

Item 11.3\*

## Board of Directors (in Public)

## minutes

### Minutes of the Meeting of the Board of Directors held on 30<sup>th</sup> July 2019

Present :	Neil Large	Chairman
	Jane Tomkinson	Chief Executive
	Bob Burgoyne	Non-Executive Director
	Nicholas Brooks	Non-Executive Director
	Mark Jones	Non-Executive Director
	Karen O'Hagan	Non-Executive Director
	Sue Pemberton	Director of Nursing and Operations
	Raphael Perry	Medical Director / Deputy Chief Executive
	Claire Wilson	Chief Finance Officer
In Attendance:	Lucy Lavan	Director of Corporate Affairs
	Marga Perez-Casal	Interim Director of Research and Innovation
	Hayley Kendall	Chief Operating Officer
	Sharon Faulkner	Community Matron (Item 1.3)
	Helen Turner	Freedom to Speak Up Guardian (Item 2.1)
	Wyn Taylor	Head of Information Governance and Administration (Item 5.6)
Apologies for absence :	Jonathan Develing	Director of Strategic Partnerships
	Julian Farmer	Non-Executive Director / Deputy Chair
	Joanne Twist	Director of Workforce and Service Improvement
Observers- Governors / Staff/ Members of the Public:	Allan Pemberton	Public Governor

Action

1  
Chair's  
Initials

## **1 Opening Matters**

### **1.1 Apologies for Absence**

Apologies for absence were received from Jonathan Develing, Julian Farmer and Joanne Twist.

### **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**

Sharon Faulkner was welcomed to the meeting to share a patient story based on a safeguarding issue identified by the Knowsley Cardiac Rehabilitation Team.

Sharon Faulkner left the meeting.

### **1.4 Chair's Briefing**

The Chair welcomed Hayley Kendall to the Board of Directors.

It was noted that Sue Musson had been appointed as Chair of the Interim Board of Liverpool University Hospitals NHS Foundation Trust, the name of the proposed merged organisation of Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. Subsequently, Steve Warburton had been confirmed as Chief Executive for the new organisation.

Mel Pickup , Chief Executive of Warrington and Halton Hospitals and lead for the Cheshire and Merseyside Health and Care Partnership (HCP) would be leaving for a new role in Bradford. An appointment process was underway to recruit a Chair for the HCP and it was anticipated that the recruitment of an executive lead to replace Mel Pickup would follow imminently.

The recent staff governor elections had completed for two seats within the registered and Non Registered Nursing Class with Charlie Cowburn and Sharon Faulkner being elected for three year terms commencing at the end of the 2019 Annual Members' meeting.

It was noted that the judging process for the recent photography competition had completed and that winners would be announced in the near future followed by a refresh of the canvas prints displayed around the site.

Dr Henrietta Hughes, National Freedom to Speak Up Guardian had written to advise that LHCH had attained the highest index score for 2018 for Acute Specialist Trusts (86%). The score was based on a small subset of questions from the NHS national staff survey which was being used as a proxy measure to gauge the freedom to speak up culture in Trusts.

**2**  
**2.1**

**Patient Safety and Quality**

**Report of Freedom to Speak Up Guardian – Quarter 1**

The Chair welcomed Helen Turner, Freedom to Speak Up (FTSU) Guardian to the meeting and invited her to present the Quarter 1 FTSU Report. There had been five FTSU concerns raised by four members of staff in Quarter 1. Two of the five related to concerns involving perception of bullying and harassment and it was noted that the national staff survey results had also shown this to be emerging as an increased trend. 'Soft' intelligence from staff side representatives also indicated that this was an area that the Trust should focus upon and it was noted that this theme would be integral to new plans for staff engagement which would be rolled out from September 2019.

Feedback continued to be sought from staff who had spoken up and it was noted that some had been given the message by managers that FTSU should be a 'last resort'. The Board discussed this and considered whether FTSU was on occasion being used to bypass line managers. It was noted that in many cases staff had initially tried to raise concerns with their local managers but had not reached resolution. It was agreed that staff should not be in any way discouraged from using FTSU. The role of the FTSU Guardian was primarily to signpost staff and work had been done to focus on ensuring positive working relationships.

The Board noted the recommendations from a recent national case review for which LHCH was already compliant with the learning. The FTSU Guardian would continue to focus on engagement with BAME staff, for which there was now a new joint focus group for BAME staff at both LHCH and Alder Hey.

The new 'FTSU Charter' which had been developed with nurse leaders and staff from Holly Suite was noted. Its aim was to assure staff who wished to speak up and also managers who at times felt vulnerable by the possibility of being spoken up about.

The Board noted the report and the FTSU Guardian was thanked for her work.

Helen Turner left the meeting.

**2.2**

**CQC Report and Action Plan**

The Director of Nursing & Operations advised that the full report following the CQC's 2019 inspection had been published, confirming a second successive rating of 'outstanding'.

One area for improvement had been identified in the report. This related to compliance with the Trust's internal target for mandatory training which had not been met at the time of the inspection. The key area for focus was mandatory training for medical staff in relation to Deprivation of Liberty safeguarding and the Mental Capacity Act 2005.

Following publication of the report, the CQC had also highlighted readmissions as being an area for improvement although this had not been raised at inspection or noted within the report. The Chief Operating Officer would explore this further and identify any actions to support improved performance in this area.

The Board supported the action plan and noted that plans were in place to ensure continuous improvement against the CQC standards via the Learning and Sharing Forum, EECS process and an ongoing programme of mock inspections targeting each of the key service lines.

The Chair expressed the Board's appreciation of the staff and volunteers for their outstanding work.

### **2.3 National Patient Survey (2018) Results**

The Director of Nursing & Operations presented the results of the 2018 National Inpatient Survey, noting that the Trust had been rated fourth in the country for overall patient care with a score of 9.04 (the top Trust attaining 9.1). The response rate for LHCH was 76% compared to an average response rate of 45%.

Overall the results were excellent and action would be targeted towards the three areas in which the Trust's scores were significantly lower than the previous year – quality of food, help with meals and patients knowing how to complain. There was also further work to do in relation to discharge of patients and this would be addressed through ongoing work to review and refresh the Trust's vision and objectives for patient and family experience.

The Board noted that the survey results highlighted a decrease in the number of patients who reported that they were asked to give their views on the quality of their care during their inpatient stay. It was felt that the result was influenced by the terminology used in the question and that work would be done to use similar language when seeking patient feedback on the wards.

The Board noted the report and areas for improvement and supported the refresh of the vision for patient and family experience which would enable focus in the remainder of the year on those parts of the patient journey that require further development. It was noted that the 2019 inpatient survey was due to be issued in the very near future which did not allow much time to embed improvements, although immediate focus had been given to food and support at meal times by the Nutrition and Hydration Group.

### **2.4 Learning from Deaths – Quarter 1 Dashboard**

The Medical Director presented the report, noting that there had been 50 deaths during Quarter 1, compared to 48 in the previous quarter (Q4, 2018/19). Since April, 38 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, no deaths had been classified as greater than 50:50 chance of avoidability.

The Board noted the report and attached Learning from Deaths dashboard for Quarter 1.

**2.5      *Director of Infection Prevention and Control – Quarter 1 Report\****

The Board noted the incidence of bacteraemia infections and the Medical Director highlighted the focussed work in recent months to mitigate the risk of wound infection. Of the 6 cases of MSSA, only one related to a sternal wound infection. 3 affected patients had infections on admission to LHCH. An audit of the MSSA cases had highlighted a need for focus on improved cannula care and an action plan of learning from all 6 cases was in progress.

All C-Difficile cases had been reviewed and preventative actions taken, including review of the way in which laxatives were administered. It was noted that there had been no cases of C-Difficile in the last 6 weeks.

The Quality Committee would continue to maintain oversight.

The Board noted the report.

**2.6      *LHCH Monthly Staffing Reports for May 2019 and June 2019\****

The Board noted the report.

**2.7      *Guardian of Safe Working – Quarter 1 Exception Report\****

The Board noted the report.

**2.8      *Deprivation of Liberty (DoLs) Report – Quarter 1\****

The Board noted the report.

**3      *Strategy and Development***

**3.1      *Research & Innovation Strategy – Annual Report 2018/19 and Forward Plan***

The Interim Director of Research and Innovation presented the report, highlighting significant areas of progress including the establishment of the Liverpool Centre for Cardiovascular Sciences; improved links with academic partners; implementation of new innovations; and new strategic relationships, including Jane Tomkinson's appointment as Chair of the North West Coast Clinical Research Network. Preparations were underway to expand the lung cancer research programme in collaboration with Professor Christian Ottersmeir and there had been a significant increase in the number of publications attributed to LHCH investigators.

The Board discussed the financial position, noting that whilst income from commercial activity had increased, there remained a reliance on accumulated reserves. The Interim Director of

Research & innovation would review the financial position as part of the 2020/21 planning round.

MP-C

The key areas for focus for the remainder of the year were set out in Section 4 of the report.

The Board noted excellent progress and the potential for the Trust to play a leading role in research in the North West.

A discussion followed around the role of artificial intelligence (AI) in research and innovation, particularly in relation to genomics and use of AI for pre-diagnosing certain conditions.

The Board went on to discuss tangible measures of success and how the outputs of research and innovation could be better captured. It was noted that there was strong evidence that research active organisations provided better care and that research generally takes 5-10 years to make an impact. A notable exception to this being the recent LHCH HEAT trial which had an immediate global impact.

The Board acknowledged that for LHCH to remain an expert specialist Trust, its work must be driven by new technologies. It was agreed that consideration would be given to setting out targets and indicators for 5 years' time for recently set objectives. In relation to publications, it would be useful to expand upon the impact of published papers and to measure subsequent citations via the 'H' index.

MP-C

The Board noted the strong progress made in implementing the current Research and Innovation Strategy and approved the outline forward plan presented.

## 4

### 4.1

#### Targets and Financial Performance

##### Board Dashboard – period ended 30<sup>th</sup> June 2019

The Chief Operating Officer presented the report and highlighted the following:

- MSSA bacteraemias and focus on cannula care, as previously discussed (2.5 above);
- 6 week diagnostic performance which continued to be below the agreed improvement trajectory pending provision of additional capacity with procurement of new scanners. There had been further downtime with the MRI scanner and difficulty in securing weekend radiologist cover. The Clinical Lead continued to ensure that all work was prioritised according to clinical urgency.
- Histopathology and PET scanning turnaround times continued to underperform and the Trust was reliant on provision of both services from external agencies. The Trust was now actively pursuing a solution for alternative histopathology provision as engagement of the STP in the solution was not gathering sufficient pace. In relation to PET scanning, the national shortage of isotopes was unlikely to be resolved until 2020/21 and patients were

being made aware of unavoidable delays. The Board heard that the production of isotopes had been cut by 50% due to safety concerns in the laboratories and that a region wide plan was being developed to address this. The Medical Director advised that MDTs were continuing in the absence of PET, which was not widely used, and that urgent surgery was not being compromised.

- 3.5 cancer breaches were anticipated at the end of July 2019 due to a number of patients being on highly complex pathways, and some delays attributed to patients opting to delay treatment. Further details would be provided with the Month 4 performance report.

HK

The Chief Executive highlighted her continued concern around high sickness levels which were not reducing and noted that high absence rates were consistent across all divisions. Whilst the recent sickness summit had identified some actions, it had become clear that the level of staff engagement in recent months had not been optimal. Management of attendance had been discussed in depth at Operational Board and it was noted that the Director of Nursing & Operations would be leading a series of staff engagement events which had been scheduled for September. A discussion followed in relation to staff turnover and the need to be clear on the 'real' position of 10.7% which excluded doctors on rotation and staff employed on fixed term contracts.

The Board noted also that there was a continuing focus on engagement with NHS Wales to improve pathway management as the Trust continued to receive late referrals.

The Board noted the report.

#### 4.2 **Strategic Objective KPIs – Quarter 1**

The Chief Operating Officer presented the report, highlighting that the ACHD service had received a very positive peer review, and also that the cardio-oncology service was embedding well.

The Board noted the report and concluded that there had been good progress at Quarter 1.

#### 4.3 **CQuIN Outcomes 2018/19 and 2019/20 Indicators \***

The Board noted the report.

### 5 **Governance and Assurance**

#### 5.1 **Consultant Appointments – for ratification**

The Board ratified the following consultant appointments:

- Victoria Pettemerides – Locum Consultant Cardiologist with a Special Interest in Inherited Cardiac Conditions
- Rebecca Dobson - Consultant Cardiologist with a Special Interest in Cardio-oncology.

#### 5.2 **Complaints Process – Annual Review**

The Director of Nursing & Operations presented the paper which

provided assurance that the Trust's Complaints Policy was robust and applied effectively, and that there were clear systems in place to ensure learning from complaints.

The Patient and Family Support Team were highly proactive and provided swift response to concerns raised, often resolving these and avoiding escalation to formal complaint. There had been no referrals to the Parliamentary Health Service Ombudsman in 2018/19.

The Board heard that every complaint was reviewed by the Director of Nursing & Operations and that all letters responding to complaints were read and personally signed by the Chief Executive.

Learning from Complaints was routinely reviewed at Divisional Governance meetings and disseminated at the Learning and Sharing Forum. The Non-executive Directors reviewed a sample of complaints at quarterly complaints panel meetings; and the Patient and Family Support Manager regularly sought feedback from complainants and generally this was positive in relation to how the complaint had been handled and resolved.

It was noted that the Board was also provided with an annual Integrated Complaints, Claims and Incidents Report enabling the review of trends and themes.

The Board noted the report.

### **5.3 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 that the Audit Committee had previously reviewed the schedule of changes and recommended these to the Board for approval.

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

### **5.4 *Emergency Preparedness and Business Continuity – Annual Assurance Report\****

The Board noted the report.

### **5.5 *Health and Safety Annual Assurance Report***

The Board noted the report.

### **5.6 Patient Administration Development Plans**

Wyn Taylor, Head of Information Governance and Administration was welcomed to the meeting.

The Board heard that in response to a high number of complaints



concerning administrative processes, a comprehensive review had been undertaken and a programme of transformational change was in progress.

The review identified that administrative structures had become fragmented over time and there was a lack of standardisation of practice. As a result, work was underway to create an integrated administrative function, bringing together with the central team, the administration teams within Community Services, diagnostics and pulmonary function. The transformation work had entailed significant focus on PAS processes, and there had already been a notable reduction in complaints and concerns.

The 2019/20 plan was set out and involved fully integrating the teams and driving the digital agenda with primary focus on quality and safety. The aim was to introduce partial booking, automation of radiology reminders and text messaging to reduce the number of cancelled outpatient appointments and DNAs.

A discussion followed around the engagement that had taken place with staff and it was noted that a significant training programme was in place to support the service redesign. It was noted that the medical secretaries had welcomed the changes as improved efficiency had relieved pressures on their time and enabled them to devote more time to patient calls and contact.

It was noted that the SMS text messaging facility would be in place by September 2019.

The Board congratulated Wyn Taylor and his teams for the work so far and the significant benefits realised. It was acknowledged that beyond delivery of the action plan there would be a need for a programme of continuous improvement.

The Board noted the report.

Wyn Taylor left the meeting.

## **6**

### **Board Assurance**

#### **6.1**

#### **BAF Key Issues Reports and Approved Minutes of Assurance Committee Meetings:**

##### **6.1.1**

##### **Audit Committee**

The Board noted the BAF key issues report from the Audit Committee meeting held on 16<sup>th</sup> July 2019.

The Board received and noted the approved minutes of the Audit Committee meeting held on 28<sup>th</sup> May 2019.

##### **6.1.2**

##### **Quality Committee**

The Board noted the BAF key issues report from the Quality Committee meeting held on 30<sup>th</sup> July 2019. The Chair of the Quality Committee noted that a recent audit had highlighted a need for further focus on the consent process. There was

improved compliance with sepsis management but continued focus was needed in relation to medication errors. It had been noted that some meetings of the Medicines Safety Group had been poorly attended and the executive team were tasked with addressing this.

RAP

The Board discussed the increase in incidents involving abuse from patients and relatives towards staff and noted that this would be explored further, including a review of the adequacy of training provided to staff to equip them to deal with such incidents.

The Board received and noted the approved minutes of the Quality Committee meeting held on 2<sup>nd</sup> April 2019.

#### **6.1.3 People Committee**

The Chair of the People Committee provided a verbal update on the BAF key issues arising from the People Committee meeting held on 11<sup>th</sup> June 2019. He advised that the focus of the committee remained upon turnover and sickness; the quality of appraisals; staff survey results and action plans; and had noted the potential operational impact of the pensions and taxation issues facing many consultant medical staff. In respect of the latter point, the Chief Executive advised that a small working group had been established led by Professor Stables and the Deputy Chief Finance Officer to look at ways of attracting and retaining the best staff in the context of the pensions issues.

The Board received and noted the approved minutes of the People Committee meeting held on 12<sup>th</sup> March 2019.

#### **6.1.4 Integrated Performance Committee**

The Chair of the Integrated Performance Committee provided a verbal update on the BAF key issues arising from the meeting held on 29<sup>th</sup> July 2019. It was highlighted that the IPC had received good assurance on the delivery of the action plan relating to the recent MIAA review of capital and estates.

#### **7 Action Log (public) from previous meeting**

There were no actions scheduled for review in July 2019.

#### **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 24<sup>th</sup> September 2019 at 9.00 am.