

## Board of Directors (in Public)

## minutes

### Minutes of the Board of Directors' meeting held on 8<sup>th</sup> January 2019

<b>Present:</b>	<b>Neil Large</b>	<b>Chairman</b>
	<b>Jane Tomkinson</b>	<b>Chief Executive</b>
	<b>Nicholas Brooks</b>	<b>Non-Executive Director</b>
	<b>Jonathan Develing</b>	<b>Director of Strategic Partnerships</b>
	<b>Julian Farmer</b>	<b>Non-Executive Director/ Deputy Chair</b>
	<b>Mark Jones</b>	<b>Non-Executive Director</b>
	<b>Ken Morris</b>	<b>Non-Executive Director</b>
	<b>Sue Pemberton</b>	<b>Director of Nursing and Operations</b>
	<b>Raphael Perry</b>	<b>Medical Director / Deputy Chief Executive</b>
	<b>Marion Savill</b>	<b>Non-Executive Director/ Senior Independent Director</b>
	<b>Claire Wilson</b>	<b>Chief Finance Officer</b>
<b>In Attendance:</b>	<b>Mark Jackson</b>	<b>Director of Research and Innovation</b>
	<b>Lucy Lavan</b>	<b>Director of Corporate Affairs</b>
	<b>Joanne Twist</b>	<b>Director of Workforce and Service Improvement</b>
	<b>Sue Oakes</b>	<b>Clinical Nurse Specialist – Palliative Care (Item 1.4)</b>
	<b>Jeanette Renshaw</b>	<b>Clinical Nurse Specialist – Palliative Care (Item 1.4)</b>
<b>Apologies for absence :</b>		
<b>Observers: Governors / Staff/ Members of the Public:</b>	<b>Marga Perez-Casal</b>	<b>Assistant Director of Strategy</b>
	<b>Dusty Rhodes</b>	<b>Public Governor (North Wales)</b>
	<b>Trevor Wooding</b>	<b>Public Governor (Merseyside) / Senior Governor</b>

Action

1 Welcome and Opening Matters

1  
Chair's  
Initials

**1.1**

**Apologies for absence**

There were no apologies for absence.

The Chair welcomed Jonathan Develing to his first Board meeting.

The Board acknowledged the work of Tony Wilding and expressed appreciation of his contribution over the last six years.

It was noted that the agreed changes to Executive portfolios were now in force and in particular that Sue Pemberton's remit now included Operations.

**1.2**

**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.

**1.3**

**Patient Story**

The Director of Nursing & Operations read a patient story.

**1.4**

**End of Life Care at LHCH**

Sue Oakes, Clinical Nurse Specialist – Palliative Care, was welcomed to the meeting and presented an overview of the End of Life Strategy, which had been updated in 2018 to reflect NICE Quality Standard 144. She highlighted the findings of the Care Quality Commission (CQC) during the 2016 inspection and demonstrated how the team had responded. Whilst consultant cover now comprised 0.4 WTE and remained below the recommended level, consultant input had increased (from 0.2WTE) and there were now two full time specialist nurses who were very experienced in end of life care and were non-medical prescribers. There had been a significant improvement in the uptake of end of life training by nursing and ANP staff and an e-learning training package was now in place with strong compliance. Guidelines on End of Life care had been developed in Critical Care and a series of audits had been undertaken to check compliance with standards including those around hydration and nutrition, and medication prescribing. An independent service evaluation had also been completed and the service user feedback had been extremely positive. The Board noted a series of quality improvements that had been introduced including a broader range of 'keepsakes', provision of car parking passes for family members and collaboration with third sector organisations to develop the bereavement service.

The Board asked about rollout of training to medical staff and discussed service provision out of hours and at the weekends. It was noted that the medical staff accessed the same training as the nursing staff and that because weekends were planned for proactively, the service was working well. In addition to the on-call consultant at the Royal Liverpool Hospital being accessible at weekends, the Marie Curie advice line was also in place for

patients and carers to access out of hours.

It was noted that the external review conducted by the University of Liverpool had demonstrated that the service was accessible and responsive, providing holistic support to patients and their families, and that need was anticipated and support coordinated effectively. The work would contribute to a wider study being conducted in the USA and provided an opportunity to share good practice more widely across the NHS.

The Director of Nursing and Operations commented that this was a small team that was working to a very high standard and had a strong focus on continuous improvement. The Board could be confident that patients and their families were receiving the best care possible at end of life.

The Chair thanked the team for their excellent work.

Sue Oakes and Jeanette Renshaw left the meeting.

## 1.5

### **Chairman's Briefing**

The Chair noted the success of the annual staff awards celebration 2018 and thanked all those who had organised and participated in the event.

It was noted that the recent Listening into Action event had been excellent and Trevor Wooding, Senior Governor who had attended, was invited to comment. Trevor had provided a report for the Governors and noted that he had been impressed with the service improvement work that had been showcased and encouraged that the projects had all demonstrated improved quality of care for patients whilst also achieving efficiency savings.

The Chair offered feedback from a dinner he had attended with Ian Dalton, Chief Executive of NHS Improvement, noting that getting the NHS back into financial balance was a key priority and that local health systems would be held to account for achieving this. Changes to the financial regime to facilitate this ambition were anticipated.

Collaborative work with the local specialist Trusts continued and appointments to create a shadow Board for the Royal and Aintree, pending their merger, were expected imminently.

The next BBC Hospital series, featuring the Liverpool hospitals would commence on 10<sup>th</sup> January 2019 at 9.00pm on BBC2.

It was noted that Kerry Fitzpatrick had stood down as staff Governor.

It was noted that the Parliamentary vote on Brexit was imminent and that the Trust's preparatory work was being led by Robin Wiggs, Assistant Director – Business Development.

It was noted that Jane Tomkinson had been appointed Chair of the Clinical Research Network. The time commitment would be minimal and the role had the potential to be beneficial for the Trust in relation to its profile in the field of research.

The Non-Executive Director appointment process had generated a strong long-list with Gatenby Sanderson undertaking preliminary interviews to support the short-listing process. Board members were asked to attend the networking event on 5<sup>th</sup> February at 5pm, in order to meet the candidates prior to the final interview process on 6<sup>th</sup> February 2019.

**2**  
**2.1**

**Patient Safety and Quality**

**Care Quality Commission Insight (November 2018)**

The Director of Research & Innovation presented the latest Insight analysis (November 2018) and took the Board through each of the exceptions, which had been summarised on a tracking spreadsheet.

The Board discussed the risk adjusted hospital mortality ratio which showed a worsening trend. This was generated by ICNARC data and whilst not statistically significant, was part of the wider ongoing mortality review which would conclude in March and incorporate a mortality improvement strategy, including an improvement plan for critical care.

It was noted that cancelled operations continued to be classified as 'much worse than national comparison'. The Integrated Performance Committee had been monitoring performance in this area but there had been no demonstrable improvement. It was noted that whilst there had been an action plan in place, performance continued to be challenged by difficulties in providing anaesthetic cover, with on-call anaesthetists needing to rest following night-time call outs. The Director of Nursing & Operations advised that she would now be overseeing this with Divisions and expected to have a refreshed and robust action plan in place within 3 months. She would formally update the Board on this in April 2019.

In relation to the amber rated indicator on Page 20, it was noted that the Trust was no longer under 'enhanced monitoring' by the GMC in relation to surgical training provision, but that there was a time-lag involved in the CQC updating the report. There was also a need to better understand the indicator relating to 'admitted pathways' as the mandated indicator was 'incomplete pathways' with which the Trust was compliant.

In relation to the mortality outlier alerts at Page 23, these had been fully explored and attributed to the change in case-mix – the report on this review had been shared with the CQC and no concerns followed up. It was expected that this would be closed down by the CQC in due course.

SP

In relation to the surgical indicators on Page 25 there was in place a robust action plan to improve mortality.

Diagnostic waiting times would be improved following acquisition of the new CT and MR scanners, although slippage on the procurement would mean that the full capacity required would not be achieved until May 2019 and July 2019 respectively.

It was noted that the incident reporting trend (Page 32) continued to be lower than average but was improving.

The Board noted the report and confirmed value in receiving this on a twice-yearly basis in order to maintain sight on the CQC's wider intelligence. It was noted that the Executive Team continued to review every Insight Report and that any significant concerns would be immediately escalated to the Board. The recent relationship meeting with the CQC had been positive with no concerns relating to the Insight indicators raised.

## 2.2

### **Care Quality Commission Action Plan Update**

The Director of Nursing & Operations presented the updated CQC Action plan, noting that new actions added since the Board's last review in respect of the findings of the internal mock Well Led inspection conducted in September and October 2018. It was noted that work to improve medications flow and storage was now a service improvement project and being supported by the PMO. The review of staff competencies and development plans was progressing well and had been well received by staff. DNAs in Medicine had been highlighted at the 2016 Inspection and there had been some improvement. A comprehensive action plan was now in place and there would be renewed focus on pace of delivery. Work continued to progress on the integration of learning from deaths into Trust -wide learning and there were now regular updates on learning posted on the staff intranet. The mock well led inspection had identified new actions in relation to environmental improvements and awareness raising amongst staff on the work done to support equality and inclusion.

All actions were on track and overall significant progress demonstrated since the 2016 CQC inspection. The fortnightly Sharing and Learning meetings continued to be well attended and valued by staff.

The Board noted the report.

## 2.3

### **Excellent, Efficient, Compassionate, Safe (EECS) Assessment Results 2018**

The Director of Nursing & Operations presented the report and explained how the EECS framework enabled a comprehensive review of standards across the Trust and provided assurance on the high standards of care delivery. The framework had been extended to encompass a number of clinical support departments and would now be rolled out to corporate teams from January 2019 providing a fully comprehensive assurance

process.

The EECS had now been in place for four years and the evaluation criteria was currently being reviewed and updated.

The Board noted the areas of good practice outlined in the report, together with the areas for improvement.

The Board discussed the designation of outcome ratings for the clinical areas and it was explained that once gold status had been achieved, there was in place an annual process of re-accreditation where continuous improvement and enhanced compliance with the standards was checked.

It was clarified that the EECS process was not mandated but had been developed internally to provide comprehensive assurance.

It had been observed from recent Non-Executive Director walkabouts that the corporate departments were now actively engaged in the EECS process and were working on standards and criteria for assessment of their work.

The Board noted the report and commended the work as an outstanding example of internal assurance on the safety and quality of care.

**2.4 Guardian of Safe Working – Quarter 3 Exception Report**  
There continued to be no reported exceptions with regard to the working hours of doctors in training.

It was noted that where trainees opted to stay on in theatre beyond their rostered hours, in support of their training and development this was entirely through their own choice and that there was no pressure from the Trust for them to stay until the end of the theatre list. The Medical Director confirmed that the culture in theatres was now very different with Consultants generally supportive of trainees and an ongoing drive to improve the training experience for junior doctors.

The Medical Director advised that gaps in medical rotas were being managed and noted a typographical error at Paragraph 4 of the report, advising that attendance and engagement in the Junior Doctor Forum was in fact improving, with added input from the Freedom to Speak Up Guardian.

The Board noted the report.

**2.5 Director of Infection Prevention and Control – Quarter 3 Report**  
The Medical Director highlighted ongoing work to improve the sepsis target performance, including changes to the workflow in EPR, education and training provision to support the documentation of management of sepsis out of hours and re-

training of staff.

He advised also on a plan to establish a pan-Liverpool Group to oversee Water Safety, comprising representatives from LHCH, Royal Liverpool, Aintree and Liverpool Women's hospitals which would meet quarterly.

The work on antimicrobial stewardship was highlighted and it was noted that there would be a change in microbiologist as the current postholder employed by the Royal Liverpool Hospital was leaving his post shortly to take on a new role elsewhere.

The Board noted the report.

**2.6** ***LHCH Monthly Staffing – November 2018\****

The Board received and noted the report on staffing levels by ward and care hours per patient day for November 2018, and acknowledged the process of daily risk assessment to ensure safe staffing by flexing staffing levels in accordance with patient numbers and acuity.

**3** **Strategy and Development**

**3.1** **2019/20 Planning Guidance Update**

The Chief Finance Officer updated the Board on preparatory work underway for the 2019/20 Operational Planning round. The high level guidance published at Christmas signalled increased investment in primary care, plans to reduce CCG running costs, changes to CQUIN and a reduced efficiency factor of 1.1% together with the draft tariff, which was being worked through by the finance team. There was not yet any detail in respect of CCG allocations, Provider Control Totals and specific deliverables.

The initial submission of the 2019/20 plan was still scheduled for 14<sup>th</sup> January 2019 but would be limited to activity plans. Dates for submission of the draft and final plans were 12<sup>th</sup> February 2019 and 4<sup>th</sup> April 2019 respectively.

It was noted that the Board would meet next in early March and would take a view then as to whether it was sufficiently sighted on the detail of the plan and associated risks or whether it would need to convene an extraordinary meeting closer to the final submission date.

The NHS 10 Year Plan had been launched in Liverpool on 7<sup>th</sup> January 2019 and Jane Tomkinson had attended the launch which had been fronted by the Prime Minister together with Simon Stevens, Chief Executive of NHS England. Whilst there was little detail, it was positive to note that key priorities for the NHS included tackling cardiac and respiratory diseases. How the plan would now be delivered, would be for local health economies to determine. It was signalled clearly that by 2023/24 all NHS organisations would be part of a wider care system, and that all care systems would be in financial balance. In order to

facilitate this there would be changes to the financial regime and an intent to review the primary legislation that was put in place in 2012.

It was noted that the inequalities and prevention agendas were closely aligned to LHCH's strategy. There was still debate on what an Integrated Care System (ICS) looked like in terms of size but it was likely there would be transition to a single commissioner for each ICS.

Work would now commence to determine LHCH's contribution to the long-term priorities of the NHS and to ensure the Trust was in a position to influence the wider system to secure benefits for patients.

The Board noted the update.

### 3.2

#### **Winter Plan 2018/19**

The Director of Nursing & Operations presented the winter plan, highlighting that the Trust had made provision to offer 6 – 8 beds to the health economy to support the management of winter pressures. Admissions criteria had been agreed and daily calls were taking place with colleagues across the health system to deploy beds and resources to best effect.

The Board discussed how the Trust was freeing up capacity now that Mulberry ward was out of use and it was questioned whether there would be an impact on LHCH planned activity.

It was explained that the bed modelling work had demonstrated that there was scope to offer capacity on Birch Ward but that a recent surge in the number of primary PCIs requiring admission had constrained this. Instead, beds had been offered on Oak Ward with Birch and Oak Wards being used flexibly and assessed daily in respect of internal need. It was noted that the HDU beds on Oak Ward were only open when needed and therefore provided some additional capacity.

It was noted that there had been some miscommunication around LHCH's willingness to take patients and as a result a further process to manage handover of patients had been put in place with liaison between hospital coordinators in addition to medical registrars.

The Board noted the report.

## 4

### 4.1

#### **Targets and Financial Performance**

##### **Board Dashboard - period ended 30<sup>th</sup> November 2018**

The Director of Nursing and Operations presented the performance report, highlighting that there had been an increase in sickness absence and that the diagnostic access target continued to breach due to the shortage of capacity pending the commissioning of the new CT and MR scanners.

Two new exceptions were highlighted on the Quality of Care dashboard concerning HSMR Weekend (in-month) and Number of Falls (in-month).

The Director of Research & Innovation advised that he had reviewed the HSMR (Weekend) indicator and looked back at the data for the last 3 years, observing that both numerator and denominator were small given the low number of weekend admissions, and that the confidence levels varied significantly month on month. He did not believe that the in-month result was statistically significant and advised that HSMR overall was reducing month on month. It was agreed that the Quality Committee would review and monitor the HSMR (Weekend) trend going forward and would escalate any concerns to the Board.

**NB/RAP**

In respect of the in-month increase in falls it was noted that all had been reviewed and that the majority of falls were unavoidable. All risk mitigation measures were in place.

A discussion followed in relation to the mortality screening target which continued to be rated red. The Medical Director advised that it was an internally set 'stretch' target which was often breached as a result of screeners going beyond the intended screen and analysing to a greater depth than was required at first stage. He noted that additional screeners had now been identified and work to standardise the depth of screening should improve performance. Compliance with the subsequent target to complete a full review of the death within 30 days was improving. It was not felt that the screening delays posed any risk to safety as all deaths were reviewed on a daily basis by the Deputy Director of Nursing and escalated within the formal review process as necessary. It was noted that LHCH's process was fairly unique in that all deaths were screened whereas at larger hospitals this was not practicable and most trusts adopted a sampling approach.

The 'Operational and Finance' indicators were reviewed and it was noted that PET scanning delays remained a concern and that access had been hampered by a national shortage of isotopes. This was being addressed by commissioners and NHS England.

A discussion followed in relation to cancelled operations as November 2018 had seen the highest volume of reportable cancellations in the year to date. It was confirmed that this would be a service improvement focus for Quarter 4 and as previously noted (Minute 2.1), the Board would receive a report on improvement work in April 2019.

It was noted that inclusion of some brief commentary on the financial indicator exceptions would be useful going forward, whilst acknowledging that the exceptions on capital expenditure

	and CIP were described in detail within the main finance report.	CW
	The Board noted the report.	
<b>5</b>	<b>Governance and Assurance</b>	
<b>5.1</b>	<p><b>Risk Management Policy Update: Risk Appetite</b></p> <p>The Director of Research &amp; Innovation presented the report, noting the changes made to the Risk Management Policy following the Board Risk Workshop in November 2018, at which the Board had refreshed its appetite for risk in relation to each of the Trust's strategic objectives.</p> <p>The Board approved the revised Risk Management Policy and noted that the Board Assurance Framework would now be updated to reflect the new risk appetite statement and associated risk appetite scores for each strategic objective.</p> <p>The Corporate Governance Manual would be updated to reflect the revised policy.</p>	LL
<b>5.2</b>	<p><b>Liverpool Provider Alliance : Memorandum of Understanding and Terms of Reference</b></p> <p>The Chief Executive advised that the Liverpool Provider Alliance had been established in 2018 with the aim of improving health outcomes through effective collaboration and delivery of the 'One Liverpool' Plan. LHCH had taken a leading role within the Alliance to progress the work of the Single Cardiorespiratory Group.</p> <p>A Memorandum of Understanding between the partnership of 14 Partners, including the local authority and social care had been developed.</p> <p>The Board reviewed the Terms of Reference and approved the Memorandum of Understanding.</p>	LL
<b>5.3</b>	<p><b>Corporate Services Collaboration at Scale : Memorandum of Understanding</b></p> <p>The Chief Finance Officer presented a second Memorandum of Understanding relating to Corporate Services Collaboration which set out aims to reduce unwarranted variation, remove unnecessary duplication and standardise corporate functions to maximise quality, resilience and value.</p> <p>The Board discussed the potential financial implications and it was noted that there was a clear risk sharing arrangement in place.</p> <p>The importance of maintaining LHCH culture and values was also acknowledged and it was questioned whether this type of agreement could be utilised to aid the sharing of clinical staffing resource. The Chief Executive advised that clinical collaborations formed part of the wider vision for cardiology involving a single workforce across the city and this was being</p>	

progressed via the CVD workstream.

The supported the principles of collaborative working and approved the Memorandum of Understanding.

**5.4 Changes to the Corporate Governance Manual :**  
i) **Scheme of Reservation and Delegation (SORD)**  
ii) **Operational Board Terms of Reference**

The Board reviewed the reports and approved the recommended changes to both the SORD and Operational Board Terms of Reference.

**5.5 Ratification of Consultant Appointments**  
The Board ratified the following consultant appointment:  
• Joel Giblett – Consultant Cardiologist

**6 Board Assurance**

**6.1\* Medical Revalidation Annual Report\***

The Board noted the report.

**6.2 BAF Key Issues Reports and Minutes from Assurance Committee Meetings:**

**6.1.1 People Committee**

The Board noted the BAF Key issues Report.

The Board received the approved minutes of the meeting of the People Committee held on 11<sup>th</sup> September 2018.

**7 Minutes of the Board of Directors Meeting held on 6<sup>th</sup> November 2018 (in public)**

The minutes of the meeting of the Board of Directors held on 6<sup>th</sup> November 2018 (in public) were reviewed for accuracy and approved by the Board.

**8 Action Log from Previous Meeting**

The action log was reviewed and updated as follows:

Action 2: Formatting of dashboard reporting corrected; national guidance on radiological waiting times targets awaited and changes to be reflected in 2019/20 Board dashboard; action to review the target for cancelled operations now superseded by review to be undertaken in next 3 months by Director of Nursing & Operations – action closed;

Actions 3 and 5 – completed and closed.

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

**9 Legality of Board Documentation and Decisions**

Board members confirmed that the conduct of the meeting and decisions made by the Board, to the best of their knowledge,

complied with the law. Board members confirmed they were satisfied with the format of the meeting.

10

**Date and Time of Next Meeting:**

Tuesday 5<sup>th</sup> March 2019 at **9.00 am**.

**ALL**

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

DRAFT