

Board of Directors (in Public)

minutes

Minutes of the Board of Directors' meeting held on 30th April 2019

Present:	<p>Neil Large Jane Tomkinson Nicholas Brooks Bob Burgoyne Jonathan Develing Julian Farmer Mark Jones Sue Pemberton Raphael Perry</p> <p>Marion Savill</p> <p>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 Director of Nursing and Operations Medical Director / Deputy Chief Executive Non-Executive Director/ Senior Independent Director Chief Finance Officer</p>
In Attendance:	<p>Lucy Lavan Marga Perez-Casal</p> <p>Joanne Twist</p> <p>Karen O'Hagan Frankie Morris</p>	<p>Director of Corporate Affairs Interim Director of Research and Innovation Director of Workforce and Service Improvement Non-Executive Director Designate Deputy Chief Finance Officer</p>
Apologies for absence :		
Observers: Governors / Staff/ Members of the Public:	<p>Trevor Wooding Jason Cashen</p>	<p>Senior Governor Omnicell</p>

1 Welcome and Opening Matters

Action

1
Chair's
Initials

- 1.1 Apologies for absence**
There were no apologies for absence although Marion Savill, Mark Jones and Karen O'Hagan were delayed due to a traffic problem and were not present at the start of 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 Chair's Briefing**
The Chair advised that Claire Wilson would need to leave the meeting due to another commitment and therefore the agenda would be re-ordered in order to accommodate her items first. Frankie Morris, Deputy Chief Finance Officer was in attendance, in order to support discussion if needed, in Claire's absence.
- The Chair congratulated Bob Burgoyne and Marga Perez-Casal on their recent appointments and welcomed them to the Board.
- It was noted that the CQC's draft inspection report had been issued for factual accuracy review and that this review was underway, with the final report expected by the end of May / early June.
- The Chair updated on the Royal / Aintree merger process and noted that the process to recruit a Chair had been unsuccessful and the post re-advertised.
- 1.5 Agenda Item 3.1 : Operational Plan 2019/20**
In accordance with the delegated authority approved at the last Board meeting, the Chief Finance Officer advised that there had been a number of minor adjustments to the Operational Plan since the Board's last review and that the plan had been submitted on time on 4th April 2019.
- A discussion followed in relation to slippage on the CT / MR capital scheme and it was confirmed that the 2019/20 plan allowed for this in that the trajectory for return to compliance with the diagnostic waiting time target was March 2020.
- The Chair asked for an update on progress with the Cath Lab business case. It was noted that Phase 1 was on track to complete on time and critically, prior to commencement of the refurbishment of Theatre B, planned for later in the year. The Trust was now in a position to tender for the commercial options to support the second major phase of cath lab reprovision.
- It was requested that the Medical Division be invited to the next Board meeting to present to the Board the timeline and work plan to support completion of the business case.

CW/SP

The Board noted that the financial and activity plans set out in the Operational Plan were robust.

The Board received and ratified the Operational Plan 2019/20.

1.6 Agenda Item 3.1.1 Financial Plan Update

The Board received an update on the 2019/20 financial plan which had previously been discussed in detail and submitted to NHS Improvement on 4th April 2019. The Plan was compliant with the control total and was underpinned by signed commissioner contracts, with the exception of the agreement of a contract with NHS Wales. The Welsh contract continued to be the most significant risk to the financial plan in 2019/20.

Adjustments had also been made to the capital programme to reflect the carry forward position from the 2018/19 capital programme.

The Board noted the report.

1.7 Agenda Item 4.2 : Strategic Objectives KPIs – Quarter 4 / Annual Report

The Board noted good progress against the strategic objectives and the key milestones achieved in 2018/19 and acknowledged that any risks associated with residual gaps in controls or assurance had been accounted for in the Board Assurance Framework, to be considered separately on the agenda.

The Strategic objectives had been refreshed for 2019/20 as part of the planning process and included greater emphasis on research and innovation, in recognition of the Trust's long-term vision.

The Board noted the report.

1.8 Agenda Item 4.3 : Board Dashboard 2019/20 – KPI Definitions and Performance Thresholds

The Board received a detailed paper setting out the approach for monitoring the Trust's strategic and operational performance during 2019/20.

The 2019/20 deliverables for each strategic objective were set out and principal risks incorporated into the 2019/20 Board Assurance Framework (BAF). As for 2018/19 the Board would receive a quarterly update on delivery against each strategic objective to support its quarterly BAF review.

Operational performance would continue to be monitored using three Board dashboards to support Single Oversight Framework compliance (mandated indicators), Quality monitoring (local indicators) and Performance monitoring (local indicators). The proposed definitions and thresholds to be applied to each of the metrics which would be included in the Board's 2019/20 dashboards was set out.

It was noted that the operational area posing the greatest challenge was diagnostic waiting times, which would be addressed following the implementation of the imaging business case to increase operational capacity. Cancelled operations would remain a key area of focus and it was noted that the Integrated Performance Committee had received a robust action plan including full review of every cancelled procedure and improvements enabling the early identification of cancellations for clinical reasons. Sickness absence was discussed and it was noted that there was an emerging cultural issue in relation to sick leave which was evident across all Liverpool trusts which needed to be addressed. LHCH's managing attendance policy was robust and being followed but there was further work to do to understand and mitigate the significant increase in stress related absence and to improve the support offered by the Occupational Health service.

The majority of operational targets for 2019/20 demonstrated the Trust's commitment to continuous improvement.

The Board approved the final set of strategic objectives and milestones for 2019/20 and the approach for monitoring strategic and operational performance for the 2019/20 financial year.

Claire Wilson left the meeting.

2

2.1

Patient Safety and Quality

Learning from Deaths – Q4 / annual Report 2018/19

The Medical Director presented the report, noting that there had been 178 deaths in the trust in 2018/19, with 48 deaths during Quarter 4. This compared to 215 deaths in 2017/18. Since April 2018, 169 deaths had been through the mortality review process, 39 of these in Quarter 4. There had been 3 deaths in patients with an identified learning disability (one in Quarter 4) and these deaths had been fully reviewed in accordance with the LeDeR (Learning Disability Mortality Review) process.

There were no deaths classed as avoidable in Quarter 4. For the year, 5 deaths have been classified as having greater than 50:50 chance of avoidability (including one LeDeR). This indicated that 2.7% of deaths during 2018/19 had some evidence of avoidability.

The Board noted that the Trust was compliant with national guidance on learning from deaths.

A discussion followed in relation to mortality reviews involving multiple agencies and it was noted that where there was potential learning for other agencies this was identified and feedback requested although responses were not always received.

A further discussion took place on involvement of referring

Trusts in high risk MDTs and it was noted that technology for video conferencing was accessible. In relation to referrals from Wales, diagnostic images continued to be sent on disc and therefore were not accessible on-line to support participative review via video conferencing. In practice, MDTs only occasionally involved external referrers, and when they did participants were generally present for the discussion.

The Board noted the report and Q4 dashboard for 2018/19.

2.2

Director of Infection Prevention and Control (DIPC) – Annual Report 2018/19

The Medical Director presented the report, noting that reportable infections remained low in number for 2018/19 and that infection prevention audits demonstrated good compliance with established processes.

A discussion followed in relation to the targets and whether further improvement was possible in relation to MSSA bacteraemias and Gram Negative bacteraemias. The Medical Director advised that he did not believe it possible to completely eradicate these infections, particularly in relation to pseudomonas which were present from time to time in water. It was noted that the Water Safety Group reported regularly to the Infection Prevention Committee and also that a new regional Water Safety Group had been established to oversee the work of local groups and to support implementation of standardised best practice.

It was noted that the Trust's CQC inspector had expressed satisfaction with the small numbers of infections and that these were well managed and contained.

In relation to the risk of mycobacterial infection in cardiac surgery, it was noted that the consent procedure now explicitly included the risk of MC infection. For those patients identified as not having been explicitly consented, duty of candour had been exercised and all had now received a letter from the Surgical Division, advising of the very small risk of MC infection associated with their procedure.

Of the patients found to be CPE positive, only 5 patients were identified with CPE after admission to LHCH and designated as LHCH acquired. There were no apparent links between these patients. It was noted that CPE remained a problem for some referring Trusts.

The Board noted the report and commended the continued strong performance in infection prevention and control.

Karen O'Hagan joined the meeting and was welcomed by the Chair to her first Board meeting (as Non-Executive Director Designate).

- 2.3*** ***LHCH Monthly Staffing – February 2019 and March 2019****
The Board received and noted the reports on staffing levels by ward and care hours per patient day for February 2019 and March 2019.
- 2.4*** ***Guardian of Safe Working – Quarterly Exception Report / Annual Report 2018/19***
The Board noted the report.
- 2.5*** ***Deprivation of Liberty (DoLs) Report – Quarter 4 / annual Report 2018/19***
The Board noted the report.
- Mark Jones joined the meeting.
- 3** **Strategy and Development**
- 3.1** **Operational Plan 2018/19**
Refer Minute 1.5 above.
- 3.1.1** **Financial Plan 2019/20 Update**
Refer Minute 1.6 above.
- 3.2** **Regional CVD Prevention at Scale Programme**
The Director of Strategic Partnerships presented the report, advising that there had been agreement for the Integrated Care System (ICS) across the North of England to collaborate on a regional programme of ‘at-scale’ CVD prevention with a focus on the detection and management of hypertension, atrial fibrillation (AF) and lipids. A ‘Development Framework’ against which local areas were able to self-assess their own positions in these areas and develop a prioritised plan of action was described.
- The Board discussed the possible impact of this work on LHCH’s services, noting in particular that an upscaling of AF detection amongst ‘at risk’ local populations could lead to a significant increase in referrals to the Trust and the limited capacity within primary care to respond was also of concern. Therefore there would be increased impetus to establish effective integrated care.
- The Chief Executive commented that there was still a disconnect between the national CVD Programme and local health systems with ‘places’ being asked to develop their own plans without reference to existing work programmes. In Liverpool alone, there were nine ‘places’ each developing a local plan. LHCH had strong leadership roles in both CHD and Prevention and would work to bring together the national agenda, Cheshire and Merseyside workstreams and Neighbourhood priorities. It was noted also that Sir Ian Carruthers and John Bennett (MBI Heath Group) had been commissioned to look again at Integrated Care Systems working in Cheshire and Merseyside.
- Marion Savill joined the meeting.

A discussion followed in relation to the role of the Fire and Rescue Service in prevention and it was noted that 'safe and well' checks would incorporate an AF detection test which if positive, the patient would be given a letter to take to their GP. Work was underway with the manufacturer of the testing device to try to develop an App that would enable the GP to be informed directly.

The Board noted progress and supported progression with the self-assessment framework and use of this for developing the CVD strategy for the Cheshire and Merseyside footprint as well as a reference point for developing the future strategy for LHCH.

3.3 **Sustainability Strategy and Plan for 2019/20**

The Director of Strategic Partnerships presented the report and highlighted good progress made during 2018/19 with the Trust's current Sustainability Action Plan, with 12 out of 13 schemes completed and one scheme still in progress. The outstanding work related to the rollout of a new 'bag to bed' system for disposal of offensive waste.

The Board noted that work was in progress to develop a new Sustainable Development Management Plan (SDMP), aligned both to national guidance and the trust's vision to be 'the best'. A task and finish group had been established to explore further the Trust's ambitions in relation to 10 areas of focus across four cross-cutting themes and a draft SDMP would be brought to the Board for consideration in May 2019. A brief discussion followed in relation to feasibility of reducing the site footprint, and it was noted that this generic objective would be explored by the task and finish group to inform the SDMP.

JD

The Board noted progress made in 2018/19 and supported the development of an SDMP for review at the next Board meeting.

3.4* **Equality and Inclusion Strategy**

The Board noted the report.

4 **Targets and Financial Performance**

4.1 **Board Dashboard - period ended 31st March 2019**

The Director of Nursing and Operations presented the performance report, highlighting the ongoing challenges in relation to staff sickness absence and diagnostic waiting times and the increased input of outreach nurses and ANPs in supporting compliance with sepsis screening protocols.

There had been a further deterioration in turnaround times for histopathology and the review of the service provided by Liverpool Clinical Labs had been escalated along with exploratory work to identify other possible providers.

Cancelled operations had reduced in Quarter 4 and a detailed assurance report and action plan had been received by the Integrated Performance Committee (IPC).

There had been one 52+ week waiter involving a patient referred from Wales at 50 weeks who required complex investigation at LHCH.

The Chair of the IPC commented on the excellent paper received in relation to cancelled operations which showed real progress in Quarter 4 following a period of steady deterioration. A more rigorous benchmarking exercise had also been undertaken which provided good assurance that LHCH performed well in relation to cancelled operations compared to its peer group.

It was noted that sickness absence had been discussed earlier in the meeting (Minute 1.8).

A brief discussion followed in relation to the target of 'zero' set for serious incidents and whether this target was realistic and achievable. The Board confirmed its aspirations in relation to safety and determined that setting a target of anything above zero would indicate a lack of ambition in this area and this was certainly not the case. The completion of a full root cause analysis and focus on learning remained an important feature of the Trust's safety culture and it was agreed that the target of zero would remain extant.

- 4.2 The Board noted the report.
Strategic Objectives KPIs – Quarter 4 / Annual Report
Refer Minute 1.7 above.
- 4.3 **Board Dashboard 2019/20 – KPI Definitions and Performance Thresholds**
Refer Minute 1.8 above.
- 5 **Governance and Assurance**
- 5.1* ***NHS Constitution Compliance Report****
The Board noted the report.
- 5.2* ***Flu campaign Report****
The Board noted the report.
- 6 **Board Assurance**
- 6.1 **Assurance Committee Annual Reports and review of Terms of Reference**
The Board received and reviewed the Assurance Committee annual reports.

Each Committee Chair provided a brief overview noting in particular the MIAA review which had enabled refresh and streamlining of terms of reference and business cycles, and highlighting the key areas for Assurance committee focus in 2018/19.

The Chair of the Audit Committee advised that the Audit Committee had previously reviewed the reports and concluded

that each Assurance committee had operated effectively in 2018/19 and in accordance with the terms of reference set by the Board. The Board accepted this recommendation and approved the adoption of the proposed revisions to the Terms of Reference for :

- Quality Committee
- People Committee

It was confirmed that the Terms of reference for both the Audit Committee and Integrated Performance committee had been reviewed but would remain extant.

The Board accepted the reports as good assurance of the effectiveness of the Assurance Committees. The Chair expressed his thanks to Board colleagues who had supported these Committees throughout the year, noting that their work had significantly freed up Board time to allow strong focus on strategy and key areas of risk.

6.2 BAF Key Issues Reports and Minutes from Assurance Committee Meetings:

6.2.1 Audit Committee

The Chair of the Audit Committee highlighted that the Audit Committee had received the draft Annual Governance Statement and felt this to be robust and comprehensive, providing an honest overview of the risk and internal control systems.

He noted also that there had been good debate at Audit Committee around the exploration of risks and benefits associated with the change of approach to valuation of the site.

The Board noted the BAF Key issues Report.

The Board received the approved minutes of the meeting of the Audit Committee held on 15th January 2019.

6.2.2 Integrated Performance Committee

The Chair of IPC advised that the Committee had met the previous day and had discussed the future format of performance reporting which would in future feature the inclusion of forward trajectories. Aside from matters already discussed at Board, the Committee had received good assurance in relation to Reference Costs and the prioritisation of the capital programme for 2019/20. It was noted that the external review of capital management processes was nearing completion.

6.2.3 Quality Committee

The Board noted improved compliance with stroke standards and good assurance received in relation to the quality of stroke service provision.

It was also highlighted that safe medication continued to be an area of focus and good assurance had been received in relation to improvement work. There had been very minimal harm to

patients recorded as a result of medication errors.

The Board noted the BAF Key issues Report.

The Board received the approved minutes of the meeting of the Quality Committee held on 29th January 2019.

6.2.4 People Committee

The Chair of People Committee noted the receipt of good assurance in relation to safe staffing across wider multi-disciplinary staff groups and noted ongoing focus on recruitment and retention, sickness levels and enabling a flexible workforce. The Board noted the BAF Key issues Report.

The Board received the approved minutes of the meeting of the People Committee held on 18th December 2018.

7 Minutes of the Board of Directors Meeting held on 5th March 2019 (in public)

The minutes of the meeting of the Board of Directors held on 5th March 2019 (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 1- 3, 5 and 6: completed and closed.

Action 7 : rescheduled for review at May Board meeting.

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 28th May 2019 at **9.30 am**.

ALL

The Chair paid tribute to Marion Savill and thanked her for her significant contribution as Non-Executive Director over the last six years.

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