

# minutes

## Board of Directors (in Public)

### Item 6

## Minutes of the Meeting of the Board of Directors held on 28th July 2020

<b>Present :</b>	Neil Large Jane Tomkinson Nicholas Brooks Bob Burgoyne Jonathan Develing Karen Edge Julian Farmer Mark Jones Karen O'Hagan Sue Pemberton Raphael Perry	Chair Chief Executive Non-Executive Director Non-Executive Director Director of Strategic Partnerships Chief Finance Officer Non-Executive Director / Deputy Chair Non-Executive Director Non-Executive Director Director of Nursing and Quality Medical Director/Deputy Chief Executive
<b>In Attendance:</b>	Sue Hodgkinson Hayley Kendall Lucy Lavan Marga Perez-Casal Kate Warriner Robin Wiggs Jennifer O'Brien Helen Turner	Interim Director of People & Culture Chief Operating Officer Director of Corporate Affairs Director of Research & Innovation Chief Digital and Information Officer Deputy Director of Strategic Partnerships Senior Executive Assistant Freedom to Speak Up Guardian (Item 5.2)
<b>Observers – Governors / Staff/ Members of the Public:</b>	Dorothy Burgess Terence Comerford Charlie Cowburn Rachel Glyn-Williams Alison Long Allan Pemberton Trevor Wooding	Governor (Public – Merseyside) Governor (Public – Merseyside) Staff Governor Governor (Public – Merseyside) Member of the public Governor (Public – Cheshire) Senior Governor (Public – Merseyside)
<b>Apologies for absence:</b>		

Action

Chair's  
Initials

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## **Opening Matters**

The Board meeting was conducted in the conference room where all executive team members were present. The Chair and the NEDs joined 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, confirming that executives and officers were socially distanced within the conference room. He asked that NEDs kept their cameras switched on but were to 'mute' their sound except when speaking. All observers to the meeting were asked to switch both camera and sound off, in order that the NEDs would be visible throughout the meeting. Those observing were welcomed to contact the Chair or Director of Corporate Affairs following the meeting with any feedback or questions. It was noted that this was the first time that the Board meeting had been run via a blended approach of some directors being present, some participating via MS Teams and with observers also joining via MS Teams. Robin Wiggs and Jenni O'Brien were in attendance in the conference room to support the meeting, trouble shoot any IT issues and to manage the screen sharing of presentations and documents. The Chair welcomed feedback and would evaluate the meeting in order to make any refinements to the arrangements for future meetings.

It was noted that all NEDs had submitted comments and questions on each agenda item in advance of the meeting, in order to aid the smooth and efficient running of the Board and to mitigate the risk of any technical issues. Lucy Lavan would ensure that the questions submitted were addressed and would if necessary, indicate to the Chair when any Board members wished to speak. An infographic setting out the etiquette for video conferencing had been developed and had been discussed and shared with all Board members.

The Chair thanked the governors and members of the public for joining the meeting and welcomed Kate Warriner to her first Board meeting as Chief Digital and Information Officer.

1.1

### **Apologies for Absence**

There were no apologies for absence.

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 advised that he had nothing to add to what had been said under 'Opening Matters'.

1.4

### **Staff Story-My Covid Experience by Lisa Devitt, ACHD Nurse**

This item was deferred until the next meeting due to a technical problem with video.

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**1.5 Patient Story-Beating Covid-19**

The Director of Nursing & Quality read a patient story.

**1.6 Covid-19 Update  
IPC BAF Update**

The Medical Director advised that the Six Point Plan was progressing well and presented the Infection Prevention and Control (IPC) Board Assurance Framework (BAF).

In response to questions raised by Board members, the Medical Director took the Board through each of the reported gaps and explained in turn the progress and plans in place to address these.

In relation to the audit process, it was noted that documentation was being reviewed and standardised to facilitate effective audit and that the revised documentation was expected to be in place by the end of August 2020.

The arrangements for antimicrobial stewardship were currently being reviewed by the antimicrobial pharmacist and the microbiologist and data would be available from August 2020.

Audit of the use of PPE was in place for critical care but there had been insufficient audit resource to undertake this in all areas. Work was underway to incorporate audit of wider compliance within the Matron's Audit Toolkit.

In respect of segregation of staff between planned and urgent care, it had not been possible to maintain complete segregation due to the necessity of adapting the footprint of the hospital to best meet the needs of patients. It was noted that LHCH had largely received transfers of ventilated COVID -19 patients from other hospitals and these patients had been confined to critical care and designated ward step down areas. However the ward configurations had changed to best meet patient requirements as the pandemic had evolved.

It was noted that the IPC BAF was to be reviewed with the CQC at an MS Teams meeting scheduled for 30<sup>th</sup> July 2020 and that this would be an opportunity to showcase the extensive work and Six Point Plan that had been developed and implemented by the Infection prevention Team.

The Board noted the report.

**2 Patient Safety and Quality**

**2.1 Learning from Deaths Quarterly Dashboard Q1 and Annual Report**

The Medical Director presented the dashboard noting that there had been 45 deaths in the Trust during Quarter 1 and that 42 deaths had completed the mortality review process in this period. There were no deaths in patients with an identified learning disability and one death was 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.

It was confirmed that COVID-19 deaths had been subject to the same review and reporting process and were included in the dashboard data.

The Medical Director advised that a COVID-19 death of an NHS staff member had been recorded in March 2020 and in keeping with national guidance was undergoing external review by the Medical Examiner's team.

The Board noted the report.

## 2.2

### **Director of Infection Prevention Control (DIPC) Annual Report and Quarterly Report Q1**

The Medical Director presented the two reports.

In Quarter 1, there had been one Trust attributable Clostridium-Difficile infection and one MSSA.

The Board noted the introduction of new cleaning regimes in response to the Covid-19 pandemic and the results of the compliance audits. In relation to hand hygiene, it was noted that the ward audit showed good compliance but that greater enforcement of the 'bare below the elbows' policy was needed. The Medical Director advised that where staff had not been compliant in spot checks, this was down to technique rather than any failure to wash hands. The uniform and workwear policy had been relaunched in July 2020 and included renewed emphasis on bare below the elbows.

The Clean Trace System was proving effective for checking levels of contamination of equipment and in the small number of incidences where the test had failed, the results were fed back to ward managers and matrons in order that any cleaning processes could be reviewed and improved.

Continuous improvement in the management of patients with sepsis was demonstrated and mortality from sepsis remained low. The collection of blood culture data continued to appear delayed due to the way that this was recorded in EPR and a new validation process was being introduced to enable the retrospective correction of the reported data.

A discussion followed in relation to the Trust's decision to continue with MEWS scoring in the context of the national drive to utilise NEWS2 as a means of identifying sepsis risk and instigating the sepsis bundle. The Board was reminded that the Trust had continued with MEWS as there was value in measuring urine output in cardiac patients and NEWS2 excluded this indicator. However the Trust also monitored NEWS2 for application to any patients being transferred on to other hospitals.

In response to a question from a Non Executive Director, the Director of Nursing and Quality outlined the circumstances surrounding the reported Covid-19 outbreak on Oak ward, how this had been investigated and the actions taken as a result. There had been a requirement to report daily to Public Health England, and it was confirmed that reporting had now ceased and the incident closed.

In conclusion, the Chair acknowledged the improvement in management of sepsis and summarised that the infection prevention results for the year 2019/20 were excellent.

The Board noted the reports.

## 2.3

### **2019 National Inpatient Survey Results**

The Director of Nursing and Quality presented the report, noting the Trust's excellent results and ranking of second place in the country for overall patient care. The Trust's response rate was 72% compared to a national average of 45.3%. The Trust had achieved 'much better than expected' in a number of areas and had improved on the previous year's results in respect of help to eat meals and explaining the reasons for moving to another ward. Key areas for improvement focus were asking patients for their views on the quality of their care, inviting participation in research studies, hospital discharge arrangements and experience of medicines management.

The Board reviewed and noted the action plan and progression of improvements in medications on discharge via the Sharing and Learning Forum. It was also noted that the Friends and Family Test could now be utilised at numerous times throughout a patient's stay and not just on discharge.

In relation to patients having the opportunity to participate in research, it was noted that the Research Nurses were working actively with Ward Managers to encourage the promotion of research participation.

The Chief Executive acknowledged the excellent results which highlighted areas of outstanding performance and paid tribute to the staff for continuing to provide excellence in patient and family experience.

The Board noted the report and concurred with the Chief Executive's comments.

## 2.4\*

### ***LHCH Monthly Staffing Report for Period: April-June 2020\****

The Board discussed the challenges faced on Elm Ward and it was noted that staffing levels and skill mix on all wards continued to be reviewed daily, with staff moved when necessary to ensure the acuity needs of all patients were met and that every ward remained safe.

The Board noted the report.

**2.5\* *Guardian of Safe Working Quarterly Exception Report Q1\****

The Board noted the report.

It was clarified that there was the potential for fines where trainees reported exceptions to safe working hours. At LHCH there had been only one exception highlighted in four years, but it was noted that trainees continued to exercise personal choice if they wished to stay longer on shifts for personal benefits arising from their training experience.

**2.6\* *Deprivation of Liberty (DoLs) Quarterly Report Q1\****

The Board noted the report.

**2.7\* *Safeguarding Annual Report 2019/20\****

The Board noted the report and it was recognised that the workload associated with safeguarding had the potential to increase with the expansion of the ACHD service.

**3 *Strategy and Development***

**3.1 *LHCH Strategy-Final Document***

The Director Strategic Partnerships presented the final strategy document, noting that formal publication had been delayed in light of the Covid-19 pandemic and national guidance around reprioritisation of delivery. It was agreed that the document would now be placed in the public domain and that socialisation of the LHCH strategy would continue with key stakeholders.

The Board approved the LHCH Strategic Plan 2020- 2025 'Patients, Partnerships and Populations' and congratulated the Director of strategic Partnerships on completion of what was an excellent document.

**3.2 *Equality, Diversity & Inclusion Q4/Q1 Report including WRES and WDES Update***

The Interim Director of People presented the report, highlighting the key activities that had taken place in the last two quarters, including a series of Staff Inclusion events and launch of the NHS Rainbow badge scheme; along with an update on the work of the Equality and Inclusion Steering Group and assurances provided to the People Committee.

In relation to COVID-19 and the adverse impact upon the BAME community, the Board heard that risk assessments had been offered and where there were concerns, conversations had been facilitated with line managers and adjustments made where necessary.

The Board discussed the data provided at Appendix 3b, noting three indicators which required further exploration in relation to the perceptions and experiences of BAME staff. This work would be the subject of oversight by the People Committee.

The Chief Executive noted that further to the staff inclusion events she was actively seeking discussion with members of the BAME workforce and had arranged for a member of BAME staff to shadow her in order to gain greater insight into experiences and improvement work required.

The Board noted the report.

### **3.3 Research & Innovation Annual Report 2019/20**

The Director of Research & Innovation presented the annual report, highlighting the growth in research studies and changes in priorities arising from the Covid-19 pandemic. It was noted that organisational change within the department had enabled new senior leadership and research nurse roles. Key objectives for the year had been met with the exception of ongoing work to secure University status, which was expected to be achievable in 2020/21. In addition the need to generate further research grant income to sustain the delivery of the research strategy and enable it to become self-funding remained a key objective for the year ahead.

The Board noted the report and progress achieved in 2019/20.

#### **3.3.1 Revised Strategy 2020/21-2023/24**

The Director of Research & Innovation presented the strategy document, highlighting that strong governance and engagement would underpin success in its delivery.

The Board noted that the strategy set out ambitious yet achievable goals but noted that the impact of Covid-19 on HEI income and also available research funding from other partners could present a funding challenge.

The Chief Executive reminded the Board that research was crucial to achieving the ambitions of the Trust and those of the City of Liverpool. Marga Perez-Casal had been appointed Chair of Bronze Command for research across Liverpool ('Stop COVID' Programme); and that as Chair of the CRN, Jane Tomkinson chaired Gold Command; positioning LHCH as prominent leaders in the City's research ambitions. Liverpool had raised its game nationally and was now ranked 5<sup>th</sup> (previously 13<sup>th</sup> out of 14) following significant recruitment into public health and other trials.

The Board supported the Research and Innovation Strategy and congratulated the Director of Research and Innovation on her work. It was noted that the document could now be shared with research partners.

#### **3.4\* PACT Refresh\***

The Board noted the report and confirmed its support for the new 'IMPACT' values and behaviours.

## **4 Targets and Financial Performance**

### **4.1 Board Dashboard period ended 30<sup>th</sup> June 2020**

The Chief Operating Officer presented the performance dashboard and described the development of a forecasting tool which would enable the inclusion in the report of improvement trajectories to catch up on the backlog of waiters as a result of the Covid-19 pandemic.

The Board heard that the Trust was currently delivering diagnostics at around 70-80% capacity compared to pre-Covid and at the end of June, seven patients were waiting in excess of 52 weeks for their procedure. Harm reviews had been conducted on each of these patients and no harms were evident; clinical reviews continued in respect of all patients waiting and prioritisation adjusted accordingly.

Surgery was now being delivered at 90% of pre-Covid levels and cath lab activity was running at 80-90% of pre-Covid levels.

The primary reasons for reduced capacity and throughput was the requirement for pre-operative stays to complete screening and more rigorous cleaning regimes between patients. Private sector capacity would be secured as appropriate to support operational delivery.

It was noted that the Trust's bed base would be re-set to support post-Covid recovery but would remain sufficiently flexible to enable swift adaptation in the event of a second surge.

In respect of cancer access, there had been one late referral to the 62 day pathway. LHCH was currently providing a CT guided biopsy service to the whole of Liverpool.

The Board noted the report.

The Chief Finance Officer was invited to update the Board on the financial regime and advised that provision had been made to support all providers to break even via block contract payments supplemented by top up payments. Covid-19 costs had been reimbursed in Quarter 1 and these related primarily to additional PPE requirements and staffing. It was noted that block contracts were likely to continue for the remainder of the financial year based upon the running costs incurred during the previous winter period, 2019/20.

It was agreed that going forward an overview of the financial position would be included within the Part 1 Board pack in order that governors and the public could receive timely updates.

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4.2\*

***CQUIN Outcomes 2019/20 and Arrangements for 2020/21\****

The Board noted the report.

5

**Governance and Assurance**

5.1

**Consultant Appointments**

The Board ratified the following consultant appointments:



- Dr Vishal Luther – Consultant Cardiologist (Special Interest – Electrophysiology)
- Dr Victoria Pettemerides – Consultant Cardiologist (Special Interest – Inherited Cardiac Conditions)

## 5.2 **Freedom to Speak Up Quarterly Report Q1**

Helen Turner, Freedom to Speak Up Guardian was welcomed to the meeting and took the Board through her report. The five speak up concerns raised in Quarter 1 were noted and a discussion followed around what more could be done to ensure a positive culture across all areas of the Trust. It was noted that this would be a consideration for the next FTSU Summit meeting (October 2020) but that the Staff Inclusion events and planned Team Brief session on Civility Saves Lives would also be built upon to reinforce the consistent application of strong and positive values and behaviours.

Plans to refresh the FTSU Champions Network had been paused during the Covid-19 pandemic but would now be reconsidered with views of staff sought via a Big Conversation on FTSU planned for September.

It was noted that Lucy Lavan had been invited to join the NHSE / I National FTSU Advisory Group which would support the development of effective guidance and improvement for implementation across the NHS.

The Board noted the report and Helen Turner was thanked for her work before leaving the meeting.

## 5.3 **Annual Review of Corporate Governance Manual**

The Board noted the Audit Committee's recommendations and approved the proposed changes to the Corporate Governance Manual. The updated Corporate Governance Manual would now be uploaded onto the staff intranet for immediate adoption.

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## 5.4 **Ratification of Use of Trust Seal**

The Board ratified the applications of the Trust seal during July 2020 as listed in the paper.

## 5.5\* ***Emergency Preparedness and Business Continuity Annual Assurance Report 2019/20\****

The Board noted the report.

## 5.6\* ***Health & Safety Annual Report 2019/20\****

The Board noted the report.

In response to a question about the proportion of health and safety incidents and whether this varied year on year, the Director of Research & Innovation advised that health and safety incidents averaged 4% of total incidents year on year and there had been no significant change in this proportion in the last three years.

**5.7\* Complaints Process Annual Review\***

The Board noted the report.

**5.8\* NHS Constitution Compliance 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 19<sup>th</sup> June 2020**

The Chair of the Audit Committee updated on the significant increase to the external audit fee requested by Grant Thornton. He advised that the Chief Finance Officer would negotiate but there was little choice in terms of the external audit market at the current time. Feedback would be provided to the Board and Council of Governors on the outcome of the negotiation.

It was acknowledged that MIAA had developed a number of useful tools and checklists to support good governance arrangements in the context of the Covid-19 crisis.

The Board received and noted the approved minutes of the Audit Committee meetings held on the 24<sup>th</sup> March and 19<sup>th</sup> June 2020.

**6.1.2 Quality Committee: BAF Key Issues and Approved Minutes for meetings held on 7<sup>th</sup> April 2020**

The Chair of the Quality Committee highlighted the need to improve compliance with the consent policy and noted the significant positive impact of the tissue viability service. The standard of end of life care remained high and the team had adapted well to the demands of the Covid-19 crisis.

The Board received and noted the approved minutes of the Quality Committee meeting held on the 7<sup>th</sup> April 2020.

**6.1.3 Integrated Performance Committee: BAF Key Issues and Approved Minutes for meetings held on 27<sup>th</sup> January and 14<sup>th</sup> May 2020**

The Chair of IPC reported on the previous day's meeting, noting that good sight of the operational recovery plan had been provided together with an effective forecasting model. The 5 year capital programme would be a focus for the October meeting following completion of the six facet site condition survey and assessment of investment needed to support the digital strategy. A revised CIP delivery schedule was being prepared.

The Board received and noted the approved minutes of the Integrated Performance Committee meetings held on the 27<sup>th</sup> January and 14<sup>th</sup> May 2020.

**6.1.4 People Committee: BAF Key Issues and Approved Minutes for meetings held on 10<sup>th</sup> March 2020 and Workforce Assurance Framework**

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The Chair of the People Committee commented that the timing of the staff inclusion events which followed the Black Lives Matter protests had been helpful. He noted the need to refresh the Committee's terms of reference to reflect the priorities of the national People Plan which was due for publication imminently. The Covid-19 workforce checklist issued by MIAA had been completed and reviewed and included with the BAF key issues report for the Board's note.

The Board received and noted the approved minutes of the People Committee meeting held on the 10<sup>th</sup> March 2020.

**7 Action Log from Previous Meeting**

The action log was reviewed and updated as follows:  
Action 3 – completed (refer Part 2 agenda) and closed.

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

**8 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.

**9 Date and Time of Next Meeting:**

Tuesday 29<sup>th</sup> September 2020 09.00 hours

**10 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 members of the public and governors for their attendance and invited feedback and learning via e mail from the first Board meeting to delivered with attendance via video conferencing.