

## Board of Directors (in Public)

### Item 7

## minutes

### Minutes of the Board of Directors' meeting held on 28<sup>th</sup> November 2017

Present:	David Bricknell	Non-Executive Director/ Deputy Chair and Senior Independent Director (in the chair)
	Jane Tomkinson Nicholas Brooks Julian Farmer Mark Jones Sue Pemberton Raphael Perry	Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Director of Nursing and Quality Medical Director / Deputy Chief Executive
	Marion Savill Darren Sinclair Tony Wilding	Non-Executive Director Non-Executive Director Director of Strategic Partnerships & Chief Operating Officer
	Claire Wilson	Chief Finance Officer
In Attendance:	Mark Jackson Lucy Lavan Joanne Twist	Director of Research and Innovation Director of Corporate Affairs Director of Workforce Development
Apologies for absence :	Neil Large Lee Omar	Chairman GT Aspiring NEDs Programme
Observers: Governors / Staff/ Members of the Public:	Julie Coope	Senior Managing Consultant, Berkeley Research Group (UK) Ltd.

1 Welcome and Opening Matters

1.1 Apologies for absence

Action

1  
Chair's  
Initials

Apologies were received from Neil Large, Chairman who had needed to leave the Trust at 11.30am, following the Board's meeting in private. David Bricknell, Deputy Chair took the chair for the meeting in public.

Apologies were also noted from Lee Omar.

**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 and Quality read a patient and family story.

**1.4 Chairman's Briefing**

The Chair advised that there were no further items to report.

**2 Patient Safety and Quality**

**2.1 LHCH Monthly Staffing – October 2017\***

The Board received and noted the reports on staffing levels by ward and care hours per patient day for October 2017 and acknowledged the process of daily risk assessment to ensure safe staffing by flexing staffing levels in accordance with patient numbers and acuity.

It was noted that Mulberry Ward had been closed during part of October as flow was being managed without the need for this capacity and with bed occupancy averaging 85%. The Same Day Admissions business case would explore the use of Mulberry in the longer term. It was noted that winter plans assumed a bed occupancy rate of 92%.

The Director of Nursing and Quality advised that the safe staffing reports would be more concise in future and focus upon the care hours per patient day analysis.

**2.2 Deprivation of Liberty Safeguards\***

The Board noted the report.

**2.3 Excellent Efficient Compassionate Safe Assessments (EECS)**

The Director of Nursing and Quality presented the report and took the Board through the EECS framework that had been developed by the Trust to monitor standards of care across clinical departments. The process was being adapted for use by corporate departments and would be rolled out across all areas of the Trust in 2018/19.

Many clinical areas had now completed three assessment cycles since the process was introduced and those that had been awarded green status on three consecutive assessments now qualified for consideration for gold status. The gold awards

would be presented to six clinical areas at the 'Best of the Best' Grand Awards on Friday 1<sup>st</sup> December 2017.

One Ward area was rated amber. Whilst Cedar Ward generally had excellent feedback from patients and families, it was a busy, high acuity ward with many surgical patients having complex needs. An action plan had been put in place and the ward would be re-assessed in February 2018.

The EECS framework was currently under review to ensure coverage of all CQC inspection areas as set out in the revised CQC standards.

The Board noted the quality assurance and challenge process that led to a decision on the final rating awarded to each area and heard that teams had been very positive about the process.

A discussion followed in relation to recent inclusion in the framework of an 'efficiency' domain and it was noted that some 'green' rated areas had been assessed as red or amber against some of the efficiency criteria. It was explained that the efficiency domain was currently a pilot exercise with shadow ratings. This would be evaluated and embedded within the framework in the coming weeks.

It was noted that the EECS was an internal exercise but that the CQC would ask how the Trust assessed itself against CQC standards and would evaluate the EECS approach as part of its inspection process. The EECS process was supplemented by periodic mock inspections which aimed to check that all areas were maintaining 'outstanding' standards of care. Staff and team leaders were supported to maintain evidence files to demonstrate how the CQC's outstanding criteria were being met and these were discussed at a fortnightly 'sharing and learning' group held every two weeks.

The Board noted the report.

**2.4      *Report of the Director of Infection Prevention and Control – Quarter 2\****

The Board noted the report.

**3      *Strategy and Development***

**3.1      *Health Economy Update – NHS Cheshire and Merseyside 5YFV and CVD Pathway***

This agenda had previously been covered in the private part of the meeting.

**3.2      *Planning Round Update***

The Chief Finance Officer advised that since her presentation to the Board and Governors on 14<sup>th</sup> November 2017, the Chancellor's budget had signalled additional resources for winter and for the next financial year although there was no detail yet and planning guidance was expected to be published in the

second half of December 2017.

It was likely that NHSI would require submission of the operating plan for 2018/19 in February or March 2018.

A weekly finance and activity group had been established to drive the internal planning process with a higher level planning group convened monthly to oversee production of the plan, which would be presented to the Board for consideration before the end of the financial year along with a refresh of the long term financial model.

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A detailed planning timetable and work plan was in place and would be reviewed and updated as soon as the planning guidance was available.

The Chief Finance Officer advised that at this point she was not assuming any additional resource as it was likely that new monies would be directed to tackle waiting times and A&E capacity. NHS funding was expected to be extremely tight going into the year 2019/20 and therefore the plans would aim to secure headroom during 2018/19 to ensure the best possible position going into 2019/20.

The Chief Executive advised that there was now a greater focus on delivery of the 5 Year Forward View and noted the context of this with regard to the sizeable financial deficits of individual organisations within Cheshire and Merseyside.

The Board noted the planning update.

### 3.3

#### **Research and Innovations Strategy – Mid Year Review**

The Director of Research and Innovation presented the report which provided a summary against each of the principal objectives set out in the 2015-18 Research Strategy.

It was noted that the research portfolio was continuing to grow and diversify in two of the 3 areas identified for development – personalised medicine, including genomics; and digital health. The third area of regenerative medicine had been limited following the resignation of the principal collaborator from his academic position at the University of Liverpool.

The portfolio of research projects in areas of existing strength continued to flourish and it was noted that a number of these would be presented to the Board at the development day on 12<sup>th</sup> December 2017.

Partnership work with the University of Liverpool was now beginning to gather momentum with a possible opportunity to establish a new University Department of Cardiovascular Research and the potential to secure more professorial positions for LHCH clinicians. Work with John Moores University to support this opportunity was being explored and Edge Hill

University were seeking support from LHCH to develop a new medical school.

LHCH was also engaged in the review of Liverpool Health Partners and development of a clearer vision and strategy for enhancing research capability across the City.

Research programmes were being developed to support the Trust's surgical robotics programme and in developing a new model for purchasing implanted device services which could attract £1m EU grant funding over the next 4 years.

The robotic implementation plan was discussed and it was noted that focus to date had been on simulation training with the first thoracic case scheduled for 1<sup>st</sup> December 2017, with the first cardiac case in February 2018.

In relation to finance it was noted that contributions from charitable funds needed to be reviewed and that a paper would be considered by the Charitable Funds Committee in January 2018.

The Board discussed the process for prioritising trials and noted the governance arrangements involving Research Committee evaluation of all proposals against set criteria which included added value and strategy alignment.

In relation to British Heart Foundation (BHF) funding opportunities, it was noted that BHF priorities had recently changed but conversations were ongoing and BHF's approach was now based on 'match funding' and the requirement for individual organisations to retain a significant stake in the work.

The Chair congratulated Mark Jackson on the progress made, noting that the developments with University of Liverpool presented an exciting opportunity to take research and innovation to the next level.

The Board noted the report.

#### 4 4.1

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

#### **Strategic, Financial and Operational dashboards - period ended 31<sup>st</sup> December 2017**

Further to discussions at the last Board meeting, it was noted that the Board dashboard had been expanded to incorporate a more comprehensive overview of financial performance.

The Director of Strategic Partnerships and Chief Operating Officer highlighted the following:

- Improved incident reporting
- Increase in written complaints, but with no evident themes – the issues included communication and delayed inter-hospital transfer
- Reduction in the number of cancelled operations

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- In month non-compliance with the 62 day wait for first treatment from urgent GP referral, with consultant upgrade – the breach was attributed to a single patient with complex needs
- Improved timeliness of PET scanning reporting

The Chief Finance Officer referred to Appendix 5 and highlighted the overall financial performance of the Trust at Month 7.

The Board noted the report.

## **5 Governance and Assurance**

### **5.1 Integrated Complaints, Claims and Incidents Report**

The Board received the report, noting the improving trend in incident reporting and positive impact of ensuring that staff receive feedback following the reporting of an incident.

It was noted that although the number of ongoing claims remained consistent with previous reporting periods, there were a number of high value claims in the pipeline.

The Board noted the report.

### **5.2 Government Credit Card Policy**

The Board accepted the recommendation of the Audit Committee and approved the Government Credit Card Policy for immediate adoption.

## **6 Board Assurance**

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

#### **6.1.1 Audit Committee**

The Board noted the BAF key issues report from the Audit Committee meeting held on 7<sup>th</sup> November 2017.

The Board received the approved minutes of the meeting of the Audit Committee held on 17<sup>th</sup> July 2017.

#### **6.1.2 Integrated Performance Committee (IPC)**

The Board received the approved minutes of the meeting of the Integrated Performance Committee held on 24<sup>th</sup> July 2017.

#### **6.1.3 Quality Committee**

The Board received the approved minutes of the meeting of the Quality Committee held on 11<sup>th</sup> July 2017.

## **7 Minutes of the Board of Directors Meeting held on 31<sup>st</sup> October 2017 (in public)**

The minutes of the meeting of the Board of Directors held on 31<sup>st</sup> October 2017 (in public) were reviewed for accuracy and approved by the Board.

## **8 Action Log from Previous Meeting**

The action log was reviewed and updates noted and closed.

There were no outstanding actions for Board review.

**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 30<sup>th</sup> January 2018 at 9.30 am.

DRAFT