

minutes

Item 7 Board of Directors (in Public)

Minutes of the Meeting of the Board of Directors held on 24th November 2020 via MS Teams

Present :	Neil Large Jane Tomkinson Nicholas Brooks Bob Burgoyne Karen Edge Julian Farmer Mark Jones Sue Pemberton Raphael Perry	Chair Chief Executive Non-Executive Director Non-Executive Director Chief Finance Officer Non-Executive Director / Deputy Chair Non-Executive Director Director of Nursing and Quality Medical Director/Deputy Chief Executive
In Attendance:	Jonathan Develing Hayley Kendall Lucy Lavan Karen Nightingall Marga Perez-Casal Kate Warriner	Director of Strategic Partnerships Chief Operating Officer Director of Corporate Affairs Chief People Officer Director of Research & Innovation Chief Digital and Information Officer
Observers – Governors / Staff/ Members of the Public:	Joan Burgen Dorothy Burgess Elaine Holme Allan Pemberton Trevor Wooding	Public Governor – North Wales Public Governor _ Merseyside Public Governor – Merseyside Public Governor – Cheshire Senior Governor (Public – Merseyside)
Apologies for absence:	Karen O'Hagan	Non-Executive Director

Action

1 Opening Matters

Chair's
Initials

1

The Board meeting was conducted via MS Teams. Governors and members of the public were also able to observe via MS Teams.

The Chair welcomed all those present to the meeting.

1.1 Apologies for Absence

Apologies for absence were received from Karen O'Hagan.

1.2 Declaration of interests relating to agenda items

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

1.3 Chair's Briefing

The Chair welcomed Karen Nightingall, Chief People Officer to her first meeting of the Board of Directors.

The Chair commented on the latest COVID-19 news and hopeful prospects of a vaccine in the coming weeks. He went on to express sincere thanks and appreciation to all staff, recognising that the last few months had been tough and tiring and that the crisis was still ongoing.

The Chair commented on the Christmas tree in the main entrance and also expressed best wishes to all staff for the festive season.

1.4 Patient Story

The Director of Nursing & Quality read a patient story.

1.5 Staff Story

The Chief People Officer read a staff story.

2 Patient Safety and Quality

2.1 Infection Prevention and Control (IPC) Board Assurance Framework (BAF)

The Medical Director presented the updated IPC BAF, highlighting that the continuation of elective activity during this period in which community prevalence of the virus was significant, meant that there was a need to maintain meticulous IPC processes.

The gaps and mitigations within the BAF were discussed, including the lack of ventilation in admission and waiting areas, which meant strict adherence to social distancing and use of masks which were available in all areas. Segregation of COVID and non-COVID patients remained essential and it was noted that patient pathways were continually reviewed to ensure safety. There would be continued emphasis on hand hygiene and refresh of the hand hygiene posters across the site.

A discussion followed in relation to microbiology cover, which had been secured via an 11 PA agreement with clinical cover on

three days per week, however the impact of the pandemic had meant that this input had not been consistent. Therefore plans were in place to appoint a Band 6 nurse to support the microbiologist and cover ward rounds, in lieu of a longer term plan to restore consultant time on site along with enhanced antibiotic expertise from pharmacy.

The Board noted the report.

2.2 Director of Infection Prevention and Control (DIPC) Quarter 2 Report

The Medical Director presented the report, noting that Quarter 2 had seen an increase in bloodstream infections which was the subject of further audit to understand how these had occurred and seek opportunity to further improve infection prevention and control processes.

The improvement in the management of sepsis was highlighted and the Board discussed the screening and monitoring processes in place to manage nosocomial transmission of Covid-19.

The Board noted the report.

2.3 Learning from Deaths Q2 Update

The Medical Director presented the dashboard noting that there had been 39 deaths in the Trust during Quarter 2 and that 37 deaths had completed the mortality review process in this period. There were no deaths in patients with an identified learning disability and three deaths had been classified as greater than 50:50 chance of avoidability. It was confirmed that learning was sought from all mortality reviews, not only those classified as greater than 50:50 chance of avoidability.

The Trust continued to comply with national guidance and actions from the Mortality Review Group (MRG) process were being taken forward by the Divisions.

The Board noted the report.

2.4* LHCH Monthly Staffing Report for Periods: September 2020 and October 2020*

The Board noted the report.

The Director of Nursing & Quality highlighted that there was currently a high number of vacancies, and this had impacted upon Rowan and Cedar Wards in particular. The incentivisation of bank shifts had been successful for registered nurses, but less so for healthcare assistants. The Board noted the plans for recruitment, including overseas recruitment.

The Board discussed the impact of ward staffing shortages on the Trust's ability to maintain capacity and noted that this was not an immediate risk, as all shifts continued to be covered safely through the redeployment of ward staff to match acuity. There

had been some staffing pressures arising from Covid sickness and staff shielding but it was anticipated that transmission of the virus would be more tightly controlled with rollout of the lateral flow rapid testing kits.

It was noted that the Trust was required to submit fill rate data and to monitor care hours per patient day. Where there were fewer Registered Nurses than planned, then staff ratios were adjusted to best meet acuity. It was noted that the ward managers were supernumerary and were able to step in as necessary to manage any staff shortage. It was also noted that the report focussed only on one group of staff as this was a mandatory reporting requirement. Therefore the report did not recognise the input of the wider team which included medical staff and allied health professionals.

2.5* *Guardian of Safe Working Q2 Exception Report**
The Board noted the report.

There was a discussion in relation to the plans for a collaborative bank which would enable the lead employer to have oversight of the totality of work being undertaken by individual doctors.

2.6* *Deprivation of Liberty (DoLs) Quarter 2 Report**
The Board noted the report.

3 *Strategy and Development*

3.1 *Plan for Sustainable Services / Green Plan*

The Director of Strategic Partnerships presented the report, noting that there had been recent Government announcements since publication of the Board papers, concerning the elimination of new diesel and petrol cars by 2030 and also the establishment of a decarbonisation fund which would provide opportunity to explore benefits at scale, via the STP, such as 'green' energy.

The LHCH plan would therefore be developed iteratively but provided a position statement on plans being developed to date.

The Board discussed the resources needed to support the implementation of green schemes and it was noted that there was not yet a worked up investment proposal; rather the paper set out key principles and the direction of travel. All proposals would continue to be subject to business case review to establish the costs and benefits and return on investment.

The Board noted the report and supported the plans in principle, subject to the need to clearly understand the full financial implications of each project.

3.2* *Delivery of Strategic Objectives – Q2 Update / Midyear Report**

The Board noted the report and also that a section of the Appendix had been erroneously omitted – the full paper would be recirculated following the meeting.

JD

A discussion followed in relation to the plans to develop an education centre. It was noted that the strategic plan had set out objectives over a 5 year timeframe and it was intended that the scope of this project would be set out by the end of 2020/21. The ambitions in this area were significant with plans to scope out the vision for an Institute with multiple components. The aim was to draft up the scope by 31st March 2021 and then consider the income sources and development of a business case in 2021/22.

JD

3.3*

Service Improvement strategy – Progress Report*

The Board noted the report.

4

Targets and Financial Performance

4.1

Board Dashboard period ended 31st October 2020

The Chief Operating Officer presented the performance dashboard and took the Board through progress with the Phase 3 Recovery Plan, highlighting a deterioration in the 6 week diagnostic recovery trajectory, with reported in-month performance at 62.9%. The poor reliability of the aging CT scanner was a factor and it was noted that an extraordinary board meeting would be held on 17th December 2020 to consider the business case for a replacement scanner. The Chief Operating Officer advised that there may be a need to place a preliminary order ahead of the Board's formal decision, and in this event, it was agreed that Chair's action would be sought.

HK

The RTT backlog had also accumulated during the second surge of COVID 19 with in-month performance at 70.4%. There were 31 patients waiting longer than 52 weeks at the end of October and all had undergone a consultant-led harm review.

Other performance exceptions included cancelled operations, VTE risk assessment, HSMR and MSSA bacteraemias. Whilst staff sickness remained above target at 4.9%, performance was strong, relative to absence levels seen across the region. The Trust reported a break-even financial position at 31st October 2020 and strong cash position.

The Board discussed the elevated HSMR indicator and noted that a review of the Dr Foster dashboard was to follow.

The Board welcomed the new dashboard presentation and use of SPC charts. It was noted that executive turnover was included as this was a mandated indicator within the Single Oversight Framework. The Board wished to retain oversight of staff turnover either via the Board dashboard or through People Committee. This would be considered by the Chief People Officer and Chief Operating Officer.

KN/HK

The Board discussed the bed occupancy rate of 69% noting that in October, elective work had been reduced in response to the second COVID surge but the hospital had been busier throughout November with a higher occupancy rate anticipated for Month 8.

Funding flows for patient activity were discussed and it was noted that all English and Welsh activity was subject to block contracts. The Isle of Man remained on Payment by Results, with income less than plan due to reduced activity.

The Board noted the report.

5 Governance and Assurance

5.1 Quality Report 2019/20

The Board received the Quality Report, noting that this provided a comprehensive record of the Trust's performance against the full range of quality indicators. A discussion followed in relation to improvement work underway in relation to the discharge indicator. This had not progressed at the desired pace due to COVID but would remain a key priority going forward.

The Board approved the Quality Report 2019/20, noting that the publication date had been extended to 1.12.20 and that there would be no external audit review of Quality Reports for 2019/20, per national guidance, due to the COVID-19 pandemic.

5.2 Report of the Freedom to Speak Up Guardian – Quarter 2

Peris Widdows, newly appointed Freedom to Speak Up Guardian was welcomed to the meeting and took the Board through the 7 concerns raised in Quarter 2. There had been 17 concerns in the financial year to date, compared to 15 for the full year, 2019/20. Feedback received from staff who had raised concerns continued to be consistently positive.

It was noted that there had been significant awareness raising activity in October to mark FTSU month and that a plan was in place to rollout resilience training to staff in the coming months.

The network of FTSU Champions was in the process of being refreshed and a communications campaign would follow to ensure staff knew how to contact the new champions. Peris Widdows outlined plans to ensure she was visible and accessible to staff as she began her new role. It was noted that she would be working closely with HR and the staff welfare team as part of this process.

The Board noted the report and Peris Widdows was thanked for her attendance before leaving the meeting.

5.3 Corporate Governance Manual

The Director of Corporate Affairs presented the recommendations of the Audit Committee in relation to proposed updates to the Corporate Governance Manual and these were approved.

She went on to propose the establishment of a new Committee of the Board to deal with the ratification of decisions relating to hosted organisations, where their Boards / Governing bodies were conflicted. An example being the review of Non-Executive remuneration by the Innovation Agency. It was not anticipated that the work of the Committee would be onerous, but would provide an opportunity for independent review and assurance of strong governance in relation to proposals put forward by any hosted body.

The Board considered the proposed terms of reference for this Committee and these were approved for inclusion in the Corporate Governance Manual.

- 5.4*** ***Integrated Complaints, Claims and Incidents Report****
The Board noted the report.

6 Board Assurance

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

6.1.1 Audit Committee: BAF Key Issues and Approved Minutes for meetings held on 14th July 2020

The Chair of the Audit Committee highlighted the mid-year reviews of the work of the Assurance Committees, noted the review of compliance with the provider licence and primary risks associated with this; and updated on the decision to extend the external audit contract with Grant Thornton and associated fees.

Good progress continued to be made in addressing internal audit recommendations.

The Board noted the BAF key issues report.

The Board received and noted the approved minutes of the Audit Committee meeting held on the 14th July 2020.

6.1.2 Quality Committee: BAF Key Issues and Approved Minutes for meetings held on 7th July 2020

The Chair of the Quality Committee highlighted the Committee's discussions in relation to the increased incidence of delirium which was felt to have been exacerbated by restrictions on visiting as a result of COVID. This had added to the work of the safeguarding team and the psychology service had been asked to increase their support to patients. The increase in patient aggression towards staff as a result of delirium was also of concern.

The Board noted the BAF key issues report.

The Board received and noted the approved minutes of the Quality Committee meeting held on the 7th July 2020.

6.1.3 Integrated Performance Committee: BAF Key Issues and Approved Minutes for meetings held on 27th July 2020

The Board noted the BAF key issues report.

The Board received and noted the approved minutes of the Integrated Performance Committee meeting held on the 27th July 2020.

7 Board Calendar 2021/22

The Board approved the Board calendar 2021/22, noting that the date for a Board meeting in May / June 2021 would be set once the financial accounting timetable for the submission of the audited 2020/21 annual report and accounts was clear.

8 Minutes of the Board of Directors meeting held (in public) on 29th September 2020

The minutes of the meeting of the Board of Directors held on 29th September 2020 (in public) were reviewed for accuracy and approved by the Board.

9 Action Log from Previous Meeting

The action log was reviewed and updated as follows:

Actions 1 and 2 – completed and closed.

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

10 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.

11 Date and Time of Next Meeting:

Tuesday 26th January 2021 10.00 hours

12 Resolution to exclude the Public

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

The Chair thanked Board colleagues and Governors (observing), for their attendance.