

Board of Directors (in Public)

Item 11.4

minutes

Minutes of the Board of Directors' meeting held on 6th November 2018

Present:	Neil Large Jane Tomkinson Nicholas Brooks Julian Farmer Mark Jones Ken Morris Sue Pemberton Raphael Perry	Chairman Chief Executive Non-Executive Director Non-Executive Director/ Deputy Chair Non-Executive Director Non-Executive Director Director of Nursing and Quality Medical Director / Deputy Chief Executive Non-Executive Director/ Senior Independent Director Director of Strategic Partnerships & Chief Operating Officer Chief Finance Officer
	Marion Savill	
	Tony Wilding	
	Claire Wilson	
In Attendance:	Mark Jackson Lucy Lavan Joanne Twist	Director of Research and Innovation Director of Corporate Affairs Director of Workforce Development
	Linda Griffiths Kirsty Dudley Jacqui Strattan Helen Turner	Specialist Nurse – ACHD (Item 1.4) Critical Care Manager (Item 1.5) Critical Care (Item 1.5) Freedom to Speak Up Guardian (Item 2.1)
Apologies for absence :		
Observers: Governors / Staff/ Members of the Public:	John Cavanagh	Healthcare Executive, Healthcare UK, Nuance Communications

		Action
1	Welcome and Opening Matters	
1.1	Apologies for absence There were no apologies for absence.	
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 story.	
1.4	Transition of the Congenital Heart Disease Service – The Journey So Far Linda Griffiths, Specialist ACHD Nurse, was welcomed to the meeting and shared reflections and insights from her personal journey and staff and patient perspectives of the transition of the Congenital Heart Disease Service to Liverpool. The Chair congratulated Linda and her team for the outstanding way in which they had responded to the needs of patients and families and in establishing what promised to be an exceptional service in Liverpool. Linda Griffiths left the meeting.	
1.5	Critical Care Unit – Achieving EECS 'Gold' Kirsty Dudley and Jacqui Strattan were welcomed to the meeting to present their team's journey to achieving the EECS 'Gold' award. It was noted that the CQC inspection in 2016 had identified areas for improvement in relation to mixed sex breaches, delays in discharge, risk assessments and training provision. Since this time the team had worked tirelessly on leadership development and staff engagement whilst continuing to improve their focus on patient and family experience. Many notable examples of outstanding and compassionate care were noted along with the work undertaken to develop the career path and development opportunities for the department's 250 members of staff. Significant improvements were noted in all areas highlighted by the CQC in 2016 and there was clear evidence of a continuing drive for improvement. It was noted that the way innovation had been embraced by the critical care team was impressive and the Director of Research and Innovation recommended that consideration be given to inclusion of innovation within the EECS model. A discussion followed around the Advanced Nurse Practitioner (ANP) role and it was noted that ANPs were currently covering the Surgical Registrar duties for 3 days per week with plans in place to extend this to 5 days per week in 6 months' time as	SP / MJ

more ANPs completed their training and registration requirements.

It was noted that the Critical Care Department now made very minimal use of agency staff, further demonstrating the improved staff experience which supported the ability to recruit and retain skilled staff.

Marion Savill reflected on her recent walkabout to Critical Care and remarked on the calm and professional manner in which the staff conducted themselves in what were stressful roles caring for very sick patients. She paid tribute to Kirsty and Jacqui who were both relatively new to their leadership roles in this area.

Kirsty Dudley and Jacqui Strattan were congratulated for their work and then left the meeting.

1.6 Chairman's Briefing

The Chairman congratulated the Theatres Team who had won the Surgical Nursing category in the Nursing Times Awards 2018. The Healthy Lung Team, Falls Prevention Team and Knowsley Community Nursing Team all reached the shortlist.

It was noted that the ICMS Board meeting held on 5th November 2018 had been successful with strong input from LHCH and relationships were continuing to strengthen between the partner organisations.

Board members were thanked for their input into the recent joint strategy day with the Council of Governors and the input and enthusiasm of the new governing body was acknowledged.

The Chair updated on the collaborative work of the local Specialist Trusts noting that areas for collective working were being explored.

It was noted that the Royal and Aintree merger process was on track with the business case expected imminently.

The recruitment process for the two Non-Executive Director vacancies was underway.

The Chairman commented on the recent publication of the SOLE Bulletin, noting that this captured many examples of learning and on-going work to support patient safety.

2 Patient Safety and Quality

2.1 Freedom to Speak Up

2.1.1 Report of the Freedom to Speak Up Guardian – Quarter 2

Helen Turner, Freedom to Speak Up Guardian (FTSUG) was welcomed to the meeting. It was noted that there had been three concerns raised under Freedom to Speak Up during Quarter 2 and all had been investigated.

The first FTSU Summit was held on 1st October 2018 and the review at this meeting had confirmed that there were no concerns about FTSU arrangements in place and strong evidence of an open and transparent safety culture. The key learning theme related to values and behaviours and a focus for action was to stress the importance of good working relationships with colleagues/managers and to encourage staff to seek support at an early stage to mitigate any breakdown in relationships. The FTSUG/Champions provided a safe space for staff to talk about concerns with colleagues and get help to resolve these amicably. An awareness raising campaign had focused on working relationships and re-iteration of the Chief Executive's 3 point pledge. The FTSUG and champions had been active throughout October in support of 'Freedom to Speak Up' month and had attended a number of internal team meetings to talk to staff.

The Board noted feedback from the North West FTSUG regional network meeting and key messages from the National Guardian's Office.

A discussion followed in relation to the high proportion of anonymous concerns and the Board acknowledged that there was widespread use of other channels for raising concerns openly, including HALT and the daily safety huddle and therefore it was expected that the FTSUG would be accessed where a staff member did not wish to raise a matter openly. It was noted that anonymity made it more difficult to investigate and address concerns, but also that some staff were willing to be named once they had made initial contact and were confident in the support of the FTSU network.

It was noted that Freedom to Speak Up month had generated an unusually high number of FTSU concerns as a result of increased awareness and these would be reported at Quarter 3.

Priorities for Quarter 3 would be to continue engagement with BAME and junior doctor groups as well as the hospital volunteers.

The Board noted the report and thanked Helen Turner for her work.

2.1.2 Board Self-Review of Freedom to Speak Up (FTSU) Arrangements

The Director of Corporate Affairs presented the completed self-review tool reflecting the Board's discussions at the workshop held on 4th September 2018. The Board confirmed that the self-review tool provided an accurate reflection of its discussions and approved the action plan set out within Section 3 of the report.

It was agreed that the Board would continue to receive quarterly updates on FTSU activity from the FTSUG and would receive assurance on the delivery of the action plan via the FTSUG

annual report in Spring 2019.

LL (/HT)

The Board approved the report.

Helen Turner left the meeting.

2.2 Learning from Deaths : Quarter 2 Dashboard

The Medical Director presented the report, noting that there had been 47 deaths during Quarter 2, compared to 41 in the previous quarter (Q1). In Quarter 2, 37 deaths had been reviewed through the mortality review process and there had been two deaths in patients with an identified learning disability in the year to date (one in Q1 and one in Q2).

In Quarter 2, two deaths had been classified as greater than 50:50 chance of avoidability. Both deaths were classified as 'probably avoidable'. There were no deaths classified as 'definitely avoidable' or 'with strong evidence of avoidability'. The actions from the Mortality Review Group (MRG) process were being taken forward by the appropriate Divisions.

The Board noted that the Trust was compliant with national guidance on learning from deaths. The Board discussed time-lag involved in completing the mortality reviews noting that of the 47 deaths in Q2, 37 had been completed.

The Board noted the report and Q2 dashboard.

2.3* LHCH Monthly Staffing – August 2018 and September 2018*

The Board received and noted the report on staffing levels by ward and care hours per patient day for August 2018 and September 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.

2.4* Guardian of Safe Working – Quarter 2 Exception Report*

The Board noted the report.

2.5* Deprivation of Liberty Safeguards – Quarter 2 Report*

The Board noted the report.

2.6* Director of Infection Prevention and Control – Quarter 2 Report*

The Board noted the report.

3 Strategy and Development

4 Targets and Financial Performance

4.1 Board Dashboard - period ended 30th September 2018

The Director of Strategic Partnerships and Chief Operating Officer 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.

It was noted that a new indicator for 104 day cancer breaches had been included in the Operational and Financial Dashboard (Appendix 3) in response to national guidance advising that Boards should be sighted on this indicator.

In May 2018, the Trust was assigned 0.5 of a breach against this standard, following the receipt of a late referral at Day 76 and subsequent delay due to difficulties in making contact with the patient. It was confirmed that the patient had subsequently received the required treatment and that no harm had been suffered as a result of the delay.

A CQC publication in July 2018 had indicated that Boards should be sighted on radiological reporting times and it was noted that this indicator would be included within the dashboard with effect from the December 2018 reporting period. There was not yet any detailed guidance but the Division had set internal KPIs for the reporting of CT, MRI, plain film and ultrasound – 90% of inpatient images should be reported within 24 working hours; and 90% of outpatient images should be reported within 120 working hours.

TW

It was observed that the forecast year end performance had been noted on the SOF (Single Oversight Framework) dashboard for all regulatory targets.

The Chair of the Integrated Performance Committee highlighted that the Committee had observed a reduction in both referral rates and bed occupancy whilst noting that income was ahead of plan due to the complexity of case-mix. The Committee had also received a detailed paper on cancelled operations and had considered the appropriateness of the Trust's internal target in the context of benchmarking data; the Executive team had subsequently recommended revisiting the target as part of the next planning round once the impact of the action plan had been assessed.

TW

A discussion followed in relation to the circumstances that had led to the reporting of an RTT breach at 52 + weeks. The patient had received initial treatment and was on 'watchful wait' during an extended course of medication prior to surgical intervention. An error had led to a failure to call the patient for surgery at the planned time and the Trust had been alerted by the GP. A root cause analysis had been undertaken, and administrative processes reviewed. It was noted that no harm had come to the patient as a result of the delay.

The Director of Strategic Partnerships and Chief Operating Officer advised that the new bed management module would go live on PAS with effect from 3rd December 2018 and would enable the provision of real time bed data.

	<p>It was noted that there were two header references in the paper to exceptions which had not been completed and it was confirmed that these should be disregarded and that the format of paper would be corrected for the next reporting cycle.</p> <p>The Board noted the financial indicators and increased income for reduced activity due to the complexity of clinical workload.</p> <p>The Board noted the report.</p>	TW
4.2	<p>Strategic Objective KPIs – Quarter 2 Report</p> <p>The Chief Finance Officer presented the report, and the Board noted that work to evaluate the robotics programme was still in progress and that the paper would be finalised in time for the next Board meeting.</p> <p>The Board noted the report.</p>	CW/ TW
5	Governance and Assurance	
5.1	<p>Ratification of Consultant Appointments</p> <p>The Board ratified the following consultant appointments:</p> <ul style="list-style-type: none"> • Damien Cullington – Consultant Cardiologist – ACHD • Charalampos Kavourras – Consultant Cardiologist – ACHD 	
5.2	<p>Equality and Inclusion – Board Update</p> <p>The Director of Workforce Development took the Board through the paper, noting that the key risk was the Trust's ability to capture data for staff and patients in relation to all the protected characteristics.</p> <p>The Board noted the report and approved the Equality Objectives Action Plan for 2018/19 along with the Equality Delivery System (EDS) 2 Grading Report.</p> <p>It was noted that publication of EDS3 was awaited.</p>	
5.3*	<p><i>Workforce Race Equality standard*</i></p> <p>The Board noted the report.</p>	
5.4*	<p><i>2018 Education and Training HEE Self-Assessment Report*</i></p> <p>The Board noted the report.</p>	
5.5*	<p><i>Integrated Complaints, Claims and Incidents Report*</i></p> <p>It was highlighted that the Venn diagram presented at Section 6 suggested that corresponding incidents or complaints had not been reported in respect of the claims received. It was explained that there was a significant timing issue with claims often originating many years ago. It was confirmed that learning from all claims was identified at the Risk Management Committee and cascaded as appropriate. It was also recognised that not every claim and complaint was necessarily based on fact and hence attempts at correlation were complex.</p>	

It was observed that the NED Complaint Panel had seen only two formal complaints in the last Quarter which was indicative of the Trust's success at early intervention. Assurance was sought that learning opportunities were identified from informal complaints and the Director of Nursing and Quality confirmed that opportunity for learning was considered as part of all contacts with the Customer Care Team and incorporated into the thematic analysis presented.

The Board noted that whilst formal complaints had reduced, contacts had continued to increase, indicating that the Trust was responding effectively to issues as these were raised. The Director of Nursing and Quality added that not all issues resulted in learning as in many cases it was the perceptions of patients and families that gave rise to the contact, following which concerns could be alleviated through discussion and explanation.

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 Chair of the Audit Committee highlighted strong progress on debt management and controls to support the use of mobile devices. There had been two MIAA reports which had provided 'substantial assurance'.

A discussion followed in relation to the recent press coverage of auditor failings and a response letter from Grant Thornton was noted. The risk in relation to the Trust's statutory audit work was regarded as low.

The Board noted the BAF Key issues Report.

The Board received the approved minutes of the meeting of the Audit Committee held on 17th July 2018.

6.1.2

Integrated Performance Committee

The Chair of the Integrated Performance Committee noted that previous discussions had covered the Committee's work in relation to operational targets. She added that cash management was strong with good headroom and that the CIP was largely on track. The Committee had received an excellent update on benchmarking activity in relation to productivity.

The Board received the approved minutes of the meeting of the Integrated Performance Committee held on 24th July 2018.

6.1.3

Quality Committee

The Chair of the Quality Committee highlighted work underway with partners to improve the call to balloon time, adding that door

to balloon delays arose only when multiple PPCIs presented at similar times.

The re-emergence of mycobacterium chimera in two water cooler machines in theatres had been investigated and work was ongoing with manufacturers to address this risk.

The first draft of the GIRFT report response had been considered by the Quality Committee and further work on the report had been requested in advance of presentation to the Board.

Good progress had been made in the investigation of the mortality outlier alerts and the Board was to receive a report on the recent serious incident relating to the dispensing of gabapentin.

The Board noted the BAF Key issues Report.

The Board received the approved minutes of the meeting of the Quality Committee held on 24th July 2018.

6.1.4 People Committee

The Chair of the People Committee advised that retention and sickness absence remained key areas of focus along with delivery of the new Leadership Strategy.

The Board noted the BAF Key issues Report.

The Board received the approved minutes of the meeting of the Quality Committee held on 19th June 2018.

7 Minutes of the Board of Directors Meeting held on 4th September 2018 (in public)

The minutes of the meeting of the Board of Directors held on 4th September 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:

Actions 2 and 3 : 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 8th January 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.