

minutes

Board of Directors (in Public)

**Minutes of the Meeting of the Board of Directors held on 24th
September 2019**

Present :	<p>Neil Large Jane Tomkinson Bob Burgoyne Nicholas Brooks Jonathan Develing Julian Farmer Mark Jones Karen O'Hagan Sue Pemberton Claire Wilson</p>	<p>Chairman Chief Executive Non-Executive Director Non-Executive Director Director of Strategic Partnerships Non-Executive Director / Deputy Chair Non-Executive Director Non-Executive Director Director of Nursing and Operations Chief Finance Officer</p>
In Attendance:	<p>Lucy Lavan Marga Perez-Casal</p> <p>Hayley Kendall John Morris</p> <p>Sharon Hindley Jacqui Strattan Gregg Holland Robin Wiggs</p>	<p>Director of Corporate Affairs Interim Director of Research and Innovation Chief Operating Officer Associate Medical Director – Medicine</p> <p>Facilities Manager (Item 1.4) Matron, Critical Care (Item 1.4) Chief Information Officer (Item 3.5) Deputy Director of Strategic Partnerships (Item 5.2)</p>
Apologies for absence :	<p>Raphael Perry</p>	<p>Medical Director / Deputy Chief Executive</p>
Observers- Governors / Staff/ Members of the Public:	<p>Trevor Wooding Sue Hodgkinson Lucy Sheridan Matt Anchors</p>	<p>Senior Governor Interim Director of People (Designate) Medtronic Medtronic</p>

Action

1
Chair's
Initials

1 **Opening Matters**

1.1 **Apologies for Absence**

Apologies for absence were received from Dr Raphael Perry. The Chair welcomed Dr John Morris to the meeting.

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 **Presentation on Patient Nutrition**

Jacqui Strattan and Sharon Hindley were welcomed to the meeting and presented improvement work that they had led to ensure that all patients received the support, meal choice and nutrition content needed to aid their recovery. Staff had been educated on the importance of nutrition; the protein content of meals had been increased; and varying portion sizes offered along with a wider range of healthy snacks to support patients' individual needs and appetites. A pilot exercise would test the implications of a change in practice which would allow for patients to be served each meal course separately and for presentation of food to be a focus in order that meals were appetising and enjoyable. An education programme was underway to ensure that staff noted the amount of food intake in order that patients could be helped or offered alternative meal choices if needed. Families were also encouraged to support at mealtimes if they wished to do so. The Board thanked and congratulated Jacqui and Sharon for their work and they then left the meeting.

1.5 **Chair's Briefing**

It was noted that the post of Chair for Cheshire and Merseyside Health and Care Partnership was currently out to advert.

The Chair advised that Bob Burgoyne would take over role of Chair of the Charitable Funds Committee with immediate effect. Neil Large would remain a member of the Committee.

The Chair thanked colleagues for their support and attendance at the recent Annual Members Meeting, held on 23rd September 2019.

2 **Patient Safety and Quality**

2.1 **Mortality Reports:**

2.1.1 **Dr Foster Mortality Report (July 2019)**

The Board received and noted the report which presented the Trust's mortality data for the period April 2018 to March 2019. The Associate Medical Director (Medicine) advised that the data indicated a generally improved picture and that the presentation

of the data had changed in that the trend analysis no longer incorporated confidence intervals.

The Board discussed the trends relating to CABG (Other) and diagnostic angiogram, noting that the Board had previously received assurances; in particular the impact of the introduction of the new out of hospital cardiac arrest pathway which was associated with high levels of mortality. There had been no new / further mortality outlier alerts for these categories.

A discussion followed in relation to the 12 months rolling HSMR data which suggested that mortality at LHCH was above the expected range for the period May – November 2018. Possible reasons for this included potential under-reporting of co-morbidities by LHCH; over-reporting of co-morbidities by other providers; or a genuine case-mix variation related to the area's high level of deprivation.

It was noted also that the report's narrative highlighted a high mortality associated with elective patients from Wales and it was agreed that this possible new variation required further exploration, given that previous studies had shown little difference in the mortality rates for English and Welsh patients. It was noted that the data related to all deaths and therefore it was impossible to draw any clear conclusions without detailed review. It was noted also that not all activity relating to Welsh patients was reported via HES, the data source used by Dr Foster, and therefore only LHCH referrals would be picked up; if a broader range of patients from England were treated then this factor could artificially skew the data. It was agreed that the Quality Committee would undertake a deep dive of this data and report back to the Board on any key issues.

**MP-C/
RAP**

2.1.2

Dr Foster Intelligence Update

The Interim Director of Research & Innovation presented the on-line dashboard and the Associate Medical Director (Medicine) explained that the peer comparators in relation to acute MI were exactly as expected with Papworth and LHCH well above the median and The Royal Brompton below. This reflected the fact that LHCH and Papworth were the only cardiac providers offering an emergency out of hospital cardiac arrest service in their areas. The Royal Brompton was surrounded by acute providers which took this type of patient and was therefore shielded from the inflow of sicker out of hospital arrest patients. It was noted that prior to 2014, LHCH took only those patients who were triaged by the ambulance service with acute MI; however following the introduction of European Guidelines in 2014, the out of hospital pathway was changed resulting in all out of hospital cardiac arrests being brought to LHCH – this included all patients for whom a cardiac cause could not be excluded. This practice was now undergoing further review by the Critical Care Network as it was thought that only patients with ST elevation were benefiting from immediate specialist cardiology intervention; with other patients gaining greater benefit by being stabilised locally prior to

transfer. It was noted that LHCH was unique in providing emergency angioplasty as in most other parts of the country, this service was delivered by the larger acute teaching hospitals.

It was requested that going forward, the Dr Foster Mortality dashboard be reviewed at Quality Committee, in order that the Board could focus on areas where action was required; and therefore the Board would continue to receive an annual mortality assurance report, together with any exceptions reports flagged by the Quality Committee.

MP-C /
RAP

2.2 Winter Preparedness Plan 2019/20

The Chief Operating Officer presented the winter plan which was the product of extensive engagement with partners across the wider health system. LHCH's offer for the forthcoming winter period was focused upon the provision of heart failure support across the region via the Physician Associates Programme; and the funding of a private ambulance service to expedite transfers and discharges, thus aiding effective patient flow. The paper included indicative costs, a significant proportion of which would be met from STP funding. The Board supported the actions set out within the plan presented.

It was noted that the flu vaccination programme was about to commence and that all staff would be encouraged to partake.

2.6 LHCH Monthly Staffing Reports for July 2019 and August 2019*

The Board noted the reports. It was explained that the 'red flag' shift reported in August 2019 related to registered nurse cover on a night shift in the Coronary Care Unit being lower than the requirement set out in NICE guidelines. Support had been provided by the Ward Manager and Education Lead for this shift and there had been no patient safety incidents.

3 Strategy and Development

3.1 Operational Planning Framework and first draft of System-wide Plans

The Board received and noted the key milestones for compiling the 2020/21 Operational Plan, noting that the greatest challenges related to increasing demand and backlogs at sub-specialty levels, including TAVI and ACHD.

3.2 Vision for Patient and Family Experience

The Director of Nursing presented a new vision for patient and family experience which provided greater focus to the pre-admission and post-discharge phases of the patient pathway. The Board noted and approved the new Vision together with the schedule of improvement programmes being progressed, as set out in the Appendix to the report.

3.3 Improvement Framework

The Chief Operating Officer presented the new framework for improvement work which built upon the Trust's well-established

approach to service improvement. Going forward, there would be greater focus on transformational Trust-wide schemes linked to a 3-year rolling CIP planning process. Work was underway to identify a small number of transformational schemes, linked to the long-term plan which would be monitored closely by the Improvement Team and Operational Board. Smaller improvement schemes would continue to be delivered locally by the Divisions. It was noted that the Service Improvement Team would in future work more closely with the OD Team and that learning and development requirements would be reviewed and linked directly to personal development plans set out at staff appraisals. The Service Improvement Team now included a senior member of the finance team who would continue to work with colleagues to identify improvement opportunities from GIRFT and benchmarking via the Model Hospital.

The Board noted and supported the refreshed approach to Service Improvement which would now be led by the Chief Operating Officer.

3.4* Sustainable Development Management Plan Update*

The Board noted the update report and plan to complete production of the SDMP during Quarter 4 of 2019/20; a timeframe which aligned with the Trust's new 5-year strategic plan.

JD

3.5 Interim Digital Strategy

The Chief Information Officer was welcomed to present the Interim Digital Strategy. The Board supported the plans set out and a discussion followed around the need to make explicit that LHCH would fully participate in the wider health system's drive towards a single system, but would not compromise on the quality and safety needs of patient management and user experience. The need to understand and access other systems and data in relation to population health was fundamental to the strategy and there was clear reference to the Interim People Plan and ambitions for a digitally-enabled workforce in delivering 21st Century care.

GH
(CW)

It was noted that the Digital Strategy was one of a number of key enabling strategies that would underpin the LHCH 5 year strategic plan.

The Chair concluded that the Interim Digital Strategy was understandable and had captured all the issues well. Further work to understand the resource implications and to finalise the Digital Plan would be undertaken in order that a final plan could be brought to the Board for approval in January 2020.

GH
(CW)

4 Targets and Financial Performance

4.1 Board Dashboard – period ended 31st August 2019

The Chief Operating Officer presented the report and highlighted the following:

- 6 week diagnostic performance which had for the first time fallen below 70% compliance. Additional capacity

would be operational from November 2019. A revised trajectory along with mitigating actions had been submitted to NHS Improvement. The revised trajectory indicated a return to compliance during Quarter 1 of 2020/21.

- Histopathology turnaround times continued to underperform and this was now a significant issue for EBUS patients. The Board was advised that the Trust was piloting a partnership with Whiston Hospital to fast-track reporting for EBUS patients. This arrangement would be reviewed weekly and if successful, consideration would be given to moving all histopathology provision to Whiston.
- NHS Improvement had been notified of a 52 week breach for which the patient had been referred to LHCH from a provider partner in Week 50. The Trust had also recently accepted two breached long waiters from Blackpool.

The Chief Executive highlighted her continued concern around high sickness levels noting the need for significant traction at Divisional level ahead of the winter period. The work would receive renewed focus following the change of leadership for Workforce.

The Board noted that the key risks in relation to the Single Oversight Framework and 2019/20 segmentation related to RTT compliance at specialty level and the impact of the backlog of diagnostic testing.

The Board noted the report.

4.2 NHS Oversight Framework 2019/20

The Chief Operating Officer briefed the Board on the NHS Oversight Framework 2019/20 (published September 2019), noting that there were no new metrics but regulators were to place greater emphasis going forward on system performance. It was not yet clear how the oversight of specialist Trusts would be managed as Liverpool was unique in relation to the number of specialist providers serving catchment populations beyond the boundaries of their local health system.

It was noted that work was progressing within the Cheshire and Merseyside Health and Care Partnership to review governance arrangements to support the wider health system.

5 Governance and Assurance

5.1 Board Development plan – Outline agenda for Board Strategy Day 29th October 2019

The outline agenda was supported and it was noted that the Strategy day would focus on consolidating the work being done with Operational Board and Clinical Leads 26-27th September and would be facilitated by Mike Farrar.

5.2 Brexit Update

The Deputy Director of Strategic Partnerships was welcomed to the meeting and delivered a presentation on the national contingencies in place to mitigate the impact of a potential 'no deal' EU Exit on 31st October 2019. It was noted that the impact was likely to be gradual but the possibility of multiple pressures starting to impact as the winter period approached needed careful consideration.

It was noted that the Liverpool System had undertaken a scenario planning exercise which had considered the response in relation to multiple factors including traffic congestion and the logistics associated with plans to utilise Liverpool as an additional Port for receipt of incoming goods from the European Union. The fragility of the social care network was also acknowledged.

The composite risks in terms of impact on LHCH were currently scored at 12 on the Trust's risk register and it was noted that at this point there was no requirement for specific action beyond the nationally led mitigation plans.

The Board noted the report.

6 Board Assurance

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

6.1.1* *Integrated Performance Committee**

The Board received and noted the approved minutes of the Integrated Performance Committee meeting held on 29th April 2019.

7 Minutes of the Board of Directors Meeting held on 30th July 2019 (in public)

The minutes of the meeting of the Board of Directors held on 30th July 2019 (in public) were reviewed for accuracy and approved by the Board.

8 Action Log (public) from previous meeting

The action log was reviewed and updated as follows:

Action 2 – closed.

All actions not listed above would carry forward per 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 26th November 2019 at 9.00 am.

11 Resolution

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