

Board of Directors (in Public)

Item 7

minutes

Minutes of the Board of Directors' meeting held on 4th September 2018

Present:	Neil Large	Chairman
	Jane Tomkinson	Chief Executive
	Nicholas Brooks	Non-Executive Director
	Julian Farmer	Non-Executive Director/ Deputy Chair
	Sue Pemberton	Director of Nursing and Quality
	Marion Savill	Non-Executive Director/ Senior Independent Director
	Tony Wilding	Director of Strategic Partnerships & Chief Operating Officer
	Claire Wilson	Chief Finance Officer
In Attendance:	Mark Jackson	Director of Research and Innovation
	Lucy Lavan	Director of Corporate Affairs
	Joanne Twist	Director of Workforce Development
	Nigel Scawn	Associate Medical Director – Clinical Services
	Helen Turner	Freedom to Speak Up Guardian (Item 2.3)
	Robin Wiggs	Assistant Director – Business Development (Item 3.2)
Apologies for absence :	Mark Jones	Non-Executive Director
	Ken Morris	Non-Executive Director
	Raphael Perry	Medical Director / Deputy Chief Executive
Observers: Governors / Staff/ Members of the Public:	Samantha Piddington	

1 Welcome and Opening Matters

Action

1
Chair's
Initials

1.1 Apologies for absence

Apologies were received from Ken Morris, Mark Jones and Dr Raphael Perry.

The Chairman welcomed Dr Nigel Scawn who was deputising for the Medical Director.

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 Chairman's Briefing

The Chairman advised that he had invited Sam Piddington to shadow the Board in support of her personal development and that Sam would shortly be joining the meeting.

It was noted that the Non-Executive Director recruitment process would begin following a meeting of the Council of Governors' Nominations and Remuneration Committee on 11th September 2018. Gatenby Sanderson had been appointed to support the process which had been timetabled to complete in readiness for an April 2019 start date. The detailed timetable would be shared in due course.

The Non-Executive Director Specialist Trust Network would meet next week. It had been agreed that a schedule of current areas of collaborative working would be captured and that the group would explore opportunities for new areas of collaboration.

The Royal / Aintree merger was expected to take effect from June / July 2019, with opportunity to consider any implications of the business case later in 2018. There remained continued uncertainty around the time frame for completion of the new build but it was thought that opening would be scheduled for late 2019 at the earliest.

The importance of partners working together as 'One Liverpool' was noted with a clearer understanding of the direction of travel by November 2018.

1.4 Patient Story

The Director of Nursing and Quality read a patient story.

2 Patient Safety and Quality

2.1 CQC Insight (June 2018)

The Director of Research and Innovation took the Board through the paper noting that the Insight document was populated from national data collections and therefore there was a reporting time-lag which meant some data was dated and not representative of current circumstances.

The Board went through each area of exception in some detail

and noted in particular:

- i) That specialist trusts no longer meet the inclusion criteria for the National Elective Laparotomy Audit (referenced in Pages 26, 37 and 44). Whilst the CQC has acknowledged that this exception is an historic issue and no longer valid, it will remain in the Insight report for a further period of time.
- ii) That the deterioration in the risk adjusted mortality ratio (Page 28) was not statistically relevant and the result of a small variation in performance. The data source was the Intensive Care National Audit and as a result there was a substantial time lag in data reporting.
- iii) It was noted that the Board would discuss mortality further later in the agenda.
- iv) The ongoing programme of training in incident reporting processes in relation to low levels of incident reporting (Page 33).

It was noted that all exceptions within Insight had been fully reviewed and most lines of enquiry closed down.

The Board went on to discuss the Trust's composite score of 4.6 in the context of 6.6 being the highest score achieved and whether this was reflective of the Trust's ambition to be the best and its CQC rating of 'outstanding'. The Board heard that to date the Insight report had not been used at relationship meetings and the CQC had acknowledged that the tool was in its infancy with many data sources providing a historic perspective rather than current circumstances. The Director of Nursing and Quality had been proactive in providing feedback to the CQC in respect of the reported exceptions and stressed that Insight was used only as a risk assessment tool enabling exploration of areas of potential risk and did not directly inform the assessment of standards and overall rating.

The Board noted that the executive team reviewed the Insight data on a monthly basis. Following discussion the Board determined that it wished to receive an update on exceptions twice yearly. This would be incorporated into the Board business cycle.

MJ/LL

2.2

Learning from Deaths Dashboard

The Associate Medical Director – Clinical Services presented the report, noting that there had been 41 deaths during Quarter 1, compared to 65 in the previous quarter (Q4, 2017/18). Since April 39 deaths had been reviewed through the mortality review process and of these there had been no deaths in patients with an identified learning disability.

In Quarter 1, one death had been classified as greater than 50:50 chance of avoidability and the actions identified through the mortality review process had been taken forward by the Division concerned.

The Board noted that the Trust was compliant with national guidance on learning from deaths. The Board discussed the definitions and categorisation of deaths noting a degree of ambiguity. However, the Board received confirmation that at LHCH all deaths were screened and that processes in place to support organisational learning facilitated learning from all deaths, rather than review and learning based on sampling.

Whilst it remained an aspiration to share learning on a wider regional footprint, ability to do this was limited due to other providers having insufficient means of reviewing all deaths.

The Board noted that the number of deaths in the previous quarter had been significantly higher and that fluctuation was evident over time, with higher death rates often experienced in the winter months.

The Chief Executive advised that deaths were also monitored and reviewed on a weekly basis at the executive team meeting with issues and trends identified and triangulated in a number of ways.

The Board noted the report and Q1 dashboard.

2.3

Freedom to speak Up Guardian – Quarter 1 Report

The Chair welcomed Helen Turner, Freedom to Speak Up (FTSU) Guardian to the meeting and invited her to present the Quarter 1 FTSU Report. It was noted that the Audit Committee had recently reviewed the arrangements for Speaking Up and following receipt of new national guidance, had recommended that the FTSU Guardian report direct to the Board of Directors on a quarterly basis. This was supported and it was confirmed that the current practice of 6 monthly reporting to People Committee would cease.

There had been one concern raised through the FTSU network in Quarter 1 and this related to staff values and behaviours. The issue had been successfully resolved and the case closed down. It was noted that all 13 concerns raised in 2017/18 had now been resolved and closed down.

The Board noted the new national guidance and it was confirmed that the Board would undertake a self-review using the published toolkit at a workshop session directly following the Board meeting.

The FTSUG advised that her programme of work for Quarter 2 included attendance at team meetings to raise awareness of FTSU amongst staff, training of the FTSU Champions, provision of FTSU drop in sessions and regular updates at Team Brief.

The Board noted plans to establish a Quarterly FTSU summit at which FTSU concerns would be triangulated with other data relating to patient safety and staff experience; and with

comparative benchmarking data. The inaugural meeting would take place on 1st October 2018.

It was noted that Dr Justin Ratnasingham had recently taken on the role of Deputy FTSUG and that the Champions Network had been refreshed.

The Board discussed the number of concerns raised with the FTSUG, noting that the numbers seemed low. It was recognised that many staff felt comfortable raising issues at the daily safety huddle where concerns were dealt with very efficiently and followed up immediately. The FTSU Summit would provide a forum for detailed review of benchmarking and other data to determine whether the low numbers were an indicator of a wider concern regarding culture, but this was not thought to be the case. The staff survey data had been positive and had demonstrated improved staff engagement.

The Board discussed the content of the report, confirming that it provided a good and comprehensive summary but would benefit from further detail in relation to evidence of learning. This was noted for future reporting.

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In relation to the effectiveness of the Champions Network it was noted that some champions were more proactive than others and that some were constrained by capacity to participate fully due to their clinical working patterns.

It was agreed that further work would be undertaken to explore how the hospital volunteers could be better engaged in FTSU and feel able to speak up about any concerns.

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It was noted that the NEDs had recently agreed to discuss with staff how they felt about FTSU during their walkabouts. Feedback would provide a valuable source of 'soft' intelligence.

NEDs

The Board noted the report and thanked Helen Turner for her attendance. Helen Turner left the meeting.

2.4

Director of Infection Prevention and Control – Quarter 1 Report

The Associate Medical Director – Clinical Services presented the report and provided an overview of reportable infections and the surveillance systems and audit programmes in place to monitor and prevent healthcare acquired infections.

Of particular note were two Trust attributable cases of CPE which were identified as the same strain and same genetic profile, despite no overlap of time when the two patients concerned were in the hospital. The possible routes for transmission were being investigated and would be followed up by the Infection Prevention Committee.

It was noted that the 'bare below the elbow' policy had been

reinforced with compliance required by all staff in clinical areas including those who had no direct patient contact.

It was also noted that the 'Clean Trace' system had identified an increase in the contamination of furniture and equipment during Quarter 1. The Hygiene Supervisors had introduced additional audits, monitoring and training to address this.

It was noted that there had been an improvement in compliance with the sepsis bundle.

The Board noted the report.

2.5 *Deprivation of Liberty Safeguards (DoLs) Update for Quarter 1**

The Board noted the report.

2.6 *Patient Led Assessment of Care Environment (PLACE) Report **

The Board noted the report.

2.7 *LHCH Monthly Staffing – June 2018 and July 2018**

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

The Board noted the report.

3 *Strategy and Development*
3.1 *Quality Strategy Update*

The Director of Nursing and Quality presented the report and highlighted the key updates, including incorporation of the FTSU vision and strategy, the quality improvement programme and refreshed governance arrangements. The Board approved the updated Quality Strategy 2018-2021.

3.2 *Implications of Exiting the European Union*

The Chair welcomed Robin Wiggs, Assistant Director – Business Development, to present on the process and probable outcomes associated with exiting the European Union, the implications for NHS and LHCH and a proposed action plan.

It was noted that a 'no deal' scenario could have implications for the workforce although the risks had been mitigated by the Government's lifting of visa restrictions. Other implications included the supply of medicines and devices, the supply of other goods and services including blood, research and clinical trials and general economic impacts.

It was noted that the Trust had in place a nominated Brexit contingency lead who would convene a Brexit Contingency Group which would review technical guidance notices as these

were published, review and update existing business continuity plans and maintain the risk register to reflect any new and emerging risks relating to Brexit, escalating these as appropriate.

The Board discussed the implications of Brexit for the Trust's ambitions in relation to international work. It was noted that there were increased opportunities for business outside of the EU but it was not yet known whether the UK's exit from the EU would make business deals less attractive to international partners.

A discussion followed around the guidance from the Department of Health in relation to stockpiling of essential medicines. It was noted that the UK was a net exporter of pharmaceuticals to the EU and that the contingency planning work would include a review of suppliers to identify product lines at risk, to determine whether or not there were alternative suppliers, and to assess the implications. It was noted that if the UK did not remain part of an economic trade agreement then the implications were likely to be delays associated with customs procedures and costs associated with import duties. It was the interruption of supplies that was deemed to be the key risk and the basis for the plan for UK wholesalers to stockpile essential product lines.

The Board concluded that the impact on LHCH was likely to be low but developments would be followed closely and risks kept under review.

The Chair thanked Robin Wiggs for his presentation.

Robin Wiggs left the meeting.

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4.1

Targets and Financial Performance

Board Dashboard - period ended 31st July 2018

The Director of Strategic Partnerships and Chief Operating Officer presented the performance report, noting that the diagnostic access target continued to breach due to the shortage of capacity. However, the business case implementation was on track with an order for the new scanners expected to be placed by 15th September 2018 in order that the additional capacity would be operational before the end of the financial year.

PET scanning remained an issue and discussions were ongoing with specialist commissioners but improvement had been difficult to progress due to the commissioning contract with Alliance being for a ten year period.

The Board discussed the impact of extended waits for diagnostics on patient safety and experience. It was noted that all referrals were screened and prioritised by the consultant radiologists with urgent referrals being dealt with ahead of routine follow up scans. Whilst there had been no evidence of patient harm as a result, this process did involve some degree of compromise but the radiology team were doing everything

possible to minimise risk to patients.

In relation to cancelled operations, it was noted that a detailed paper had been prepared for consideration by the Integrated Performance Committee in October 2018.

The Board discussed emerging risks in relation to the referral to treatment (RTT) target. The demand for TAVI procedures was increasing rapidly with a 170% increase in referrals since April 2018. The Trust was contracted to provide 120 TAVI procedures in 2018/19 and was likely to be required to deliver a further 70 at a cost of approximately £2m. It was noted also that Welsh Commissioners were looking to bring their referral criteria in line with that of NHS England which would bring further growth.

Whilst growth in TAVI was expected to be offset by a reciprocal decline in surgical valve replacement this had not been evidenced, with the surgical workload remaining static. It was noted that LHCH provided very few simple AVR procedures as most valve replacements were done in tandem with revascularisation. The Board noted that whilst the device cost for a valve replacement was significantly less than that of a TAVI, TAVI required a shorter length of stay and was generally associated with fewer complications.

RTT was an increasing challenge for the Medicine Division with a growing backlog in both TAVI and EP.

In relation to pressures with the EP waiting list, it was noted that these should improve once the newly appointed EP consultants take up post in September, but that anaesthetic input remained a challenge and would continue to pose a risk to the delivery of the EP plan. Work was ongoing to attract cardiac anaesthetists but there was a shortfall in supply of anaesthetists and in particular those specialising in cardiac anaesthesia.

It was noted that NHS Improvement (NHSI) had stipulated that waiting lists should be held at the same level by 31st March 2019 as seen at 31st March 2018. The NHS was unlikely to achieve this in aggregate and LHCH alone had seen a growth in activity of approximately 4%.

It was noted that NHSI had raised concern nationally about RTT breaches in excess of 52 weeks. LHCH had reported one such breach and a report on this had been provided to the regulator.

The Chair requested a prospective analysis of access targets to enable the Board to have a clear understanding of the year-end forecasts, risks and implications. This would be considered at the next Board meeting.

The Board noted that the indicator for staff appraisals had not been met and heard from the Director of Workforce Development that the position at 31st August was 67% with clear

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plans in place to meet the target by the end date of the extended appraisal window which had been set at 14th September 2018.

The Board noted the report.

4.2 Strategic Objectives – Quarter 1 Progress Report

The Chief Finance Officer presented the report, noting that this was the first time that progress of the strategic objectives had been reported in the new format that had been approved by the Board in April. The document had been populated by the executive team and the information used to inform the quarterly review of the Board Assurance Framework.

The Board concluded that there had been good progress to date and that the new reporting format was helpful.

The Board noted the report.

5 Governance and Assurance

5.1 Corporate Governance Manual Review

The Director of Corporate Affairs advised that the annual review and update of the Corporate Governance Manual had been completed, with the support of MIAA who had provided assurance that the content was comprehensive and consistent with best practice.

The Board noted the schedule of key changes and in particular that there had been a thorough review of the Standing Financial Instructions and Scheme of Reservation and Delegation in relation to capital expenditure and review.

The Chair of the Audit Committee confirmed that the Audit Committee had reviewed the revised manual and had recommended the Board's approval.

The Board approved the revised Corporate Governance Manual for immediate adoption.

5.2 Emergency Preparedness Resilience Response

The Director of Research and Innovation took the Board through the self-assessment exercise undertaken in relation to compliance with the national emergency preparedness and resilience response (EPRR) standards, noting that the Chair in his capacity as designated NED lead for emergency planning had previously reviewed the outcome of the exercise in detail.

It was noted that the Major Incident Plan had been reviewed and updated in four areas in order to demonstrate full compliance with the 2018 standards. A deep dive review had also been undertaken into the command and control procedures and full compliance was demonstrated.

The Board reviewed and approved the EPRR self-assessment for submission to NHS England.

- 5.3*** ***Council of Governors Election Report****
The Board noted the report.
- 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.
- The Board received the approved minutes of the meeting of the Audit Committee held on 29th May 2018.
- 6.1.2** **Integrated Performance Committee**
The Board noted the BAF Key issues Report.
- The Board received the approved minutes of the meeting of the Integrated Performance Committee held on 24th April 2018.
- 6.1.3** **Quality Committee**
The Board noted the BAF Key issues Report.
- The Board received the approved minutes of the meeting of the Quality Committee held on 24th April 2018.
- 8** **Minutes of the Board of Directors Meeting held on 3rd July 2018 (in public)**
The minutes of the meeting of the Board of Directors held on 3rd July 2018 (in public) were reviewed for accuracy and approved by the Board.
- 9** **Action Log from Previous Meeting**
The action log was reviewed and updated as follows:
- Action 2 : completed and closed;
- All actions not listed above would carry forward per the designated review dates.
- 10** **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 6th November 2018 at **9.00 am**.
- The Board resolved to exclude the public at this point by reason of the private nature of business to follow.