

**minutes**

**Board of Directors (in Public)**

**Item 7**

**Minutes of the Meeting of the Board of Directors held on 28<sup>th</sup>  
January 2020**

<b>Present :</b>	<p>Neil Large Bob Burgoyne Jonathan Develing Julian Farmer Mark Jones Frankie Morris Karen O'Hagan Sue Pemberton Raphael Perry</p>	<p>Chairman Non-Executive Director Director of Strategic Partnerships Non-Executive Director / Deputy Chair Non-Executive Director Acting Chief Finance Officer Non-Executive Director Director of Nursing and Quality Medical Director / Deputy Chief Executive</p>
<b>In Attendance:</b>	<p>Hayley Kendall Lucy Lavan Marga Perez-Casal</p> <p>Dawn Lawson</p> <p>Mark Jackson</p> <p>Helen Turner</p>	<p>Chief Operating Officer Director of Corporate Affairs Director of Research and Innovation</p> <p>Chief Executive, Liverpool Health Partners (Item 1.5 only) Liverpool Health Partners (Item 1.5 only) Freedom to Speak Up Guardian (Item 4.2 only)</p>
<b>Apologies for absence :</b>	<p>Jane Tomkinson Nicholas Brooks Sue Hodgkinson</p>	<p>Chief Executive Non-Executive Director Interim Director of People and Culture</p>
<b>Observers- Governors / Staff/ Members of the Public:</b>	<p>Trevor Wooding Ruth Rogers Allan Pemberton Charles Cowburn Oliver Duffy</p>	<p>Senior Governor Governor Governor Staff Governor Liaison Workforce</p>

		Action
1	<b>Opening Matters</b>	
1.1	<b>Apologies for Absence</b> Apologies for absence were received from Jane Tomkinson, Nicholas Brooks and Sue Hodgkinson.	
1.2	<b>Declaration of interests relating to agenda items</b> 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.	
1.3	<b>Patient Story</b> Trevor Wooding, Senior Governor was invited to present his own patient story and reflected on his recent episode of care at LHCH.	
1.4	<b>Chair's Briefing</b> The Chair commented that now the new government was in place and EU Exit agreed, this paved the way for legislative change to better support systems working within the NHS.  The Boards of the Specialist Trusts would meet on 24 <sup>th</sup> February 2020 and work with Sir David Dalton to determine whether or not there was appetite to proceed with exploration of areas for collaboration – recommendations for the way forward would be brought to the Board in March 2020.  It was noted that John Black was stepping down as Public Governor for Merseyside. The Chair acknowledged John's commitment and valued contribution. The next highest polling candidate at the latest election would be offered the seat until September and would be eligible for nomination in the summer electoral process.	NL
1.5	<b>Liverpool Health Partners Briefing</b> The Chair welcomed Dawn Lawson and Mark Jackson from Liverpool Health Partners (LHP). Mark Jackson presented an overview of LHP's Strategy 2019-2022 and a discussion followed. It was acknowledged that it was difficult for Trusts to commit to investment in research in the context of the significant financial and operational challenges but there was compelling evidence to demonstrate that research saves and changes lives. Dawn Lawson spoke about the establishment of the Civic Data Co-operative which was a huge step towards improving and linking the use of data in health and social care in the Liverpool City region and provided a powerful means to prioritise and demonstrate the impact of research. The Board discussed the need to consider population health in the context of its wider catchment area and noted that whilst Liverpool was established as the nucleus for research, the aim was to scale up and it was hoped that in time there would be a Research Strategy for Cheshire and Merseyside aligned to the Health and Care Partnership footprint.	

The Board went on to discuss the challenge in enabling clinicians to release time to dedicate to research and the benefits this might bring both in terms of saving and changing lives and attracting research grants and funding, with Dawn Lawson and Mark Jackson, providing references to supporting evidence. It was noted that Liverpool as a whole benchmarked poorly in relation to the percentage of its population recruited to clinical trials and yet the prevalence of heart and lung disease in the area was high. The Board discussed the aim for 20% of clinicians to spend 20% of their time on research, noting that the key constraint was the availability of workforce rather than cost. Dawn Lawson advised that there was opportunity to improve the management of research sessions by offering the support of Clinical Research Administrators, for whom external funding could be sought. There might also be opportunities for junior doctors to support research projects through their training rotations.

It was noted that LHP was actively involved with the Clinical research Network and was becoming more closely aligned with the Innovations Agency, with plans to share the same physical floor space following relocation to the SPINE building in the Knowledge Quarter. Dawn Lawson clarified that LHP's focus was on research (bench to bed) whilst the Innovation Agency's focus was on adoption and spread.

The Board discussed timeframes for LHP's key ambitions, noting that work in progress to pursue AHSC status would begin to raise the profile of the City and that there was an 18 month timeframe in which to prepare a second bid for Liverpool to become a designated Biomedical Research Centre. LHP was active in exploring access to funding opportunities from organisations such as the Health Foundation, which would facilitate expansion of the research portfolio. The Civic Data Collaborative was a key catalyst for the stepped change needed to achieve these ambitions.

The Chairman concluded that the presentation and discussion had demonstrated exciting ambition and the imminent prospect of a stepped change in the City's approach to research capability. He thanked Dawn Lawson and Mark Jackson for their leadership of this important work and thanked them for attending the Board.

Dawn Lawson and Mark Jackson left the meeting.

## 2

### 2.1

#### Patient Safety and Quality

##### Learning from Deaths Dashboard – Quarter 3

The Medical Director presented the dashboard, noting that in Q3 there had been 45 deaths and of these 35 had been through the mortality review process, with one death found to have some evidence of avoidability.

It was confirmed that the Trust continued to comply with national guidance for review of deaths, with learning and actions from the MRG process taken forward by the appropriate Division.

The Board noted the report.

**2.2      Excellent, Efficient, Compassionate and Safe (EECS)  
Assessment Results 2019**

The Director of Nursing & Quality presented the paper, noting that the EECS process had been in place since 2015 and had been reviewed periodically to take account of new CQC requirements, including the need to focus on research. National guidance was still awaited concerning the Use of Resources key line of enquiry and its applicability to specialist trusts.

A regular team of assessors was now in place to ensure consistency. Three areas had achieved 'Gold' status in 2019 and the Board was informed of the improvement work needed by radiology and the HR Department, both of which were rated 'Amber'. It was noted that the radiology department had been operating for several months in an environment undergoing significant capital works and the completion of these would enable the team to provide a far better environment in which to deliver care. The action plans in place for all wards and departments were monitored through Divisional Governance meetings.

The Non-Executive Directors shared examples of observations during their walkabouts that corroborated the results.

The Board noted the report.

**2.3\*      *LHCH Monthly Staffing Reports for November 2019 and December 2019\****

The Board noted the reports.

**2.4\*      *Guardian of safe Working – Q3 Exception Report\****

The Board noted the report.

**2.5\*      *Deprivation Of Liberty (DoLs) Report Q3\****

The Board noted the report.

**2.6\*      *Director of Infection Prevention and Control – Q3 Report\****

The Board noted the report.

**3      Targets and Financial Performance**

**3.1      Board Dashboard – period ended 31<sup>st</sup> December 2019**

The Chief Operating Officer presented the report and noted the continuation of significant operational pressures. She highlighted the following:

- Compliance with the 6 week diagnostic target remained in line with the revised improvement trajectory but fell significantly short of the national standard at 72.17%. Whilst the new scanners were now operational, the failure

of the older MR scanner had resulted in significant downtime; with full capacity restored from 24<sup>th</sup> January 2020.

- The surgical activity plan was performing in line with the revised forecast; whilst the Medicine Division's activity underperformed due to reduced cath lab utilisation in December. Work was underway to recover the underperformance in Medicine, with active oversight to ensure overall activity achieved the year end financial forecast.
- The Trust breached the aggregate RTT target in two consecutive months – November and December 2019. This would be discussed in more detail under Agenda Item 3.3.
- Sickness absence remained a significant pressure, and divisions would present their actions and improvement trajectories at Operational Board on 31<sup>st</sup> January 2020. This would be complemented by key health and wellbeing interventions being led by the Interim Director of People and Culture.
- Cancelled operations exceeded plan in December, reflecting the increasing number of emergency cases. RCAs were conducted for all clinical cancellations in order to identify opportunity for improvement.
- The Welsh RTT position was still below target and work was continuing with Welsh Commissioners to review and improve referral pathways.

The Board referred to paragraph 2.1.3 of the report regarding the percentage of blood cultures taken within 24 hours preceding first antibiotic given, noting that performance continued to be below target. The Medical Director explained that this related to the way in which the data was recorded on EPR. EPR recorded the time the sample was sent to the lab and not the time at which the blood was taken.

The Chair summarised the need for renewed focus on the operational challenges and commitment to developing a robust and realistic plan for 2020/21 that delivered a recurrent and sustainable position.

The Board noted the report.

### **3.2 Strategic Objective Quarterly Update – Q3**

The Chief Operating Officer took the Board through the paper, highlighting progress against each of the Trust's strategic objectives. Slippage on delivery of the robotics programme and development of the cath lab business case were highlighted; otherwise there was generally good progress.

The Board noted the report.

### **3.3 RTT Improvement Trajectory**

The Chief Operating Officer delivered a presentation, providing the Board with a detailed analysis of the operational challenges and risks that have resulted in RTT breach for two successive months; the plans and risks associated with a return to compliance from Month 10 onwards and actions to secure greater headroom and improved forecasting going forward into 2020/21.

The Board considered first the diagnostics trajectory, noting a steady increase in breaches since April 2019 following significant delays in installation of the new scanners, teething problems with the new MR scanner and subsequent downtime of the older MR scanner which had added to the pressures in timely completion of complex MR scans.

The revised trajectory had been shared with NHSE/I and it was expected that the diagnostic target would return to a compliant position by the end of Quarter 1 2020/21.

With regard to the RTT backlog, there had been a steady increase in cardiology breaches throughout 2019/20 as a result of increased diagnostic waits; lack of short term capacity linked to the pensions taxation issue and reduced uptake of additional sessions; and the impact of significant demand increases for some service lines including TAVI and ICC. In Surgery, the backlog had been impacted by loss of 4 Surgeons in December, 3 of which were unforeseen absences. Late referrals from secondary care were also adding to the risk.

The RTT position at December 2019, prediction for January 2020 and the Quarter 4 trajectory were analysed to sub-specialty level, with plans set out to create greater headroom going in to Quarter 1.

It was noted that compliance in Quarter 4 was achievable but remained high risk due to minimal headroom to accommodate breaches and there was no room within the predicted trajectory for any variance from plan. The increase in late referrals from DGHs was outside of the control of the Trust and remained a high risk. The plan was also predicated on maintaining the same (increased ) level of uptake of extra sessions as was seen in the current month to date (January 2020).

Going forward the Divisions would continue to micro-manage patient pathways with the oversight of the Chief Operating Officer. February and March activity plans would benefit from the recruitment of two locum cardiac surgeons and additional TAVI MDTs were scheduled from February onwards. There was also the possibility of utilising Cath Lab 4 ahead of plan, from March 2020.

The Board discussed funding for TAVI, noting that this had in previous years been limited by commissioners, but there was

now an acceptance that the Trust's forecast outturn was acceptable and would be fully funded.

In relation to uptake of additional sessions, there had been evidence of greater uptake in January 2020 although there had been no requests to date from consultants wishing to take-up the SILPS (Salary in Lieu of Pension Scheme) offer. It was thought that 3 consultants were considering SILPS but currently this was a short term flexibility available only until 31<sup>st</sup> March 2020.

It was noted that the Integrated Performance Committee had considered the operational position of each Division in relation to RTT in some detail the previous day. The plans were robust but not without risk.

The Chair emphasised the need to manage the challenges and deliver the plan in order to secure safe and timely treatment for patients; and offered any support needed from the Board. The Chief Operating Officer confirmed that the clinical leaders and Divisions were fully engaged and strongly committed to delivering the trajectory.

#### **4 Governance and Assurance**

##### **4.1 Consultant Appointments**

The Board ratified the following consultant appointments:

- Mr Gunaratnam Niranjana – Locum Consultant Cardiac Surgeon
- Mr Jalal Bin Saeid - Locum Consultant Cardiac Surgeon
- Dr Shui Hao Chin – Locum Consultant Cardiologist
- Dr Ahmed Kharabish – Locum Consultant Radiologist
- Dr Kully Sandhu – Consultant Interventional Cardiologist with Special Interest in TAVI

##### **4.2 Report of Freedom to Speak Up Guardian**

Helen Turner, Freedom to Speak Up Guardian was welcomed to the meeting and took the Board through the report which highlighted 5 FTSU concerns raised in Quarter 3. The Board noted each of these and heard from the Director of Nursing & Quality about how she had responded to concerns about possible bullying and harassment by facilitating focus groups with the teams concerned in order that leaders could be informed of the issues raised and supported to address them. A number of actions including a review of allocation to staff on day and night shifts were being taken and a follow up focus group would be convened in 3 months' time to check on the impact of changes made.

There were no clear themes emerging from the concerns raised.

It was noted that work was in progress to develop an FTSU Strategy. The format and remit of the FTSU Summit was being reviewed in the context of the new strategy.

There was nothing further to report in relation to the national agenda as national focus was currently upon the Speaking Up culture within primary care.

Helen Turner had been invited to present at the regional FTSU conference.

The Board noted the report.

#### **4.3 Medical Examiner Role**

The Medical Director delivered a presentation on the national requirement to introduce Medical Examiners (MEs) to improve the quality and accuracy of death certification and to ensure the appropriateness of referrals to the Coroner. The new process would offer greater transparency to bereaved families and ensure opportunities to raise any concerns.

Consideration had been given to the appointment of a shared ME for the Broadgreen site, but it was likely that each Trust would appoint its own ME. The Medical Director would seek expressions of interest from consultant medical staff. He advised that he did not consider the role to be onerous as there were on average 4 deaths per week. The aim was to have the ME in place by 1<sup>st</sup> April 2020 and it was noted that training would be provided to relevant administrative staff around their roles in the new system. It was noted that the new process was aligned to the national learning from deaths guidance but that the ME would have no role in relation to investigation of deaths or learning from deaths; these processes would continue unchanged.

The Board noted the new requirements.

#### **4.4\* Medical Revalidation Annual Report\***

The Board noted the report.

#### **4.5\* Flu campaign 2019\***

The Board noted the report.

### **5 Board Assurance**

#### **5.1 BAF Key Issues Reports and Approved Minutes of Assurance Committee Meetings:**

##### **5.1.1\* Audit Committee:**

##### **BAF Key Issues**

The Chair of the Audit Committee highlighted that the Audit Committee had reviewed the management response to a limited assurance report from the internal auditors in relation to Staff Vetting and was satisfied with the action plan in place. All other internal audit reports had been positive.

The timely follow up of audit recommendations still required improvement and it was hoped that a new automated system to be introduced in April 2020 would enable managers to be more proactive.



The Board received and noted the approved minutes of the Audit Committee meeting held on 8<sup>th</sup> October 2019.

**5.1.2\* Integrated Performance Committee\***

**BAF Key Issues**

The Chair of the Integrated Performance Committee advised that most matters from the previous day's meeting had been discussed and advised that the Medicine Division had provided a strong presentation on RTT and operational delivery. She highlighted that there was further work to do in relation to data collection and analysis to support the RTT forecasting model.

**5.1.2\* Quality Committee\***

**BAF Key Issues**

The Director of Nursing & Quality updated on improvement work in relation to medication errors and receipt of an excellent assurance report from the Acting Head of Pharmacy, which demonstrated that the Trust benchmarked well with peers such as Papworth and the Royal Brompton but that there was a need to focus on increased reporting

The Excel study was also reviewed and this was covered also in the Chief Executive's Report.

The Medical Director confirmed that the longer waiting times experienced by Welsh patients was not resulting in higher mortality and the data showed that current mortality rates for Welsh patients were in fact slightly better than those for English patients, owing to morbidity and case-mix.

The Board received and noted the approved minutes of the Quality Committee meeting held on 1<sup>st</sup> October 2019.

**5.1.3\* People Committee\***

The Chair of the People Committee noted the awaited report following the review of the HR function and the need to prioritise the Interim People Plan requirements in accordance with the capacity of the HR team. The People Committee would be focussing on the staff survey results at the next meeting. The OD strategy was in progress and would be considered shortly by the Executive Team.

The Board received and noted the approved minutes of the People Committee meeting held on 11<sup>th</sup> June 2019.

**6 Minutes of the Board of Directors Meeting held on 26<sup>th</sup> November 2019 (in public)**

The minutes of the meeting of the Board of Directors held on 26<sup>th</sup> November 2019 (in public) were reviewed for accuracy and approved by the Board.

**7 Action Log (public) from previous meeting**

The action log was reviewed and updated as follows:

	<p>Action 1-3 – closed; it was noted that the Board would need to consider extension of pensions flexibilities beyond 31.3.20 in the context of emerging national policy.</p> <p>Action 7 – 8 – closed and for follow up at People Committee;</p> <p>Action 9 – closed with HSMR data deep dive scheduled for Quality Committee – April 2020.</p>	<p><b>SH</b></p> <p><b>SH/MJ</b> <b>SP</b></p>
	<p>Actions 10-11 – slipped and rescheduled for review at March Board meeting.</p> <p>Action 12 – on agenda for private meeting (completed and closed).</p> <p>All actions not listed above would carry forward per designated review dates.</p>	<p><b>RAP</b> <b>/MP-C</b></p>
<b>8</b>	<p><b>Legality of Board Documentation and Decisions</b></p> <p>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.</p>	
<b>9</b>	<p><b>Date and Time of Next Meeting:</b></p> <p>Tuesday 31<sup>st</sup> March 2020 at 9.00 am.</p>	
<b>10</b>	<p><b>Resolution</b></p> <p>The Board resolved to exclude the public at this point by reason of the private nature of business to follow.</p>	