP

It was suggested that an analysis of staffing to enable an understanding of the balance of permanent staff compared to agency staff and alignment to outcomes would be useful. The Board was advised that this information is contained within the more detailed 6-monthly nursing review report.

Emerging risks and mitigating actions were noted in respect of vacancies on Cedar Ward and increased incidence of falls on Cedar and Oak Wards. The falls improvement work was noted, including the launch of a 'Call, Don't Fall' campaign and it was noted that a bi monthly recruitment event had been scheduled to minimise delays in recruiting to vacant posts.

The Board discussed the potential risk relating to staff perception of safe staffing, noting that embedding of patient dependency work and an ownership of this by staff would mitigate this risk.

The Board noted the report and accepted the recommendations.

7.4 Sign Up to Safety

The Board received the report and reviewed the five Sign Up to Safety Pledges aligned to the Trust's ambition to reduce harm as set out in the Trust's Quality Improvement Strategy.

The Board considered whether the Trust's aim to reduce harm by 50% over the next 5 years was ambitious enough in light of the national campaign which sets a target to reduce harm by 50% by 2017. It was agreed that the Board would revisit this issue in October with a view to setting a more ambitious target for 2015/16 onwards.

The Board of Directors confirmed its commitment to strengthening patient safety at LHCH and supported sign up to the pledges and supporting action plans.

7.5 Report of the Director of Infection Prevention and Control – Q1

The Board noted the report and discussed the emerging risk associated with the increasing prevalence of CPE.

The Medical Director recommended the development of a 5 year strategy for dealing with multi-resistant organisms, including consideration of an accelerated move towards more minimally invasive procedures; provision of more isolation facilities to minimise risk; and work with partners to consider how best to manage inpatient capacity across the wider health system.

The Board noted the likelihood that CPE was just the first in a new wave of resistant organisms. At the present time it is not possible to decolonise the organism and as yet there was no clarity on the implications associated with the possibility of a medical worker becoming colonised.

Compliance with the Public Health toolkit requirements was impractical given the 4 day lead time for screening which is incompatible with the urgent nature of many procedures carried out at the Trust.

The Board concluded that there were many considerations to take forward and supported the Medical Director's recommendation that an update on progressing a strategy supported by an enhanced infection prevention function and updated risk assessment be brought to the

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Board in November 2014. As previously discussed, a note of the current gap in controls and assurance relating to this emerging risk would be recorded on the BAF.

The Board noted the cleanliness data (para 3.3) and it was clarified that the reference to incorrect use of the patient flow system within EPR related to the way in which alerts were processed to generate a request for hygiene assistants to clean and prepare an empty bed space for the next patient. This had resulted in delays and action was being taken to speed up the process.

The Board noted the report.

8 Targets and Financial Performance

8.1 Board Dashboard – Quarter 1 Performance

The Board received the Strategic Dashboard, Performance Report Summary and a suite of exception reports detailing issues and actions for any target with an adverse variance from plan.

It was noted that there was further developmental work required on the operational summary report, including the population of forecast outturn data, introduction of a comprehensive measure of data quality and inclusion of a glossary of terms, as requested by the Council of Governors.

The Board noted the dashboard and considered each of the exception reports, noting the following:

- An increase in the incidence of falls between April and June 2014, particularly on Oak and Cedar wards – a service improvement project and launch of the ‘Call Don’t Fall’ initiative are underway and will be reviewed by the Executive Team in two months with ongoing monitoring by the Clinical Quality and Patient & Family Experience Committee. It was noted that whilst the vast majority of reported falls involved no harm to the patients concerned, the nursing staff were very aware of the psychological impact of a fall which was more difficult to measure. The Board noted that the Trust performed well on falls compared to other similar Trusts, but had set an ambitious target to raise the profile and drive action. It was noted that the symptoms of medication prescribed post surgery was a contributory factor and mitigation of falls risks required the input of medical staff and allied health professionals in falls risk assessment and management. Work was also underway to compare the risk of falls by patients placed in single rooms as opposed to bays. The promotion of an education programme to enable patients wishing to be independent, to better understand the risks was also underway.
- An increase in the backlog of patients on Welsh 26 week admitted and non admitted pathways - for the admitted pathway this is due in part to patient choice with patients opting to wait longer for mini- mitral procedures and / or a specific surgeon.
- Cancelled operations had exceeded the target of 0.60% (13

operations cancelled) at 0.81% (18 operations cancelled) – action included improved bed flow with bed flow considerations now accounted for at MDT meetings.

- Variances in delayed discharges and referrals – under investigation
- Workforce – it was noted that a typographical error had resulted in the narrative relating to turnover being attributed to the graphic on mandatory training and vice versa – improved reporting to Directorates had enabled targeted interventions and improvement would follow. A review of mandatory training with service user input is underway to ensure that it is fit for purpose and adds value and a leader board has been introduced with support for departments provided by business partners in learning and education. A tracking process to monitor recruitment time is being introduced as transactional HR work is brought back in house as a result of the exit from the Capita contract. The sickness absence policy will be reviewed in Autumn 2014 with a new emphasis on an HR business partner approach offering proactive support to Directorates. The new appraisal process is in place and appraisals will be completed by the end of September 2014; with introduction of an electronic appraisal system to follow.

The Board noted the report.

8.2 Finance Report for the period ended 30.6.14.

The Board received the report noting an overall continuity of services rating of 4; income on target; capital expenditure significantly below plan and the requirement to submit a revised capital expenditure profile to Monitor; cash balances below plan, largely due to a large stock purchase of IC devices; a normalised net surplus of £36k against a planned £103k due to a continuation of premium pay costs; non recurrent restructuring costs associated with payment of MARS settlements; CIP delivery below plan.

The Board was advised that the Trust had secured £500k from commissioners to treat 20 additional patients in August and 12 in September, with associated dispensation from Monitor to breach the Q2 18 week RTT.

The Board discussed the key challenges and risks identified and noted the report.

8.3 Monitor Q1 Monitoring Returns

The Board approved the submission of the Q1 return incorporating the revised capital expenditure submission, green governance rating and Continuity of Services Rating 4.

It was noted that going forward, the new Integrated Performance Committee intended to consider in more depth the evidence to support the governance declaration.

The Board noted the recent visit to the Trust by the Monitor Relationship Team and was advised that there was no feedback from

Monitor for consideration.

The Board declarations were confirmed as follows:

- For finance, the Board anticipates that the Trust will continue to maintain a CoSR rating of at least 3 over the next 12 months;
- For governance, that the Board is satisfied that plans in place are sufficient to ensure : ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forward;
- For capital, that the Trust's capital expenditure for the remainder of the year will not materially differ from the reforecast plan.

The Board noted the accompanying narrative for submission to Monitor and approved the Q1 returns for submission by 31st July 2014.

9 Governance and Assurance

9.1 Response to Monitor's 'Well Led Framework for Governance Reviews'

The Board discussed Monitor's recent guidance and the requirement for external reviews of Board leadership and governance to be conducted at least every 3 years.

The Associate Director of Corporate Affairs shared feedback from a recent Monitor event at which the 3 pilot case studies were presented along with insights from the 3 external partners who had been commissioned to undertake the pilot reviews.

It was noted that further guidance was expected in the Autumn following a commitment from Monitor, CQC and the TDA to align their approaches to the assessment of 'Well Led'.

The Board considered the paper presented and noted the review of best practice examples and key strands of work in progress that will provide strong evidence in relation to the Well Led Framework.

The Board noted the commitment required in relation to financial resource and internal capacity to undertake the preparatory work required, coordinate the assessment process and manage any follow up work. Learning from the pilot reviews would inform the timing of the first review and the recommendation to avoid Quarters 1 and 4 due to the heavy workload of corporate functions during year end and annual planning cycles.

The Board supported the progression of work strands identified following an early review of the question set and best practice examples, noting an alignment to planned Board development work; and agreed to consider again the preferred timeframe for the first review in Autumn 2014. The Board also confirmed its commitment to involving the Council of Governors in the specification and commissioning process once a timeframe is agreed.

LL

9.2 Data Quality Process

The Director of Research and Informatics described the current process for rating data quality, noting that it was not in universal use. The system is based on two facets relating to data source and whether it has been internally or externally validated; and the volume of data and the validity of inferences drawn from the size of the sample. A matrix approach is then used to derive a data quality rating of bronze, silver, gold or platinum.

The recent governance review has highlighted the need to improve data quality assurance to support operational and performance management. The Board heard that the Business Intelligence Group has been tasked with developing a new assurance system using data warehouse systems to assess the quality of data currently in use and build enhanced systems to improve the quality of data over time.

The new methodology will be based around the six dimensions of data quality set out by the Audit Commission (*'Figures You Can Trust'*, 2009).

The Board supported the process set out to develop a new methodology for grading and improving data quality, aligned with the Trust's new governance arrangements; and noting that the estimated timeframe for this work is an incremental two year journey.

9.3 Risk Management Strategy and Policy

The Board received an updated Risk Management Strategy and Policy that reflected the new governance structures and described the new process of risk escalation.

The Board discussed the role of the Operational Board in reviewing and managing the corporate risk register, noting the value of including a summary of the top risks within the regular report from the Operational Board to the Board of Directors.

The Board requested the inclusion of the Audit Committee in the diagrammatic overview of the escalation process.

Subject to this amendment, the new Risk Management Strategy and Policy was approved.

9.4 CQC Intelligent Monitoring Report – June 2014

The Board received and noted the latest publication of the CQC's Intelligent Monitoring report noting that the Trust remained rated at risk level 4 with risk indicators attributed to emergency readmissions and never events; and an elevated risk relating to whistle-blowing alerts, which will remain until the CQC have re-inspected and can confirm the risk is closed.

9.5 Reference Cost Submission

The Board received the report, noting the rigour of the quality

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assurance process for the costing exercise that underpins the reference cost submission.

It was noted that the requirement for Boards to review and endorse the submissions is new and has been enhanced due to the importance of the accuracy of the costing process in determining the national tariff.

Going forward this assurance process will be incorporated into the work plan of the new Integrated Performance Committee.

The Board discussed the fact that the tariff does not yet recognise the complexity and acuity of all service lines, such as aortic surgery, but that there was now recognition of this with the development of HRG4+ due for implementation in 2016/17.

The Board approved the reference cost submission 2013/14.

9.6 Medical Revalidation Report

The Board received a paper providing assurance that the process and practice of revalidation for the year 2012/13 had met the standards required by the General Medical Council.

The Board noted a number of gaps in background recruitment checks that had been identified as a result of the revalidation process, and the improvements that had been put in place to close the gaps in control systems. It was confirmed that the required checks had been conducted for all medical staff currently employed.

The Board considered the compliance report and supported the recommendation that the Chief Executive sign the compliance statement for submission to NHS England.

JT/GNR

9.7 SUIs / Ombudsman Report

The Board received the detail of two complaints relating to the same patient and referred to the Parliamentary Health Service Ombudsman (PHSO) in 2013, and confirmed its satisfaction with the actions taken in response to the PHSO's final report.

9.8 Governor Election Report

The Board received and noted the results of the elections to the Council of Governors 2014, noting that all 8 seats were uncontested. The election rules were applied and the process independently administered on behalf of the Trust by Electoral Reform Services.

9.9 Amendment of Constitution

Neil Large and Geoffrey Appleton confirmed that they would not participate in the consideration of this item due to their respective declarations of interest.

David Bricknell took the Chair.

The Board considered the reasons set out in the paper to support an

amendment to the Trust's constitution involving the removal of the provision that disqualifies a director if they are also a director of another NHS body.

The Board noted that the Council of Governors had considered and approved the proposed amendment at an extraordinary meeting of the Council held on 28th July 2014. The Governors had also supported the recommendation that each case be considered on an individual basis to determine benefits to LHCH and the wider NHS; consider any capacity constraints for the individual and determine whether there was a conflict of interests and how any potential conflict might be managed.

Members of the Board confirmed that they had no questions and relation to the proposal and the Chair asked eligible members to vote by means of a show of hands.

There were 9 votes in favour of the constitutional amendment. Neil Large and Geoffrey Appleton abstained.

It was resolved that the constitution would now be amended accordingly. A copy of the revised constitution would be published on the Trust website and forwarded to Monitor, for information, in due course.

Neil Large resumed as Chair.

10 Chairman's Briefing

The Chairman commented on his role at The Christie and confirmed that his primary commitment remained with LHCH; he anticipated that the duration of his interim role would be 3-6 months and that the dual role presented an opportunity to share good practice.

The Chairman congratulated Geoffrey Appleton on his appointment as Lay Chair of St Helens CCG with effect from 1st September 2014, noting that the Board would be very sorry to see him go but that there would be a gain for the wider NHS. He thanked Geoffrey for his offer to continue as NED providing continuity until such a time as a successor is appointed. It was noted that there could be a potential conflict of interest but this would be managed carefully and the CCG had indicated full support for Geoffrey's wish to continue in the short term.

The Board confirmed support for both Neil Large and Geoffrey Appleton serving on their respective second NHS boards for the immediate future. Any issues of potential conflict would remain under review.

The Chairman reported on the Governors' walkabout to Cedar Ward and Health Records noting that both visits had given powerful reassurance in relation to the benefits of EPR. He suggested that Mark Jackson and Dr Waktare might wish to present to the Council of Governors on EPR at a future meeting.

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MJ

11 Chief Executive's Briefing

The Chief Executive reflected on the success of the recent staff awards and summer celebration and commended the considerable achievements of staff.

The Board noted that 12 Executive roadshows had been delivered and had reached over 300 staff. Feedback had been positive and plans were in place to provide two further roadshows for night staff and then to follow up with a new roadshow in 6 months' time in order to engage staff in the 2015/16 planning process.

The Board was updated on ongoing partnership work including system wide QIPP work in which LHCH was actively working to influence pathways and the Healthy Liverpool Programme which would report on options for the reconfiguration of hospitals in late October 2014.

A joint Executive Team meeting with colleagues from RLBUHT was scheduled for 1st August 2014 and this would be followed up with a meeting of the Chairs and Chief Executives of both Trusts.

The Chief Executive invited the Director of Nursing and Quality to report on a review of theatres being undertaken by the Association of Peri-Operative Practitioners. The review had involved observation of practice and discussions with staff. Whilst initial feedback had been positive in relation to assurance around safety, there were some areas for improvement particularly relating to staff satisfaction which would be quickly addressed.

12 Minutes of the Board of Directors Meeting held on 24th June 2014 (in public)

The minutes of the meeting of the Board of Directors held on 24th June 2014 (in public) were reviewed for accuracy and approved by the Board.

13 Action Log from Previous Meeting

The action log was reviewed and updated as follows:

Actions 1-2 – to be addressed by the Board in private (Part 2 agenda)
Actions 3, 5,6, 8 ,9 10 and 14 – completed and closed.
Action 13 – in progress (Quality Governance Review being undertaken by MIAA)

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

14 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.

15 **Date and Time of Next Meeting:**
Tuesday 28th October 2014 at 9.30am

Board of Directors (in Public)

Item 12

minutes

Minutes of the Board of Directors' meeting

held on 28th October 2014

Present :	<p>Neil Large Jane Tomkinson Geoffrey Appleton David Bricknell</p> <p>Lawrence Cotter Debbie Fryer</p> <p>Mark Fuller David Jago Sue Pemberton Marion Savill</p>	<p>Chairman (present for part of the meeting) Chief Executive Non-Executive Director/ Deputy Chair Non-Executive Director/ Senior Independent Director Non-Executive Director Director of Strategy and Organisational Development Non-Executive Director Chief Finance Officer/Deputy CEO Director of Nursing and Quality Non-Executive Director</p>
In Attendance:	<p>Mark Jackson Lucy Lavan Raph Perry Tony Wilding</p> <p>Ann Conley Manoj Kuduvalli Aung Oo</p>	<p>Director of Research and Informatics Associate Director of Corporate Affairs Deputy Medical Director Chief Operating Officer</p> <p>General Manager, SACC Consultant Cardiac Surgeon (Item 3) Consultant Cardiac Surgeon (Item 3)</p>
Governors / Members of the Public:	<p>Brian Roberts</p>	<p>Public Governor (Merseyside)</p>
Apologies:	<p>Glenn Russell</p>	<p>Medical Director</p>

1. **Apologies for absence**
Apologies were received from Glenn Russell, Medical Director.

The Chairman welcomed Raph Perry, Deputy Medical Director to the meeting.
2. **Declaration of interests relating to agenda items**

Action

1
Chair's
Initials

The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda.

David Bricknell declared an interest in Item 9.1 and it was agreed that he would remain present but would not participate in the discussion on this item.

3. Patient Story

The Board welcomed Manoj Kuduvalli, Aung Oo and Ann Conley to present to the Board on a recent exceptional and complex case of a patient requiring ECMO and to share their learning from this case in relation to both clinical and operational management aspects.

It was noted that work was underway to develop criteria and procedures for authorisation of the use of ECMO in the future and that a business case would be worked up for consideration in the context of the requirements of new standards for ACHD.

The Board heard that the team would present on this case at the forthcoming surgical audit day and that a transplant surgeon from Wythenshawe Hospital had been invited to join the discussion.

The Chairman thanked the team for their presentation. Manoj Kuduvalli, Aung Oo and Ann Conley left the meeting.

4. Board Assurance

4.1 Review of Board Assurance Framework (BAF)

The Board reviewed the BAF, noting and confirming the amendments made following Board review in July 2014.

The Board then considered the exceptions and changes to the BAF that had been recommended by the executive team.

The following updates were approved as follows:

- Risk 2 – inclusion of potential infection risk relating to the Ebola virus – this risk has been considered within the Trust's plans for winter preparedness; also new control noted in relation to the introduction of daily safety huddles;
- Risk 3 – recognition of the managed breach of the 18 week RTT target in Quarter 2 in order to reduce backlogs of patients waiting – this breach had been agreed with Commissioners and Monitor had advised that regulatory action is unlikely. Risk rating amended from green to amber.
- Risk 3 – an external review of risk management arrangements had now been undertaken and an action plan would be developed following review of the recommendations by the executive team on 5th November 2014. Developmental work will include the strengthening of the link between the BAF and operational risk management.
- Risk 7 – gap in control mitigated by the introduction of PMO support commencing October 2014
- Risk 8 – recognition of risk of future business interruption arising from industrial action. A robust response plan was

- instigated in respect of the 4 hour strike held on 13.10.14.
- Risk 9 – recognition of reputational risk to the Trust associated with transfer of the Upper GI service to the Royal Liverpool site; and recognition of recruitment risk relating to system wide cardiology management.

The Board then confirmed that the approved revisions to the BAF reflected :

- i) the completeness of principal risks in relation to delivering strategic objectives
- ii) the systems of controls, assurances and gaps in controls / assurances
- iii) the risk rating applied to each principal risk.

4.2 BAF Key Issues Reports and Minutes from Assurance Committee Meetings

Quality Committee

The Chair of the Quality Committee highlighted the ongoing improvement work in relation to VTE prophylaxis and completion of documentation by junior doctors. It was noted that the Operational Board were reviewing reasons for increased readmissions and that an action plan following review of Cath labs was in progress.

The Board noted the report and received the unapproved minutes of the meeting of the Quality Committee held on 2nd September 2014.

Integrated Performance Committee

The Chair of the Integrated Performance Committee reported on the ongoing risk relating to CIP delivery, slippage on the capital programme, the operational implications of recent ECMO cases, planned breach of the RTT to manage backlog and the review of workforce metrics.

The Board discussed the slippage on CIP, noting that a PMO was being established, with interim external support and this would enable a detailed assessment of planned change programmes and work to build expertise and pace to secure longer term capability. The work would help to prioritise schemes and identify those initiatives that will deliver greatest efficiency and sustainability.

It was requested that the Integrated Performance Committee undertake a deep dive of planned CIPs to enable a clear understanding of the recurrent position and actions at its next meeting.

The Board noted the report and received the unapproved minutes of the meeting of the Integrated Performance Committee held on 28th July 2014.

Audit Committee

The Board received the approved minutes of the Audit Committee meeting held on 8th July 2014.

DJ

Charitable Funds Committee

The Board received the approved minutes of the Charitable Funds Committee meeting held on 28th July 2014.

It was requested that a paper be brought to the next Board meeting, setting out the next steps for launch of a major appeal, following the initial exploratory work on this commissioned by the Charitable funds Committee.

LL

4.3 Operational Board

The Chief Executive advised that the September meeting of the operational Board had been well attended and that the agenda had included a mix of strategic updates, performance reviews by exception and discussion on pending business cases. There had been considerable input and feedback from members had been positive.

The Board discussed the EPR Optimisation Plan. It was noted that executive leadership of EPR had moved to the Chief Finance Officer; that Terms of Reference for an external review had been agreed; and that a tendering process was underway. The review will enable a clear understanding of system issues, training and user awareness and risk; enabling optimisation work to be targeted in a more objective way.

The Board heard that there is a clear programme of work in place for the next 18 months to achieve optimisation, within the capacity of the EPR team and that going forward the benefits would be monitored by the PMO.

Work was in progress to develop agreed standards for documentation completed by medical and nursing staff and it was expected that the next cycle of change will bring improvements to the quality of documentation and ease of navigation of the system.

The Learning and Development Team would take over the coordination of a role specific competency based mandatory training programme. This would be supported on an ongoing basis in recognition of staff turnover.

It was agreed that the Chief Finance Officer would bring a paper to the Board in January 2015 setting out progress with the training plan, benefits realised to date and in the future and a full risk assessment to inform the Board Assurance Framework.

DJ

The Chief Executive advised that the financial investment in EPR had been significant and that despite difficulties, the investment ensured that the Trust was in a strong position going forward in light of publication of Simon Stevens' Forward View. The Board heard that there were now three Allscripts Users in the UK providing a basis for establishment of a user group network.

The Board thanked Mark Jackson for his work on EPR and for

establishing the foundations for delivering the optimisation plan. The Board reviewed the report from the Operational Board Away Day held on 3rd October 2014, noting the value of the session with Mike Farrar.

The Chief Executive advised that the focus for the November meeting would be the PMO and management of risk associated with CIP delivery and updates and action planning on escalated issues.

The Board noted the report and received the unapproved minutes of the meeting of the Operational Board held on 5th September 2014.

5. Strategy and Development

5.1 Planning Update and Timetable for 2015/16 Planning Round

The Director of Strategy and Organisational Development advised that the annual planning guidance was expected in December 2014 and that guidance on strategic planning for Boards had been refreshed with the publication of supplementary toolkits to support the compilation of strategic plans. She recommended that the Board dedicate some time in December to refreshing the self assessment on capacity and capability for effective planning. This was supported.

DF

The Board reviewed the outline process and internal planning timetable. Work with the Operational Board in November would include training to ensure a consistent and thorough approach to planning of activity, capacity and demand, finance and workforce.

It was noted that a tripartite set of agreements between NHS England, Monitor and the TDA had been put in place to support the alignment of plans and that Chief Executives had been asked to attend one of four national roadshows on planning. Feedback would be provided to the Board.

JT

The Board went on to discuss the rapid and ongoing changes to the external landscape including progress of 'Healthy Liverpool', specialist commissioning plans, publication of the 5 Year Forward View and the CIP challenge to the wider NHS. It was concluded that effective stakeholder management would be of paramount importance and that LHCH would continue to work with partners to explore strategic opportunities to utilise the infrastructure more effectively and drive efficiency towards the vision to be 'the best'. Exploration of commercial opportunities will also be increasingly important; along with continued work at a national level to address structural deficiencies in the tariff.

The Board noted the importance of adopting the right language, aligned to the Forward View, in engaging with other providers and commissioners; and that a campaign based around the developing branding strategy will commence in the new year.

The Board noted the report.

5.2 Mid Year Review of Annual Plan

The Director of Strategy and Organisational Development delivered a

powerpoint presentation, setting out progress at mid year against each of the 5 strategic objectives. The Board discussed the exceptions including the impact of improvement work on falls, the reporting enhancements required to identify VTEs and noted the proposed changes to methodology for measuring mortality; this would be examined in greater detail at the November Board meeting.

The Board noted the need for greater emphasis in the 2015/16 planning round on capacity and demand assumptions and CIP risk.

5.3 Mutuals Pilot

The Board heard that LHCH is one of 9 pathfinder Trusts selected to explore the potential of mutualisation for all or parts of their services and that there are over 40 potential bidders offering their support for the programme.

The primary purpose was to identify options for empowering staff to deliver better patient care.

The Board would give full consideration to possible alternative models once a partner has been identified and the exploratory work gains pace.

5.4 Research Strategy – Annual report and Forward Plan

The Board received and discussed the report, noting some excellent examples of research and audit work translating into clinical practice.

A discussion followed in relation to the lung cancer screening trial which had not been taken forward as the case for use of CT for screening was not as strong as had been anticipated.

The Board noted that the target for attracting research income had been over ambitious.

The Board noted the success of the cardiology department in their work on the HEAT trial.

The Board noted the report.

6. Patient Safety and Quality

6.1 Monthly Review of Ward Staffing Levels

The Board received and reviewed the monthly ward staffing reports for the months of June 2014, July 2014, August 2014 and September 2014, noting that the information had been published on the Trust's website and NHS Choices.

The Board noted that the senior nursing team review and flex staffing on a daily basis to ensure that the needs of patient acuity are met.

A discussion followed around plans to introduce a quarterly planned recruitment drive to reduce pressures arising from time to recruit and to minimise reliance on use of bank and agency staff.

The Director of Nursing explained that where variances from the

planned establishment were reported, professional judgement had confirmed that sufficient staff were in place in accordance with patient numbers and acuity on a ward by ward basis.

The Board discussed in detail the limitations of the data presented and noted that many Trusts were also questioning the value of the data as assurance of safety standards. It was noted that a national RAG rating process is to be introduced, though this will still rely and a professional view of safe staffing levels. The importance of triangulating the data with incidents of harm, metrics relating to staff sickness and turnover as well as intelligence gained from walkabouts was emphasised.

It was noted that electronic data boards are now in place on each ward and display real time staffing levels along with data on incidences of harm.

The Board noted that reviews of theatres, CCU, Cath Labs, Oak Ward and Cedar Ward had indicated a need to further review of establishments in these areas based on feedback from frontline staff; and that there had been an issue in relation to timely response to call bells on Elm ward, although this had not resulted in any safety incidents.

It was noted that the data indicated staffing levels were above plan for Oak and Cedar Wards and yet this did not seem to correlate with safety data as there had been increased numbers of falls in these areas. The Board noted that Ward dashboards were being developed and would help to triangulate data using a balanced scorecard approach. This data would be helpful to Ward managers and provide valuable assurance to the Quality Committee.

The Board went on to discuss the potential case for further investment in additional nursing staff and the difficulty in reconciling this with the CIP challenge. It was noted that the culture survey and follow up work would be helpful in identifying other ways to support staff and in understanding issues that may be hidden in pockets of the organisation

The Board accepted the recommendations set out in the report concluding that there was no evidence to suggest that staffing levels were not meeting the needs of patients, and emphasising the importance of triangulating safety data from a wide range of sources and continuing to listen actively to feedback from staff and patients..

6.2 DIPC Quarterly Report

The Board received and noted the quarterly report of the Director of Infection Prevention and Control.

6.3 Winter Preparedness

The Board supported the plan for winter preparedness, noting in particular the measures in place to deal with the risk of Ebola, winter weather and clarification of escalation processes to deal with capacity constraints.

7. Targets and Financial Performance

7.1 Board Strategic Dashboard – Quarter 2 Performance

The Board received the Strategic Dashboard, Performance Report Summary and a suite of exception reports detailing issues and actions in respect those targets where performance varied adversely from plan at Month 6.

In respect of the milestones for the strategic objective on Quality, it was noted that there would be a change in the national reporting methodology for the Friends and Family Test from October 2014; the net promoter score being replaced with a percentage of those that said they would be likely or extremely likely to recommend the hospital to friends and family. As a result the target would need to be re-set.

It was noted that market share targets had now been incorporated into the strategic objective for service and innovation and for stakeholders. These targets were approved by the Board.

On value, the financial margins were rated red due to underperformance of CIPs, as previously discussed by the Board.

On workforce, it was noted that the average time to recruit should begin to improve following transition from Capita.

In reviewing the Operational dashboard, the Board noted again that a new metric for measuring mortality was proposed and that this would be examined in detail at the next Board meeting in November 2014.

The Board went on to discuss the exception reports.

Following reflection on learning at the recent AQuA Board development event it was suggested that there may be merit in looking again at the use of red and green RAG ratings and personalising measurement of harm events through use of numbers rather than use of RAG.

It was noted that a more granular analysis of performance is undertaken at sub-Board level, including weekly executive team review of every harm event and introduction of daily performance meetings.

The Board noted the report.

7.2 Finance Report for the period ended 30.9.14.

The Board received the report noting an overall continuity of services rating of 4; income above plan by £1.5m; capital expenditure at £826k against a revised plan that profiled capital expenditure at £1.8m to Month 6; cash balances £2m below plan; a normalised net deficit of £137k against a planned net deficit of £19k; CIP delivery below plan by £0.6m.

The Board discussed the risk to current procurement arrangements

and noted that the Trust would be working closely with commissioners to manage this.

In relation to the forecast year end shortfall on CIP of £900k, it was noted that there were a number of upsides that could mitigate the recurrent impact for 2015/16, including transitional support for critical care income and acceleration of the pace of change on tariff restructure.

The Board considered the analysis of risk on Page 13 of the report and determined that the risk associated with the transfer of the Upper GI service was missing and should be included.

DJ

A discussion followed around the strength of financial management capability at Divisional level and it was noted that the SACC Directorate was yet to assure the Operational Board on actions to deliver a balanced budget. A risk summit was to be called with the SACC directorate to consider in detail the performance issues relating to RTT, budget and workforce plans.

The Chief Finance Officer advised that a detailed paper on forecast outturn and risk would be discussed by the Board in private session in November 2014.

DJ

The Chief Finance Officer advised also that his team were working on the production of a trading position for each consultant to facilitate a debate around scope for operational efficiency for each consultant.

DJ

The Board went on to discuss the receipt of £0.5m from the Area Team to reduce backlog waiters, noting that reduction in the backlog had not been achieved to the extent that had been planned due to operational pressures. This could expose the Trust to future financial risk in delivering compliance and/or potential regulatory action, which may warrant further Board debate. Release of further waiting list funding was planned in December 2014/January 2015, but it was noted that loss of personal relationships that had been built with the current Area Team could weaken the Trust's position.

The Board noted the report.

7.3 **Monitor Q2 Monitoring Returns**

The Board noted that the Integrated Performance Committee had reviewed the proposed Q2 submission in detail and had supported the proposed Board declarations. It was also noted that Monitor's request for a revised capital profile had triggered an additional declaration on capital expenditure.

The Board supported the submission of the Q2 return reflecting a green governance rating and Continuity of Services Rating 4.

The Board declarations were confirmed as follows:

- For finance, the Board anticipates that the Trust will continue to maintain a CoSR rating of at least 3 over the next 12 months;

- For governance, that the Board is satisfied that plans in place are sufficient to ensure : ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forward;
- For capital, that the Trust's capital expenditure for the remainder of the year will not materially differ from the reforecast plan.

The Board noted the accompanying narrative for submission to Monitor and approved the Q2 returns for submission by 31st October 2014.

8. Governance and Assurance

8.1 External assurances Received:

8.1.1 Monitor Letter – Quarter 1

The Board noted the Q1 letter from Monitor confirming a Continuity of Services Risk Rating of 4 and a green governance rating, but noting a risk to delivery of the financial plan as a result of underperformance of planned CIP in Quarter 1.

8.1.2 CQC Final Report on Follow Up in Critical Care

The Board received the CQC's final report following the follow up visit on 18th September 2014 and noted that the Trust was found to be fully compliant with Outcomes 13, 14 and 16.

The Board noted that delivery of the critical care action plan had been successful with the CQC reporting that there had been significant improvements in the areas of non compliance since their last visit.

The Board heard that the draft publication of the CQC's latest Intelligent Monitoring Report indicated that the Trust had moved from Band 4 to Band 6, which was the lowest category of risk rating, with just one risk highlighted relating to the recent never event.

The Director of Nursing and Quality advised that she expected the CQC's first inspection under the new regime to take place at some point after 1st April 2015. Preparatory work had begun and the executive team had set aside time in early November 2014 to undertake a detailed review of the plan and work required to prepare for the new inspection process.

8.2 Ratification of Consultant Appointments

The Board ratified the following consultant appointments:

- Dr Timothy Fairbairn – Consultant Cardiologist
- Dr Afshin Khalatbari – Consultant Cardiologist
- Dr Neil Coulson – Consultant Anaesthetist

8.3 KPMG Governor Survey 2014

The Board received the survey report noting that the response rate and results from LHCH Governors had been positive and provided good assurance that Governors generally felt well prepared to fulfil the new roles and responsibilities required of them under the Health and Social Care Act.

The Board noted that the Council of Governors had received the survey report and would dedicate further time to identify areas for further improvement during the facilitated joint development day planned for 19th November 2014.

8.4 Capita Service Transition

The Director of Strategy and OD delivered a powerpoint presentation which summarised the project to transfer services from Capita and provided assurance that all project objectives had been delivered and closed down on time; the transition process had been supported by extensive communications and a new portal has been set up on the intranet for staff to access. Feedback from staff to date has been positive.

The services had transferred with effect from 1st October 2014, and a post transfer plan was now in place to deal with the legacy issues handed over from Capita. The Board noted two key risks which relate to a potential cost pressure linked to miscalculation of pensions and information governance issues arising from data breaches.

9. Chairman's Briefing

The Chairman noted that four teams from LHCH had been shortlisted for the 2014 Nursing Times Awards.

He then made reference to the recent Board development session provided by AQuA, advising that there had been good learning which was worthy of capture and inclusion in the Board Development Programme.

On behalf of the Board the Chairman expressed appreciation for Geoffrey Appleton who would leave the Trust at the end of the Board meeting. He noted that Geoffrey had been an excellent ambassador for LHCH during his four and a half years of service to the Board and had been consistently supportive to colleagues and the organisation. The Board expressed their thanks and good wishes to Geoffrey.

9.1 Appointment of Deputy Chairman

The Chairman apologised to the Non Executive Directors for not consulting them in a timely manner on the proposal for the appointment of Deputy Chair but confirmed that he had spoken to all colleagues prior to the start of the Board meeting.

The Board noted that discussions had taken place with the Governor members of the Council of Governors' Nominations and Remuneration Committee who had unanimously supported the proposal that David Bricknell be asked to take on the role of Deputy Chair in addition to his existing role as Senior Independent Director.

The Director of Strategy and OD outlined the work done by the Committee to benchmark roles and remuneration of NEDs and it was noted that, subject to Board support, recommendations from the Nominations and Remuneration Committee would be made for consideration by the Council of Governors on 1st December 2014.

The Board of Directors supported in principle the allocation of agreed 'allowances' to NEDs for additional duties relating to Audit Committee Chair, Deputy Chairman and Senior Independent Director; and noted that whilst the NED basic remuneration of £12,000 pa is at the lower end of the range, NEDs at LHCH are eligible to claim home to work mileage for travel, given the wide patient and member catchment area.

The Board supported the proposal that David Bricknell be asked to undertake the combined role of Deputy Chairman and Senior Independent Director subject to approval by the Council of Governors on 1st December 2014.

It was noted that the recommendation from the Nominations and Remuneration Committee would be for the award of allowances of £3,000 for Chair of Audit and £3,000 for the combined role of Senior Independent Director and Deputy Chair. This reflected the fact that the Deputy role did not routinely involve additional responsibilities, other than in the event of the Chairman being absent from duty.

10. Chief Executive's Briefing

The Chief Executive reported that she and the Director of Nursing and Quality had undertaken an unplanned visit to check on the quality, quantity and presentation of food to patients at mealtimes and had found all aspects of the meal service to be of an excellent standard. Board colleagues were invited to undertake similar checks from time to time going forward.

It was noted that the Nutrition Group was looking at national recommendations, including those relating to the provision of meal facilities for staff.

The Chief Executive and Director of Strategy and OD had recently attended a breakfast meeting with representatives from Sharjah City, UAE, to explore potential commercial opportunities and consider how these might benefit LHCH; the concluding view was that the proposals were not for the present time as there were concerns around sustainability and the lack of any pipeline for workforce training and development. However, this could be something to pursue in the future if and when these concerns are addressed.

The meeting had enabled networking with colleagues from the Royal Brompton who had advised that their Trust relied heavily upon private patient income to meet their financial plan. The conversations demonstrated that LHCH should give serious consideration to reviewing private patient capacity with a view to private patient income providing a genuine contribution in the future.

It was noted that the next round of executive roadshows was underway with the aim to engage as many staff as possible in mid-year progress against the 5 year objectives; providing a reminder of individual contributions to being 'the best'; as well as reminding staff of the range of opportunities to have a voice on the future of the Trust.

The Chief Executive shared the Chairman's view on the value of the recent AQuA development event on leadership and safety and advised that she was keen to begin improvements, commencing with the introduction of a daily safety huddle. She tabled a list of key actions for the Executive Team and Board, for consideration and more detailed discussion at a later date.

12 Minutes of the Board of Directors Meeting held on 29th July 2014 (in public)

The minutes of the meeting of the Board of Directors held on 29th July 2014 (in public) were reviewed for accuracy and approved by the Board.

13 Action Log from Previous Meeting

The action log was reviewed and updated as follows:

Action 1 – the Board noted that there had already been discussion about the rollout of a competency based mandatory training programme for EPR and that a formal update on this had been scheduled for January 2015

Action 2 – completed and closed

Action 3 – workshop with Graham Wilson on Facet 5 to follow Board meeting – action will then be closed

Action 5 – completed and closed

Action 6 - completed and closed

Action 8 - completed and closed, but acknowledged that further action will follow as a result of the external risk review

Action 9 - completed and closed

Action 10 – the Chief Operating Officer presented data demonstrating strong progress on the management of backlog maintenance and the establishment of KPIs for on-going performance monitoring – action closed

Action 11 – the Board noted that it had previously been updated on progress with procurement of an external review of EPR – action closed.

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

14 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.

15 Date and Time of Next Meeting:

Tuesday 25th November 2014 at 9.30am

Board of Directors (in Public)

Item 29

minutes

Minutes of the Board of Directors' meeting

held on 25th November 2014

Present :	<p>Neil Large Jane Tomkinson David Bricknell</p> <p>Lawrence Cotter Debbie Fryer</p> <p>Mark Fuller David Jago Sue Pemberton Glenn Russell Marion Savill</p>	<p>Chairman (present for part of the meeting) Chief Executive Non-Executive Director/ Senior Independent Director Non-Executive Director Director of Strategy and Organisational Development Non-Executive Director Chief Finance Officer/Deputy CEO Director of Nursing and Quality Medical Director Non-Executive Director</p>
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In Attendance:	<p>Mark Jackson Lucy Lavan Tony Wilding</p> <p>Julie Tyrer</p>	<p>Director of Research and Informatics Associate Director of Corporate Affairs Chief Operating Officer</p> <p>Specialist Nurse – Tissue Viability (Item 4)</p>
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Governors / Members of the Public:	Trevor Wooding	Public Governor
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Apologies:

1. Apologies for absence
 There were no apologies for absence.

The Chairman welcomed Trevor Wooding to observe the meeting.

2. Declaration of interests relating to agenda items
 The Chair asked Board members if they had any interests to declare in respect of items listed on the Board's agenda. All directors declared that they had no interests.

3. Patient Story

Action

1
 Chair's Initials

Instead of a patient story the Board observed the daily safety huddle which was led by the Chief Executive.

4. Presentation on Tissue Viability

Julie Tyrer, TV Specialist Nurse attended the Board to present on the improvement work relating to the prevention and management of pressure ulcers. There was evidence of significant improvement over the last 12 months, particularly within critical care, where there is a higher risk of tissue damage related to use of medical devices.

The Board noted that there had been a recent spike in the incidence of reported pressure ulcers which had coincided with a period of higher than normal acuity, increased activity, high staff sickness and increased use of agency staff, all associated with a period of winter pressure challenges which made it more difficult for staff to ensure consistency in maintaining standards. The Board noted that Link TV nurses were now practising on 4 Wards and also that the Trust wide quarterly recruitment process, commencing December 2014, was expected to alleviate reliance on agency staff, together with quicker recruitment times as a result of the HR recruitment support service being brought back in-house.

The Board discussed the process for ensuring that temporary staff were adequately trained and noted that a 3-tier system is in place whereby additional staff are firstly drawn from the LHCH Bank, then an agency with which the Trust has an established relationship and receives staff who often work regularly at LHCH; and thirdly other agencies which employ staff who are less likely to be known and familiar with LHCH.

The Board went on to discuss the use of specialist beds and mattresses and heard of the benefits of the new Dolphin mattress which has proven extremely effective post-operatively for patients who have undergone lengthy procedures in theatre.

A discussion followed around the trend towards a 'hotter' hospital and increased patient acuity and it was noted that developmental work to introduce ward dashboards, coupled with renewed focus on leadership development to support the effective management of absence, vacancies, turnover and improve morale, were all initiatives that would help to alleviate the challenges to staff during periods of increased / winter pressure.

The Director of Nursing and Quality thanked Julie Tyrer for her exemplary work in the area of tissue viability and the impact this has had on reducing harm.

5. Board Assurance

5.1 BAF Key Issues Reports and Minutes from Assurance Committee Meetings

Quality Committee

The Chair of the Quality Committee highlighted that the interim score assigned by MIAA in their review of compliance with the Quality

Governance Framework was 4 and fell slightly below the standard required by Monitor. A follow up visit in December 2014 would seek to confirm approval and adoption of the Quality Improvement Strategy, evidence of a robust action plan in response to the independent review of risk management, plans for improving data quality assurance and evidence of developmental work in relation to organisational development and culture. The Medical Director was also asked to review and respond to findings set out in the interim report in relation to sepsis management; and the Board discussed and confirmed the process that would be in place to support the quality impact assessment of 2015/16 CIPs as part of the annual review process.

GNR

In respect of risk management, it was confirmed that the Board would discuss the findings of the external review and participate in a workshop, facilitated by Paul Moore, to determine risk appetite at the next Board Development Day, scheduled 16th December 2014. Work will follow to develop an effective risk register which will support regular reporting and provide greater clarity on the top risks.

A final report and assessment score would follow in January 2015.

It was noted that the Quality Committee had also been advised of a risk relating to a likely shortfall of SHO posts from February 2015, which could compromise the surgical rota. The Medical Director delivered a presentation to the Board, explaining firstly an acute problem arising from the likely shortage of SHOs for the February 2015 rotation; and a medium term problem associated with the national drive to increase general practice placements in the community and reduce hospital placements for F2 doctors.

The Board noted that a working group had been established to look at an alternative working model for surgery and to ensure that a business continuity plan is in place for February 2015, in the event that sufficient SHOs cannot be recruited. It is likely that non-medical staff such as nurse practitioners, pharmacists and phlebotomists will need to take on elements of the junior doctor workload, as appropriate.

In relation to loss of F2 posts to the Community, from August 2015, it was noted that the Medical Director had written to the Dean and to Health Education North West to raise concerns about the timescale, lack of notice and consequential issues for patient safety and business continuity. The concerns raised have been acknowledged and it has been agreed that the Dean will visit the Trust shortly to discuss the situation. In the meantime, work to develop an alternative workforce model will continue.

The Board discussed further the move by the Colleges to reduce recruitment to surgical specialties in favour of primary care and the future requirement for Trusts to bid for trainees based on facilities, quality of training provision and feedback. The importance of ensuring a robust Education Strategy which is fully supported by the educational leads in surgery was re-affirmed.

It was also noted that the future strategy for cardiology and potential expansion of community based services may facilitate the offering of different rotations in the future.

The financial implications around potential loss of national training monies and the cost of backfill would be significant.

The Board supported the recommendation that the risk around loss of SHOs be highlighted on the Board Assurance Framework. Following discussion, it was agreed that BAF Risk 8 would remain amber rated, given that mitigation plans had been escalated; that applications for the February 2015 rotation were yet to be reviewed; and that the Dean had agreed to visit, but that the risk rating would be kept under review. The Medical Director agreed to provide a further update at the next Board meeting.

The Board noted the BAF key issues report and received the unapproved minutes of the meeting of the Quality Committee held on 11th November 2014.

Integrated Performance Committee

The Chair of the Integrated Performance Committee reported that the Committee had identified 3 areas for 'deep dive' in January 2015 – review of 2014/15 CIP delivery and lessons learnt for 2015/16; cancelled operations; and workforce metrics at ward / departmental level. It was also noted that the Committee had reviewed financial performance by consultant and had found this data useful as a focus for driving further improvement.

The Board noted the report and received the unapproved minutes of the meeting of the Integrated Performance Committee held on 21st October 2014.

Audit Committee

The Chair of the Audit Committee reported on the Committee's review of the Raising Concerns Policy; changes to the Annual Reporting Manual for 2014/15; consideration of the checklist for compliance with the provider licence; and feedback on internal audit reviews.

It was noted that since publication of the report, Monitor had written to the Trust to advise that LHCH will be required to participate in an external coding and costing audit.

The Board received the draft minutes of the Audit Committee meeting held on 11th November 2014.

Charitable Funds Committee

The Chair of the Charitable Funds Committee advised that the fundraising work would be discussed under agenda item 6.6.

He advised that national guidance had now been issued in relation to the structuring of charitable funds and that this would be reviewed in

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January 2015, along with the Committee's Terms of Reference. Any recommendations would then be brought to the Board of Directors for consideration.

5.2 Operational Board

The Chief Executive reported on the latest meeting of the Operational Board noting that attendance had been good and the agenda had comprised a mix of strategic and operational issues. There was further work to do around the classification of risks and robust action planning in relation to exceptions.

The Assistant Directors of Nursing had presented on staffing issues in SACC and CCM and it had been agreed that these would be considered in the wider context of recruitment initiatives, sickness management and culture work.

The Operational Board had received presentations on the concept of mutuality, EPR adoption and was updated on fundraising and ongoing work to establish a PMO.

The Board noted the report.

6. Strategy and Development

6.1 Quality Improvement Strategy 2014-17

The Board received the draft strategy document, noting the recommendation from the Quality Committee that the Quality Improvement Strategy be approved and adopted.

The 3 year strategy incorporated learning from the Francis, Berwick and Keogh Reviews and pulled together all targets relating to patient and family centred care, CQUINs and the Quality Account. It was noted that the strategy would be reviewed and updated annually.

The Board approved the Quality Improvement Strategy. It was agreed that this would now be cascaded throughout the organisation and also shared with the Council of Governors.

SP

6.2 Planning Update

The Director of Strategy and OD delivered a brief overview of the 2015/16 planning process, noting a change of emphasis in this year's guidance around short term risk, longer term risk and alignment of provider and commissioning plans.

The Board discussed the need to focus work on the phasing of activity across the financial year, noting the risks to Quarter 2 performance that had emerged in the last two consecutive planning rounds. Also the importance of strengthening the workforce plans going forward was highlighted.

The Board heard that Monitor's assessment of 2015/16 plans would include evidence of a robust planning process which would include sufficient engagement with stakeholders; a focus on the sustainability of high quality service provision within the wider context of the local health economy; the strength of the Board's understanding of key

challenges over the next 2 years; and the reasonableness of key assumptions.

The Board noted the importance of ensuring support and alignment with the Healthy Liverpool Programme and specialised commissioning intentions.

A joint planning timetable had been issued by Monitor and the TDA which required plans to be approved by Boards in March 2015 followed by submission on 10th April 2015.

The Board noted the update and key dates.

6.3 Development of the Trust's People and OD Strategy

The Board received an update on ongoing work that would lead to the completion of the People and OD Strategy by the end of February 2015.

Key priorities will be organisational culture, collective leadership, staff and stakeholder engagement, workforce planning and ensuring policies, structures and processes are fit for purpose.

A discussion followed in relation to the sickness management policy and feedback from staff that this policy was not being interpreted and applied consistently. It was confirmed that this policy would be included in the forthcoming review.

The Board noted the report and supported the key principles that will underpin the People and OD Strategy.

6.4 Proposed Agenda for Strategic Board Session on 16.12.14

The Board supported plans to consider the findings of the risk review and discuss risk appetite in the morning session of 16th December 2014. The second half of the day would be dedicated to confirming the actions from the recent AQuA development programme; an update on CQC preparatory work; consideration of key aspects of Monitor's strategic planning toolkit; and any update on any developments associated with the Healthy Liverpool Programme.

6.5 Fundraising Appeal

The Board received and noted the outcome of the exploratory work undertaken by Tarnside Consulting and supported the recommendation that work is progressed to identify an alternative cause/s to underpin a major appeal. The Board recognised the 2-4 year timeframe needed to cultivate the relationships that would help to unlock significant fundraising potential; and noted also the requirement to identify and secure the commitment of influential champions from amongst the senior clinical workforce.

A discussion followed around potential schemes and the need to identify the right champions to support the cause. It was agreed that the Operational Board would be asked to consider further options and secure clinical support.

It was noted also that further investment would be required to support the development and implementation of an effective fundraising strategy. The Chair of the Charitable Funds Committee confirmed support for this in principle, and advised that the Committee would shortly consider proposals to take this work forward.

The Board noted the report and acknowledged the importance of this work in raising the profile and reputation of the LHCH brand in addition to any charitable funds raised.

6.6 Strategic Partnership Update

The Board noted the report and discussed ongoing work with partners to determine the best solution for the management of cardiology which would inform the Healthy Liverpool initiative.

It was noted that the Trust's catchment population extends beyond Liverpool and the impact of partnership work with Wirral and other areas would need to be emphasised in discussion with specialised commissioners and in relation to Healthy Liverpool.

The Board was updated on work with Alder Hey to provide a joint response to the consultation on new standards for congenital heart disease by 8th December 2014.

7. Patient Safety and Quality

7.1 Monthly Review of Ward Staffing Levels

The Director of Nursing and Quality presented the report for October 2014 and updated the Board on the introduction of a daily safety huddle and daily SITREP report linked to the ward boards.

The limitations of reporting the ward analysis by shift were noted as no account is taken of patient acuity. Staffing is flexed on an ongoing basis to best meet patient needs and the daily safety huddle has proved valuable in testing, highlighting and escalating, in real time, where there are staffing pressures.

The Board noted that where there appeared from the report to be 'surplus' staff, this in fact reflected increased acuity, for example, where patients are assessed as being at risk of fall, additional staffing is provided to minimise the risk of harm.

The Board discussed references within the report to the potential need for further investment in staffing and considered how this would be reconciled with CIP requirements. It was noted that planned discussion on the Board's appetite for risk would be important in relation to considering the competing needs for resources; also that the development of robust ward dashboards would facilitate a better understanding about staffing requirements in the broader context of absence levels, turnover, recruitment and incidence of harms.

The Board noted the report.

7.2 CQC – Preparing for the new Inspection Process

The Director of Nursing and Quality outlined the CQC's new approach and the work programmes in place to prepare the organisation for inspection under the new inspection regime. Oversight of the work will be undertaken by a CQC Steering Group and a toolkit of guidance has been prepared to support managers. A framework for wards was being developed to replace the current ESQS process, and criteria established to enable wards to be accredited for 'Excellent', 'Compassionate' and 'Safe'. A scheme entitled 'Your Chance to Shine' will introduced to team brief and the annual staff awards.

The Board noted the key findings from early inspections as published in the CQC's 'State of Healthcare' Report, including the key features of hospitals that had been rated as 'outstanding'. The full report will be circulated in the November 2014 e-pack, along with the Provider Handbook.

It was agreed that the Board would follow up with a discussion on the key lines of enquiry relating to 'Well Led' at the forthcoming Board Away Day.

SP

It was recommended that a workshop be convened for Governors to consider how they will triangulate intelligence gathered from walkabouts, informal networks and discussion at the Governors' Quality Group.

SP

7.3 Mortality Assurance and Recalibration

The Director of Research and Informatics presented on the risk adjustment methodology applied to mortality data for cardiac surgery, PCI, lung resection and the local HSMR indicator, highlighting the limitations applicable to all statistical models.

The Board noted the need for recalibration as models become outdated over time and illustrated the impact of recalibration on the Trust's mortality results for cardiac surgery and PCI in terms of changes to the Observed: Expected ratio.

In relation to measuring HSMR, the Board noted that the options were to recalibrate the locally derived indicator; revert to use of raw mortality; and / or adopt the Dr Foster HSMR indicator which is nationally recognised, but does not reflect casemix differences applicable to LHCH.

Consideration would be given by the Executive Team to the purchase of the Quality Investigator module from Dr Foster which would improve mortality assurance and provide further benchmarking opportunities.

The Board discussed how LHCH mortality data compared to other centres and heard that without risk adjustment, any comparison was not valid. As the Trust currently employs a local HSMR indicator to track trends, this is not a valid comparator with the national metric.

The presentation was summarised by confirming that two of the

specialty specific models had been recalibrated (cardiac surgery and PCI) and as a result there is a shift in Observed : Expected ratios. The recommendations to switch from a locally derived HSMR to the national HSMR indicator; and also to develop a raw mortality dashboard were supported.

7.4 Multi Drug Resistant Organisms

The Medical Director presented on the risks associated with the emergence of anti microbial resistance and work being undertaken with Public Health England through analysis against the CPE toolkit.

It was noted that the key issue is isolation capacity. The Board was advised that a CPE Policy is in place and a programme of awareness raising underway. All patients transferring from Wirral, Chester and RLBUHT are screened and work is ongoing with DGHs to implement screening prior to transfer to LHCH. All ICU patients are screened weekly.

The need for consistency in adherence to hand hygiene protocols was emphasised and it was agreed that this requirement would be discussed at the daily safety huddle going forward.

The Board noted the update on management of this risk and work in progress to develop a long term strategy for management of multi drug resistant organisms.

8. Targets and Financial Performance

8.1 Board Strategic and Operational Dashboards – Period Ended 31.10.14

The Board received the Strategic Dashboard, Performance Report Summary and a suite of exception reports detailing issues and actions for any target with an adverse variance from plan.

It was noted that variances from plan were discussed in depth at Operational Board and that also that there was a need to strengthen the focus on action planning.

Work in progress to define the tolerances and criteria for assignment of RAG ratings was noted.

In relation to the reported in month adverse variance on delayed transfers of care, it was noted that the under-performance was attributable to a single patient.

Use of agency and bank staff continued to be red rated and the Board discussed a range of measures being explored including pay rates for bank staff and improved recruitment processes.

The Board noted the dashboard and reviewed exception reports in relation to :

- 18 weeks admitted pathway
- 26 week admitted and non-admitted pathways
- Cancelled operations
- Falls

- Medication errors
- Staff sickness; and
- appraisals

The Board noted the report.

8.2 Finance Report for the period ended 31.10.14.

The Board received the report noting an overall continuity of services rating of 4; income above plan by £2.6m; a normalised net deficit of £198k against a planned net deficit of £236k; cash balances at £8.4m, £1.3m below plan; capital expenditure at £972k against a revised plan that profiled capital expenditure at £1.3m; CIP delivery of £2.4m, £0.7m below the planned CIP to date of £3.1m.

The Board discussed the key challenges and risks identified, noting the Trust's performance in the context of the wider FT sector, for which data had recently been published in relation to performance at the end of Quarter 2; and noted the report.

9. Governance and Assurance

9.1 Single Equality Scheme Update

The Board received and noted the paper which set out the key findings from an external assessment of the Trust's performance, policy, practice and progress in advancing equality, diversity and human rights as an employer and service provider, undertaken earlier in the year.

The Board approved the Equality Delivery Objectives for 2015.

The Workforce Equality Monitoring Report 2013 was reviewed and it was noted that going forward, data review and reporting would be aligned to the financial year, with a follow up report for 2014/15 prepared for the Board at the end of the financial year.

9.2 Annual Review of Complaints Procedure

The Board received and noted the report for 2013/14, which had been reviewed by the Quality Committee.

The Board was advised that the Customer Care Team had now changed its name to 'Patient and Family Support Team' and it was noted that patients, families and carers are actively encouraged to share comments and suggestions in relation to their experiences. The Patient Safety Group is actively exploring how patients and families can be briefed on admission and empowered to report concerns during their stay in hospital.

The Board confirmed its satisfaction with the complaints handling process, noting that new guidance and best practice had recently been released and would be reviewed to identify and close any gaps in current practice.

The Board noted the key lessons learnt from complaints over the last 12 months and arrangements for shared learning through the review and investigation of all complaints received.

9.3 Deprivation of Liberties (DoLs)

The Board received the report, noting that a series of awareness raising sessions on DoLs had been delivered to staff by Hill Dickinsons.

The Board discussed the Trust's approach for applications in respect of ICU patients, noting that discussions were underway to set criteria linked to the expected time period for normal recovery.

It was noted that the application process can take a full day to complete and responses are not always timely. The findings of the external safeguarding review will be helpful in relation to determining protocols for DoLs applications.

The Board supported the recommendations that it would receive a quarterly report on the number of DoLs applications made and that the external safeguarding report would be received in January 2015.

SP

9.4 Audit Committee Revised Terms of Reference

The Board approved the revised Terms of Reference for the Audit Committee.

9.5 Monitor Letter on 5 Year Plan

The Board received and noted the letter and rating of 'green' assigned to the Trust's strategic plan.

10. Chairman's Briefing

The Chairman advised that Councillor Ruth Hirschfield has been nominated by Liverpool City Council to become a Governor at LHCH.

The NED recruitment process is progressing well, with final interviews to be held on Thursday 27th November 2014. Recommendations for appointment will be considered by the Council of Governors on 1st December 2014.

11. Chief Executive's Briefing

The Chief Executive noted that LHCH had achieved the third highest uptake of the flu vaccine with 75% of staff having been vaccinated, compared to a national average of 36%.

The Board was advised that new regulations concerning the Duty of Candour and Fit and proper Persons requirements come into force from 27th November 2014.

12. Minutes of the Board of Directors Meeting held on 28th October 2014 (in public)

The minutes of the meeting of the Board of Directors held on 28th October 2014 (in public) were reviewed for accuracy and approved by the Board.

13. Action Log from Previous Meeting

The action log was reviewed and updated as follows:

Actions 2,4,7, 12 and 13 – completed and closed.

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

14. 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.

15. Date and Time of Next Meeting:

Tuesday 27th January 2015 at 9.30am

The Cardiothoracic Centre – Liverpool NHS Trust

Register of Interests of Board Members

February 2008

Name:	Title:	Interests:
Michael Bone	Chief Executive (retired 26.10.07)	None
Melanie Simmonds	Director of Finance & Information (Acting Chief Executive from 21.12.08)	None
Janet Walters	Director of Nursing and Operations	None
Bronwyn Barrow	Director of Human Resources and Organisational Development (left 29.11.07). Executive Director until August 2007.	None
Glenn Russell	Medical Director/Consultant Anaesthetist	Chairman of Mersey School of Anaesthesia and Perioperative Medicine (Charity under the umbrella of CTC)
Mark Fitzsimmons	Chair	Wife employed by the Women's Foundation Trust Daughter employed by Clatterbridge NHS Foundation Trust
Patricia Firby	Non Executive Director/Deputy Chair	Lay Member of the oversight Sub- Committee for Human Embryonic Stem Cell Research at the University of Liverpool
John Brown	Non Executive Director	Paul Brown (son) GP in practice, West Kirby

Name:	Title:	Interests:
Kenneth Halligan	Non Executive Director (resigned December 2007)	None
Neil Large	Associate Non Executive Director until 30.09.08. Appointed Non Executive Director 01.10.07	Trustee at Tarporley Cottage Hospital (voluntary) Chester University – external advisor Audit and Risk Management Committee (voluntary) Business & Financial Consultant (part- time)
Michael Hewitt	Non Executive Director (from 1st march 2007)	Director of Carnoy Limited

**The Cardiothoracic Centre – Liverpool NHS Trust
Register of Interests of Board Members**

February 2009

Name:	Title:	Interests:
Raj Jain	Chief Executive	Shares in the Royal Bank of Scotland equating to less than 2% of shares issued.
Melanie Simmonds	Director of Finance & Information (Acting Chief Executive from 21.12.08)	None
Aaron Cummins	Acting Director of Finance from 04.02.09	None
Dr Glenn Russell	Medical Director/Consultant Anaesthetist	Chairman of Mersey School of Anaesthesia and Perioperative Medicine (Charity under the umbrella of CTC)
Hazel Holmes	Director of Nursing	None
Mark Fitzsimmons	Chair	Wife employed by the Women's Foundation Trust Daughter employed by Clatterbridge NHS Foundation Trust
Patricia Firby	Non Executive Director/Deputy Chair	Lay Member of the oversight Sub-Committee for Human Embryonic Stem Cell Research at the University of Liverpool.

Name:	Title:	Interests:
		Member of North West Embryonic Stem Cell Centre Advisory Board at the University of Manchester
John Brown	Non Executive Director	Paul Brown (son) GP in practice, West Kirby
Neil Large	Non Executive Director	Trustee at Tarporley Cottage Hospital (voluntary) Chester University – external advisor Audit and Risk Management Committee (voluntary) Business & Financial Consultant (part-time) Hospice of the Good Shepherd, Finance Committee – voluntary. Director of Eaton Golf Club.
Michael Hewitt	Non Executive Director	Director of Carnoy Limited
Judith Craske	Non Executive Director	Board Trustee member Chartered management Institute (voluntary appointment) Compromise Agreement with Sodexo (Sept 2005)

Register of Interests of Board Members

April 2010

Name:	Title:	Interests:
Neil Large	Appointed Chair October 2009	Trustee of Tarporley Cottage Hospital (Voluntary) Chester University – external advisor Audit and Risk Management Committee (voluntary) Hospice of the Good Shepherd, Finance Committee (voluntary). Director of Eaton Golf Club. Son employed as an Accountant with Liverpool Provider Service.
Patricia Firby	Non Executive Director/Deputy Chair	Lay Member of the oversight Sub-Committee for Human Embryonic Stem Cell Research at the University of Liverpool. Member of North West Embryonic Stem Cell Centre Advisory Board at the University of Manchester

Name:	Title:	Interests:
Rob Toomey	Appointed Non Executive Director May 2009	Director – Edward Billington & Son Director – Central Tin Containers Director/Trustee – Emmans Liverpool Secretary – Mill Marquee Limited Member of University of Liverpool Advisory Committee
Bridget Leek	Appointed Non Executive Director June 2009	Director – SL Embroidery
Geoffrey Appleton	Appointed Non Executive Director March 2010	Managing Trustee – Liverpool Cathedral, Centenary Foundation Trust Honorary Secretary – The Athenaeum, Liverpool
David Bricknell	Appointed Non Executive Director March 2010	Trustee of the Pilkington Family Trusts
Raj Jain	Chief Executive	None
Aaron Cummins	Appointed Director of Finance August 2009	None
Dr Glenn Russell	Medical Director/Consultant Anaesthetist	Chairman of Mersey School of Anaesthesia and Perioperative Medicine (Charity under the umbrella of LHCH)
Hazel Holmes	Director of Nursing	None

PUBLIC INTEREST DISCLOSURES

Declaration of Non Executive and Executive Directors' Private Interests

1st April 2010 – 31st March 2011

Non Executive Directors	Declaration of Interests
Neil Large/Chair	Member of Finance Committee, Hospice of the Good Shepherd Chester. Board of Trustees, Tarporley Cottage Hospital. Member of Finance & Risk Management Committee, University of Chester. Company Secretary/Director, Eaton Golf Club. Liverpool Community Provider Services – son employed as an Accountant.
Patricia Firby	Lay member of the oversight Sub-Committee for Human Embryonic Stem Cell Research at the University of Liverpool. Member of the North West Embryonic Stem Cell Centre Advisory Board at the University of Manchester.
Rob Toomey	Director, Edward Billington & Son. Director, Central Tin Containers. Director/Trustee, Emmaus Liverpool Secretary, Mill Marquee Limited. Member of the University of Liverpool Investment Advisory Committee.
Bridget Leek	Director, Steve Leek Limited (Trading as Designed by U) Governor, Parkgate Primary School
Geoffrey Appleton	Chair of Cheshire West & Chester Adult Safeguarding Board. Managing Trustee Liverpool Cathedral Foundation Trust. Honorary Secretary to the Athenaeum, Liverpool. Training Consultant for Isle of Man Magistrates

	Governor of Cowley International Language College Trustee Director, St Helens CAB
David Bricknell	Trustee of Ruskin Lodge, St Helens (respite care home). Trustee of Thornton Hospice.
Executive Directors	Declaration of Interests
Raj Jain/Chief Executive	None.
Dr Glenn Russell/Medical Director & Consultant Anaesthetist	None.
Hazel Holmes/ Director of Nursing	None.
Aaron Cummins/ Director of Finance	None.

Board of Directors

Item 6.6

**board
paper**

Subject: Review Declaration of Interests Register
Date of meeting: 24th April 2012
Prepared by: Lucy Lavan, Associate Director of Corporate Development/
 Trust Secretary
Presented by: Lucy Lavan, Associate Director of Corporate Development/
 Trust Secretary

Data Quality Rating	BAF Ref	Level of Assurance (Full / Incomplete/ Concerned / Immediate Action)
n/a	16	Full

FOIA Status:

The exemptions contained in the FOIA must be applied to the specific information contained in the documents, rather than the documents as a whole. Only if the extent of the exemptions renders the rest of the document incomprehensible should the document be exempted in its entirety

Absolute Exemptions:

- S.21 Information reasonably accessible by other means
- S.40 Personal Information
- S.41 Information Provided in Confidence

Qualified Exemptions (NB – A public interest test must be conducted):

- S.22 Information intended for future publication
- S.38 Health and safety
- S.42 Legal professional privilege
- S.43 Commercial Interests

Tick the appropriate box below:

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- A. This document can be disclosed in full.**
- B. This document includes FOIA exempt information**
- C. This whole document is exempt under the FOIA**

IMPORTANT:

If you have chosen B. above, highlight the information that is to be removed, using appropriate colour code, prior to publication.

1.0 Introduction

The Register of Interests has been updated and reviewed by the Audit Committee. The Register of Directors' Interests is attached.

2.0 Recommendation

The Board is required to review the declarations made by the Directors and confirm that there are no material conflicts of interest.

Board of Directors - Register of Interests 2012

Name		Department	Declaration
Appleton	Geoffrey	Non Executive Director	Chair of Cheshire West & Chester Adult Safeguarding Board Managing.Trustee Liverpool Cathedral Foundation Trust. Honorary Secretary to the Athenaeum, Liverpool. Training Consultant For Isle of Man Magistrates Governor of Cowley International Language College. Trustee Director, St Helens CAB. Panel Chair for the Nursing & Midwifery Council.
Bricknell	David	Non Executive Director	Trustee of Ruskin Lodge, St Helens (respite care home). Trustee of Thorton Jospice (note: Keith Cawdron, CEO of the Jospice has been appointed as a NED, The Merseyside PCT cluster, a major Commissioner for the Trust).
Cummins	Aaron	Director of Finance	None
Firby	Patricia	Non Executive Director	None
Holmes	Hazel	Director of Nursing	None
Jackson	Mark	Director of Research and Informatics	None
Jain	Raj	Chief Executive	None
Large	Neil	Chairman	Member of Finance Committee, Hospice of the Good Shepard Chester. Board of Trustees, Tarporley Cottage Hospital. Member of Finance & Risk management Committee, University of Chester Company Secretary / Director, Eaton Golf Club. Liverpool Community Provider Services- son Employed Accountant
Lavan	Lucy	Associate Director of Corporate Development /Trust Secretary/	Husband is QIPP Programme Director at NHS Merseyside.
Leek	Bridget	Non Executive Director	Director of Steve Leek LTD, External Marker Actuarial Education Company, Director Natural Pet Centre.
McEvoy	Ann	Associate Director of Human Resources	None
Russell	Glen	Medical Director	Daughter is a medical student performing an audit project with Mark Jackson.
Toomey	Rob	Non Executive Director	Director, Edward Billington & Son. Director/ Trustee, Emmaus Liverpool. Member of the University of Liverpool Investment Advisory Committee. Chairman of the Investment Panel of MSIF (local venture capital concern)

Board of Directors (Public)

Item 6.4

**board
report**

Subject: Register of Interests Review
Date of meeting: 30th April 2013
Prepared by: Sarah Booth, Associate Director of Corporate Development/ Trust Secretary
Presented by: Sarah Booth, Associate Director of Corporate Development/ Trust Secretary

Data Quality Rating	BAF Ref	Level of Assurance (Full / Incomplete/ Concerned / Immediate Action)
n/a	9	Full

FOIA Status:

The exemptions contained in the FOIA must be applied to the specific information contained in the documents, rather than the documents as a whole. Only if the extent of the exemptions renders the rest of the document non-sensical should the document be exempted in its entirety

Absolute Exemptions:

- S.21 Information reasonably accessible by other means
- S.40 Personal Information
- S.41 Information Provided in Confidence

Qualified Exemptions (NB – A public interest test must be conducted):

- S.22 Information intended for future publication
- S.38 Health and safety
- S.42 Legal professional privilege
- S.43 Commercial Interests

The exemptions listed above are some of the more commonly applied exemptions, if however you feel that there is another reason not to disclose the information then please contact the Information Governance team to discuss on:

FOIRequests@lhch.nhs.uk

Tick the appropriate box below:

- A. This document can be disclosed in full.**
- B. This document includes FOIA exempt information**
- C. This whole document is exempt under the FOIA**

IMPORTANT:

If you have chosen B. above, highlight the information that is to be removed prior to publication, using appropriate colour code.

If you have chosen C. above, please specify below which of the Exemptions have been applied to the document.

Exemptions applied:

1.0 Introduction

The Register of Interests has been updated and reviewed by the Audit Committee. The Register of Directors' Interests is attached.

2.0 Recommendation

The Board is required to review the declarations made by the Directors and confirm that there are no material conflicts of interest.

Name		Department	Declaration
Appleton	Geoffery	Non Executive Director	Chair of Cheshire West & Chester Adult Safeguarding Board Managing .Trustee Liverpool Cathedral Foundation Trust. Honorary Secretary to the Athenaeum, Liverpool. Training Consultant For Isle of Man Magistrates Governor of Cowley International Language College. Trustee Director, St Helens CAB. Panel Chair for the Nursing & Midwifery Council.
Bricknell	David	Non Executive Director	Trustee of Ruskin Lodge, St Helens (respite care home). Trustee of Thorton Jospice (note: Keith Cawdron, CEO of the Jospice has been appointed as a NED, The Merseyside PCT cluster, a major Commissioner for the Trust). Director of ICMS (joint venture between LHCH & Royal Brompton Hospital)
Firby	Patricia	Non Executive Director	None
Pemberton	Sue	Director of Nursing	None
Jackson	Mark	Director of Research and Informatics	None
Jago	David	Director of Finance	None
Jain	Raj	Chief Executive	Director, Institute of Cardiovascular Medicine & Science. Director of Liverpool Health Partners Limited. Partner is an Executive Director of Lancashire Care NHS Foundation Trust.
Large	Neil	Chairman	Member of Finance Committee, Hospice of the Good Shepard Chester. Board of Trustees, Tarporley Cottage Hospital. Member of Finance & Risk management Committee, University of Chester Company Secretary / Director, Eaton Golf Club. Son Employed as an Accountant, Liverpool Womens NHS Foundation Trust.
Booth	Sarah	Trust Secretary	None
Leek	Bridget	Non Executive Director	Director of Steve Leek LTD, External Marker Actuarial Education Company, Director Natural Pet Centre.
Russell	Glen	Medical Director	Daughter is a medical student performing an audit project with Mark Jackson.
Toomey	Rob	Non Executive Director	Director, Edward Billington & Son. Director/ Trustee, Emmaus Liverpool. Member of the University of Liverpool Investment Advisory Committee. Chairman of the Investment Panel of MSIF (local venture capital concern)

Board of Directors

Declaration of Interest March 2014

Appendix 1

Name	Designation	Nature & Type of Interest	Effective From	Time Commitment (approx.)	Details of fees received/remuneration or benefits
Geoffrey Appleton	Deputy Chair & Non-Executive Director	Independent Chair, Safeguarding Adults Board, Cheshire, West Cheshire & Wirral	October 2010	2 days per month	Fees received
		Chair, NMC Fitness to Practice Committee	March 2012	3 days per month	Fees received
		Governor (Deputy Chair), Cowley Int College, St Helens	May 2010	1 day per month (mostly evenings)	Nil
		Trustee, Liverpool Cathedral	November 2007	4 meeting per year (evenings)	Nil
Tracy Boustead	Associate Director of HR	None			
David Bricknell	Non-Executive Director	Trustee of Jospice Hospice, Thornton, Liverpool	2010	6 – 10 meeting per annum	Nil
		Trustee of Pilkington	2002	6 – 10 meetings per	Nil

Name	Designation	Nature & Type of Interest	Effective From	Time Commitment (approx.)	Details of fees received/remuneration or benefits
		Family Trust which runs Ruskin Lodge, St Helens Care Home		annum	
Lawrence Cotter	Non-Executive Director	Member of Labour Party	1985	Not applicable	Not applicable
Mark Fuller	Non-Executive Director	Interest in the realisation of an investment fund which Marion Savill (NED) also has an interest and still has an operational role Partner asked to respond to a tender request from the Trust to provide brand communication services.	2002 although no longer has an operational role nor on-going influence. Outcome of tender process is unknown at this date (06.03.14)	Nil Nil	Nil to date Nil
Mark Jackson	Director of Research & Informatics	Dawn Jackson Glass Design (spouse) was commissioned to provide glass art for Research Unit	2013	Not applicable	
David Jago	Chief Finance Officer	None			
Neil Large	Chair	Trustee, Tarporley Cottage/Charitable Hospital Member of Chester	September 2009 2008	Half a day per month Half a day a quarter/bi-	Nil Nil

Name	Designation	Nature & Type of Interest	Effective From	Time Commitment (approx.)	Details of fees received/remuneration or benefits
		University Audit/Risk Committee		monthly	
		Chair, Eaton Golf Club	2011 (retire March 2014)	1 day per month	Nil
		Member Hospice Good Shepherd Finance Committee	2009	Half day x 8 per annum	Nil
		Son accountant at Liverpool Womens Hospital			
Lucy Lavan	Associate Director of Corporate Affairs	None			
Glenn Russell	Medical Director	None			
Marion Savill	Non-Executive Director	Employed part time as Investment Director by Alliance Fund Managers Limited	March 2007	2 days per week	Fees received
		Shareholder and Company Secretary of Giotto Engineering Projects Limited	10 years+	Not identified	
		Chair – Elect of Governors, Queens School, Chester	Governor (currently Vice-Chair) Chair from Summer 2014	Estimated half day per week from Summer 2014	

Name	Designation	Nature & Type of Interest	Effective From	Time Commitment (approx.)	Details of fees received/remuneration or benefits
Jane Tomkinson	Chief Executive	Chair of Age Concern, Whitchurch Trustee of Medcare Children's Charity			None None
Tony Wilding	Chief Operating Officer	None			