

# Board of Directors (in Public)

## Item 29

# minutes

## Minutes of the Board of Directors' meeting held on 25<sup>th</sup> November 2014

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| <b>Present :</b>                          | <p>Neil Large<br/>Jane Tomkinson<br/>David Bricknell</p> <p>Lawrence Cotter<br/>Debbie Fryer</p> <p>Mark Fuller<br/>David Jago<br/>Sue Pemberton<br/>Glenn Russell<br/>Marion Savill</p> | <p>Chairman (present for part of the meeting)<br/>Chief Executive<br/>Non-Executive Director/ Senior<br/>Independent Director<br/>Non-Executive Director<br/>Director of Strategy and Organisational<br/>Development<br/>Non-Executive Director<br/>Chief Finance Officer/Deputy CEO<br/>Director of Nursing and Quality<br/>Medical Director<br/>Non-Executive Director</p> |
| <b>In Attendance:</b>                     | <p>Mark Jackson<br/>Lucy Lavan<br/>Tony Wilding</p> <p>Julie Tyrer</p>   | <p>Director of Research and Informatics<br/>Associate Director of Corporate Affairs<br/>Chief Operating Officer</p> <p>Specialist Nurse – Tissue Viability (Item 4)</p>  |
| <b>Governors / Members of the Public:</b> | Trevor Wooding   | Public Governor  |

### Apologies:

#### 1. Apologies for absence

There were no apologies for absence.

The Chairman welcomed Trevor Wooding to observe the meeting.

#### 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.

#### 3. Patient Story

### Action

Instead of a patient story the Board observed the daily safety huddle which was led by the Chief Executive.

**4. Presentation on Tissue Viability**

Julie Tyrer, TV Specialist Nurse attended the Board to present on the improvement work relating to the prevention and management of pressure ulcers. There was evidence of significant improvement over the last 12 months, particularly within critical care, where there is a higher risk of tissue damage related to use of medical devices.

The Board noted that there had been a recent spike in the incidence of reported pressure ulcers which had coincided with a period of higher than normal acuity, increased activity, high staff sickness and increased use of agency staff, all associated with a period of winter pressure challenges which made it more difficult for staff to ensure consistency in maintaining standards. The Board noted that Link TV nurses were now practising on 4 Wards and also that the Trust wide quarterly recruitment process, commencing December 2014, was expected to alleviate reliance on agency staff, together with quicker recruitment times as a result of the HR recruitment support service being brought back in-house.

The Board discussed the process for ensuring that temporary staff were adequately trained and noted that a 3-tier system is in place whereby additional staff are firstly drawn from the LHCH Bank, then an agency with which the Trust has an established relationship and receives staff who often work regularly at LHCH; and thirdly other agencies which employ staff who are less likely to be known and familiar with LHCH.

The Board went on to discuss the use of specialist beds and mattresses and heard of the benefits of the new Dolphin mattress which has proven extremely effective post-operatively for patients who have undergone lengthy procedures in theatre.

A discussion followed around the trend towards a 'hotter' hospital and increased patient acuity and it was noted that developmental work to introduce ward dashboards, coupled with renewed focus on leadership development to support the effective management of absence, vacancies, turnover and improve morale, were all initiatives that would help to alleviate the challenges to staff during periods of increased / winter pressure.

The Director of Nursing and Quality thanked Julie Tyrer for her exemplary work in the area of tissue viability and the impact this has had on reducing harm.

**5. Board Assurance**

**5.1 BAF Key Issues Reports and Minutes from Assurance Committee Meetings**

**Quality Committee**

The Chair of the Quality Committee highlighted that the interim score assigned by MIAA in their review of compliance with the Quality

Governance Framework was 4 and fell slightly below the standard required by Monitor. A follow up visit in December 2014 would seek to confirm approval and adoption of the Quality Improvement Strategy, evidence of a robust action plan in response to the independent review of risk management, plans for improving data quality assurance and evidence of developmental work in relation to organisational development and culture. The Medical Director was also asked to review and respond to findings set out in the interim report in relation to sepsis management; and the Board discussed and confirmed the process that would be in place to support the quality impact assessment of 2015/16 CIPs as part of the annual review process.

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In respect of risk management, it was confirmed that the Board would discuss the findings of the external review and participate in a workshop, facilitated by Paul Moore, to determine risk appetite at the next Board Development Day, scheduled 16<sup>th</sup> December 2014. Work will follow to develop an effective risk register which will support regular reporting and provide greater clarity on the top risks.

A final report and assessment score would follow in January 2015.

It was noted that the Quality Committee had also been advised of a risk relating to a likely shortfall of SHO posts from February 2015, which could compromise the surgical rota. The Medical Director delivered a presentation to the Board, explaining firstly an acute problem arising from the likely shortage of SHOs for the February 2015 rotation; and a medium term problem associated with the national drive to increase general practice placements in the community and reduce hospital placements for F2 doctors.

The Board noted that a working group had been established to look at an alternative working model for surgery and to ensure that a business continuity plan is in place for February 2015, in the event that sufficient SHOs cannot be recruited. It is likely that non-medical staff such as nurse practitioners, pharmacists and phlebotomists will need to take on elements of the junior doctor workload, as appropriate.

In relation to loss of F2 posts to the Community, from August 2015, it was noted that the Medical Director had written to the Dean and to Health Education North West to raise concerns about the timescale, lack of notice and consequential issues for patient safety and business continuity. The concerns raised have been acknowledged and it has been agreed that the Dean will visit the Trust shortly to discuss the situation. In the meantime, work to develop an alternative workforce model will continue.

The Board discussed further the move by the Colleges to reduce recruitment to surgical specialties in favour of primary care and the future requirement for Trusts to bid for trainees based on facilities, quality of training provision and feedback. The importance of ensuring a robust Education Strategy which is fully supported by the educational leads in surgery was re-affirmed.

It was also noted that the future strategy for cardiology and potential expansion of community based services may facilitate the offering of different rotations in the future.

The financial implications around potential loss of national training monies and the cost of backfill would be significant.

The Board supported the recommendation that the risk around loss of SHOs be highlighted on the Board Assurance Framework. Following discussion, it was agreed that BAF Risk 8 would remain amber rated, given that mitigation plans had been escalated; that applications for the February 2015 rotation were yet to be reviewed; and that the Dean had agreed to visit, but that the risk rating would be kept under review. The Medical Director agreed to provide a further update at the next Board meeting.

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The Board noted the BAF key issues report and received the unapproved minutes of the meeting of the Quality Committee held on 11<sup>th</sup> November 2014.

#### **Integrated Performance Committee**

The Chair of the Integrated Performance Committee reported that the Committee had identified 3 areas for 'deep dive' in January 2015 – review of 2014/15 CIP delivery and lessons learnt for 2015/16; cancelled operations; and workforce metrics at ward / departmental level. It was also noted that the Committee had reviewed financial performance by consultant and had found this data useful as a focus for driving further improvement.

The Board noted the report and received the unapproved minutes of the meeting of the Integrated Performance Committee held on 21<sup>st</sup> October 2014.

#### **Audit Committee**

The Chair of the Audit Committee reported on the Committee's review of the Raising Concerns Policy; changes to the Annual Reporting Manual for 2014/15; consideration of the checklist for compliance with the provider licence; and feedback on internal audit reviews.

It was noted that since publication of the report, Monitor had written to the Trust to advise that LHCH will be required to participate in an external coding and costing audit.

The Board received the draft minutes of the Audit Committee meeting held on 11<sup>th</sup> November 2014.

#### **Charitable Funds Committee**

The Chair of the Charitable Funds Committee advised that the fundraising work would be discussed under agenda item 6.6.

He advised that national guidance had now been issued in relation to the structuring of charitable funds and that this would be reviewed in

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January 2015, along with the Committee's Terms of Reference. Any recommendations would then be brought to the Board of Directors for consideration.

## **5.2 Operational Board**

The Chief Executive reported on the latest meeting of the Operational Board noting that attendance had been good and the agenda had comprised a mix of strategic and operational issues. There was further work to do around the classification of risks and robust action planning in relation to exceptions.

The Assistant Directors of Nursing had presented on staffing issues in SACC and CCM and it had been agreed that these would be considered in the wider context of recruitment initiatives, sickness management and culture work.

The Operational Board had received presentations on the concept of mutuality, EPR adoption and was updated on fundraising and ongoing work to establish a PMO.

The Board noted the report.

## **6. Strategy and Development**

### **6.1 Quality Improvement Strategy 2014-17**

The Board received the draft strategy document, noting the recommendation from the Quality Committee that the Quality Improvement Strategy be approved and adopted.

The 3 year strategy incorporated learning from the Francis, Berwick and Keogh Reviews and pulled together all targets relating to patient and family centred care, CQUINs and the Quality Account. It was noted that the strategy would be reviewed and updated annually.

The Board approved the Quality Improvement Strategy. It was agreed that this would now be cascaded throughout the organisation and also shared with the Council of Governors.

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### **6.2 Planning Update**

The Director of Strategy and OD delivered a brief overview of the 2015/16 planning process, noting a change of emphasis in this year's guidance around short term risk, longer term risk and alignment of provider and commissioning plans.

The Board discussed the need to focus work on the phasing of activity across the financial year, noting the risks to Quarter 2 performance that had emerged in the last two consecutive planning rounds. Also the importance of strengthening the workforce plans going forward was highlighted.

The Board heard that Monitor's assessment of 2015/16 plans would include evidence of a robust planning process which would include sufficient engagement with stakeholders; a focus on the sustainability of high quality service provision within the wider context of the local health economy; the strength of the Board's understanding of key

challenges over the next 2 years; and the reasonableness of key assumptions.

The Board noted the importance of ensuring support and alignment with the Healthy Liverpool Programme and specialised commissioning intentions.

A joint planning timetable had been issued by Monitor and the TDA which required plans to be approved by Boards in March 2015 followed by submission on 10<sup>th</sup> April 2015.

The Board noted the update and key dates.

### **6.3 Development of the Trust's People and OD Strategy**

The Board received an update on ongoing work that would lead to the completion of the People and OD Strategy by the end of February 2015.

Key priorities will be organisational culture, collective leadership, staff and stakeholder engagement, workforce planning and ensuring policies, structures and processes are fit for purpose.

A discussion followed in relation to the sickness management policy and feedback from staff that this policy was not being interpreted and applied consistently. It was confirmed that this policy would be included in the forthcoming review.

The Board noted the report and supported the key principles that will underpin the People and OD Strategy.

### **6.4 Proposed Agenda for Strategic Board Session on 16.12.14**

The Board supported plans to consider the findings of the risk review and discuss risk appetite in the morning session of 16<sup>th</sup> December 2014. The second half of the day would be dedicated to confirming the actions from the recent AQuA development programme; an update on CQC preparatory work; consideration of key aspects of Monitor's strategic planning toolkit; and any update on any developments associated with the Healthy Liverpool Programme.

### **6.5 Fundraising Appeal**

The Board received and noted the outcome of the exploratory work undertaken by Tarnside Consulting and supported the recommendation that work is progressed to identify an alternative cause/s to underpin a major appeal. The Board recognised the 2-4 year timeframe needed to cultivate the relationships that would help to unlock significant fundraising potential; and noted also the requirement to identify and secure the commitment of influential champions from amongst the senior clinical workforce.

A discussion followed around potential schemes and the need to identify the right champions to support the cause. It was agreed that the Operational Board would be asked to consider further options and secure clinical support.

It was noted also that further investment would be required to support the development and implementation of an effective fundraising strategy. The Chair of the Charitable Funds Committee confirmed support for this in principle, and advised that the Committee would shortly consider proposals to take this work forward.

The Board noted the report and acknowledged the importance of this work in raising the profile and reputation of the LHCH brand in addition to any charitable funds raised.

## **6.6 Strategic Partnership Update**

The Board noted the report and discussed ongoing work with partners to determine the best solution for the management of cardiology which would inform the Healthy Liverpool initiative.

It was noted that the Trust's catchment population extends beyond Liverpool and the impact of partnership work with Wirral and other areas would need to be emphasised in discussion with specialised commissioners and in relation to Healthy Liverpool.

The Board was updated on work with Alder Hey to provide a joint response to the consultation on new standards for congenital heart disease by 8<sup>th</sup> December 2014.

## **7. Patient Safety and Quality**

### **7.1 Monthly Review of Ward Staffing Levels**

The Director of Nursing and Quality presented the report for October 2014 and updated the Board on the introduction of a daily safety huddle and daily SITREP report linked to the ward boards.

The limitations of reporting the ward analysis by shift were noted as no account is taken of patient acuity. Staffing is flexed on an ongoing basis to best meet patient needs and the daily safety huddle has proved valuable in testing, highlighting and escalating, in real time, where there are staffing pressures.

The Board noted that where there appeared from the report to be 'surplus' staff, this in fact reflected increased acuity, for example, where patients are assessed as being at risk of fall, additional staffing is provided to minimise the risk of harm.

The Board discussed references within the report to the potential need for further investment in staffing and considered how this would be reconciled with CIP requirements. It was noted that planned discussion on the Board's appetite for risk would be important in relation to considering the competing needs for resources; also that the development of robust ward dashboards would facilitate a better understanding about staffing requirements in the broader context of absence levels, turnover, recruitment and incidence of harms.

The Board noted the report.

### **7.2 CQC – Preparing for the new Inspection Process**

The Director of Nursing and Quality outlined the CQC's new approach and the work programmes in place to prepare the organisation for inspection under the new inspection regime. Oversight of the work will be undertaken by a CQC Steering Group and a toolkit of guidance has been prepared to support managers. A framework for wards was being developed to replace the current ESQS process, and criteria established to enable wards to be accredited for 'Excellent', 'Compassionate' and 'Safe'. A scheme entitled 'Your Chance to Shine' will introduced to team brief and the annual staff awards.

The Board noted the key findings from early inspections as published in the CQC's 'State of Healthcare' Report, including the key features of hospitals that had been rated as 'outstanding'. The full report will be circulated in the November 2014 e-pack, along with the Provider Handbook.

It was agreed that the Board would follow up with a discussion on the key lines of enquiry relating to 'Well Led' at the forthcoming Board Away Day.

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It was recommended that a workshop be convened for Governors to consider how they will triangulate intelligence gathered from walkabouts, informal networks and discussion at the Governors' Quality Group.

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### **7.3 Mortality Assurance and Recalibration**

The Director of Research and Informatics presented on the risk adjustment methodology applied to mortality data for cardiac surgery, PCI, lung resection and the local HSMR indicator, highlighting the limitations applicable to all statistical models.

The Board noted the need for recalibration as models become outdated over time and illustrated the impact of recalibration on the Trust's mortality results for cardiac surgery and PCI in terms of changes to the Observed: Expected ratio.

In relation to measuring HSMR, the Board noted that the options were to recalibrate the locally derived indicator; revert to use of raw mortality; and / or adopt the Dr Foster HSMR indicator which is nationally recognised, but does not reflect casemix differences applicable to LHCH.

Consideration would be given by the Executive Team to the purchase of the Quality Investigator module from Dr Foster which would improve mortality assurance and provide further benchmarking opportunities.

The Board discussed how LHCH mortality data compared to other centres and heard that without risk adjustment, any comparison was not valid. As the Trust currently employs a local HSMR indicator to track trends, this is not a valid comparator with the national metric.

The presentation was summarised by confirming that two of the



specialty specific models had been recalibrated (cardiac surgery and PCI) and as a result there is a shift in Observed : Expected ratios. The recommendations to switch from a locally derived HSMR to the national HSMR indicator; and also to develop a raw mortality dashboard were supported.

#### **7.4 Multi Drug Resistant Organisms**

The Medical Director presented on the risks associated with the emergence of anti microbial resistance and work being undertaken with Public Health England through analysis against the CPE toolkit.

It was noted that the key issue is isolation capacity. The Board was advised that a CPE Policy is in place and a programme of awareness raising underway. All patients transferring from Wirral, Chester and RLBUHT are screened and work is ongoing with DGHs to implement screening prior to transfer to LHCH. All ICU patients are screened weekly.

The need for consistency in adherence to hand hygiene protocols was emphasised and it was agreed that this requirement would be discussed at the daily safety huddle going forward.

The Board noted the update on management of this risk and work in progress to develop a long term strategy for management of multi drug resistant organisms.

### **8. Targets and Financial Performance**

#### **8.1 Board Strategic and Operational Dashboards – Period Ended 31.10.14**

The Board received the Strategic Dashboard, Performance Report Summary and a suite of exception reports detailing issues and actions for any target with an adverse variance from plan.

It was noted that variances from plan were discussed in depth at Operational Board and that also that there was a need to strengthen the focus on action planning.

Work in progress to define the tolerances and criteria for assignment of RAG ratings was noted.

In relation to the reported in month adverse variance on delayed transfers of care, it was noted that the under-performance was attributable to a single patient.

Use of agency and bank staff continued to be red rated and the Board discussed a range of measures being explored including pay rates for bank staff and improved recruitment processes.

The Board noted the dashboard and reviewed exception reports in relation to :

- 18 weeks admitted pathway
- 26 week admitted and non-admitted pathways
- Cancelled operations
- Falls

- Medication errors
- Staff sickness; and
- appraisals

The Board noted the report.

## **8.2 Finance Report for the period ended 31.10.14.**

The Board received the report noting an overall continuity of services rating of 4; income above plan by £2.6m; a normalised net deficit of £198k against a planned net deficit of £236k; cash balances at £8.4m, £1.3m below plan; capital expenditure at £972k against a revised plan that profiled capital expenditure at £1.3m; CIP delivery of £2.4m, £0.7m below the planned CIP to date of £3.1m.

The Board discussed the key challenges and risks identified, noting the Trust's performance in the context of the wider FT sector, for which data had recently been published in relation to performance at the end of Quarter 2; and noted the report.

## **9. Governance and Assurance**

### **9.1 Single Equality Scheme Update**

The Board received and noted the paper which set out the key findings from an external assessment of the Trust's performance, policy, practice and progress in advancing equality, diversity and human rights as an employer and service provider, undertaken earlier in the year.

The Board approved the Equality Delivery Objectives for 2015.

The Workforce Equality Monitoring Report 2013 was reviewed and it was noted that going forward, data review and reporting would be aligned to the financial year, with a follow up report for 2014/15 prepared for the Board at the end of the financial year.

### **9.2 Annual Review of Complaints Procedure**

The Board received and noted the report for 2013/14, which had been reviewed by the Quality Committee.

The Board was advised that the Customer Care Team had now changed its name to 'Patient and Family Support Team' and it was noted that patients, families and carers are actively encouraged to share comments and suggestions in relation to their experiences. The Patient Safety Group is actively exploring how patients and families can be briefed on admission and empowered to report concerns during their stay in hospital.

The Board confirmed its satisfaction with the complaints handling process, noting that new guidance and best practice had recently been released and would be reviewed to identify and close any gaps in current practice.

The Board noted the key lessons learnt from complaints over the last 12 months and arrangements for shared learning through the review and investigation of all complaints received.

**9.3 Deprivation of Liberties (DoLs)**

The Board received the report, noting that a series of awareness raising sessions on DoLs had been delivered to staff by Hill Dickinsons.

The Board discussed the Trust's approach for applications in respect of ICU patients, noting that discussions were underway to set criteria linked to the expected time period for normal recovery.

It was noted that the application process can take a full day to complete and responses are not always timely. The findings of the external safeguarding review will be helpful in relation to determining protocols for DoLs applications.

The Board supported the recommendations that it would receive a quarterly report on the number of DoLs applications made and that the external safeguarding report would be received in January 2015.

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**9.4 Audit Committee Revised Terms of Reference**

The Board approved the revised Terms of Reference for the Audit Committee.

**9.5 Monitor Letter on 5 Year Plan**

The Board received and noted the letter and rating of 'green' assigned to the Trust's strategic plan.

**10. Chairman's Briefing**

The Chairman advised that Councillor Ruth Hirschfield has been nominated by Liverpool City Council to become a Governor at LHCH.

The NED recruitment process is progressing well, with final interviews to be held on Thursday 27<sup>th</sup> November 2014. Recommendations for appointment will be considered by the Council of Governors on 1<sup>st</sup> December 2014.

**11. Chief Executive's Briefing**

The Chief Executive noted that LHCH had achieved the third highest uptake of the flu vaccine with 75% of staff having been vaccinated, compared to a national average of 36%.

The Board was advised that new regulations concerning the Duty of Candour and Fit and proper Persons requirements come into force from 27<sup>th</sup> November 2014.

**12. Minutes of the Board of Directors Meeting held on 28<sup>th</sup> October 2014 (in public)**

The minutes of the meeting of the Board of Directors held on 28<sup>th</sup> October 2014 (in public) were reviewed for accuracy and approved by the Board.

**13. Action Log from Previous Meeting**

The action log was reviewed and updated as follows:

Actions 2,4,7, 12 and 13 – completed and closed.

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

**14. 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.

**15. Date and Time of Next Meeting:**

Tuesday 27<sup>th</sup> January 2015 at 9.30am