

**Board of Directors (in Public)**  
**Item 9.3.1**

**minutes**

**Minutes of the Board of Directors' meeting**  
**held on 31<sup>st</sup> October 2017**

<b>Present :</b>	<b>Neil Large</b>	<b>Chairman</b>
	<b>Jane Tomkinson</b>	<b>Chief Executive</b>
	<b>David Bricknell</b>	<b>Non-Executive Director/ Deputy Chair and Senior Independent Director</b>
	<b>Nicholas Brooks</b>	<b>Non-Executive Director</b>
	<b>Julian Farmer</b>	<b>Non-Executive Director</b>
	<b>Mark Jones</b>	<b>Non-Executive Director</b>
	<b>Sue Pemberton</b>	<b>Director of Nursing and Quality</b>
	<b>Raphael Perry</b>	<b>Medical Director / Deputy Chief Executive</b>
	<b>Marion Savill</b>	<b>Non-Executive Director</b>
	<b>Tony Wilding</b>	<b>Director of Strategic Partnerships &amp; Chief Operating Officer</b>
	<b>Claire Wilson</b>	<b>Chief Finance Officer</b>
<b>In Attendance:</b>	<b>Mark Jackson</b>	<b>Director of Research and Informatics</b>
	<b>Lucy Lavan</b>	<b>Director of Corporate Affairs</b>
	<b>Joanne Twist</b>	<b>Director of Workforce Development</b>
	<b>Lee Omar</b>	<b>GT Aspiring NEDs Programme</b>
<b>Apologies for absence :</b>	<b>Darren Sinclair</b>	<b>Non-Executive Director</b>
<b>Observers:</b>		
<b>Governors /</b>		
<b>Staff/ Members</b>		
<b>of the Public:</b>		

**1**      **Welcome and Opening Matters**

**Action**

**1**  
**Chair's**  
**Initials**

- 1.1 Apologies for absence**  
Apologies were received from Darren Sinclair.
- 1.2 Declaration of interests relating to agenda items**  
The Chairman 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 and family story.
- 1.4 Chairman's Briefing**  
The Chairman reported on the sad death of Dennis Bennett, Governor for North Wales, noting that he would be greatly missed and expressed his condolences to Dennis' family.
- It was noted that the new Chair of NHS Improvement was Baroness Harding of Winscombe.
- The Chairman acknowledged the improved structure and format of the Performance Report which would be considered under Item 4.1.
- 2 Patient Safety and Quality**
- 2.1 LHCH Monthly Staffing – July 2017, August 2017 and September 2017\***  
The Board received and noted the reports on staffing levels by ward for July 2017, August 2017 and September 2017. It was noted that the data on care hours provided per patient day had been erroneously omitted from the Board packs for August and September and that these would be circulated to Board members following the meeting.
- A discussion followed in relation to the increased number of 'red flags' being reported and the Director of Nursing and Quality explained the process for applying professional judgement and flexing staffing levels on a daily basis to meet the acuity of patients. As Mulberry Ward was an admissions ward and was not fully utilised, it was unnecessary to deploy two trained nurses when occupancy levels and acuity were low. She advised that the daily assessment of patient acuity was the critical factor in deciding the number of trained nurses required and that this was assessed on an ongoing basis by the senior nursing team; a daily 'temperature check' on staffing was also an important feature of the safety huddle led by the Chief Executive. She advised that it was important for the Board to triangulate the data with other quality KPIs and the Excellent, Compassionate and Safe (ECS) assessment process. The comprehensive annual report on staffing levels would provide further assurance and would be brought to the Board in January 2018.
- 2.2 Patient Led Assessments of the Care Environment (PLACE) Report\***

SP

The Board noted the report and discussed the ongoing work to evaluate the requirements for effective dementia care and falls prevention which would determine the priorities for future action and investment.

### **2.3 CQC Action Plan**

The Director of Nursing and Quality provided an overview of the CQC's new methodology which was focused on the strength of systems and more challenging standards to achieve 'outstanding'. Julie Hughes, CQC Inspector had kindly agreed to attend the November Board meeting to discuss the new approach with the Board.

The Board went on to discuss progress with the CQC action plan which the Board had last reviewed in March 2017, noting that going forward the action plan would continue to be updated to reflect the findings of internal mock inspections and the ongoing focus on continuing improvement. The need to maintain the knowledge base and engagement of all staff would be a constant challenge in relation to turnover and new staff joining the Trust.

The Board noted the report.

### **2.4 Safety Culture Survey Results**

The Board noted the results of the culture survey undertaken in June 2017 which demonstrated an improvement in all 7 facets of the survey, compared to the baseline set by the results of the first survey undertaken by Pascal Metrics in 2014.

The Board noted that there was a continued focus on culture which ensured targeted work following incidents or concerns raised, based around listening exercises and action planning. All areas of the Trust had in place three key targets for improvement work.

It was noted that there would be a continuous focus on safety culture going forward, which would be particularly important in the context of organisational change and work would include the further embedding of the HALT process which had now been extended for use by patients and families.

It was noted that whilst the survey response rate was slightly lower than that achieved 3 years ago for the first survey, the rate was still very good. It was noted that staff had been requested to complete numerous surveys and that the annual staff survey was now underway, with results in Spring 2018 which would provide a further temperature check on safety culture.

The Board noted the report.

### **2.5 Learning from Deaths – Quarter 2 Report**

The Medical Director presented the report, noting a typographical error at the end of the third paragraph in Section 3 – the reference to eight deaths (87%) being classed as definitely

not avoidable should read '80'. This would be corrected.

RAP

The report was noted and this confirmed that there had been 99 deaths in the Trust since April 2017, with 41 in Quarter 2. 92 deaths had been through the mortality review process; 34 in Quarter 2. It was noted that there was an inevitable time-lag between recording the death and completing the mortality review process which explained some adjustments to the previous Quarter's report in relation to the assessment of avoidability.

The Board discussed the new Learning from Deaths Policy noting that its primary purpose was to facilitate learning. The Board utilised a range of other indicators to take assurance on safety, including HSMR data, CUSUM curves for individual performance and other benchmarking data. It was noted that the Medical Director would be providing a development session for Board members in December to explain in more detail how mortality data is gathered and utilised to ensure that the Trust continued to operate safely and could immediately investigate, rectify and learn from any adverse trends.

RAP

The Board noted the report.

## 2.6

### **Winter Preparedness Plan**

The Board received assurance that the Trust had in place plans to manage patient care safely throughout the winter through enhanced staffing and capacity, site safety measures to deal with adverse weather conditions, the influenza vaccination programme and pro-active communication with on call teams. The Trust would also support the local health economy where possible and would operate in line with the 'perfect week' initiative to meet the anticipated seasonal demand surge in early January and ensure all measures to support efficient patient flow were in place.

The Board discussed the fact that this winter would be the first to see the full impact of the 7 day ACS service which commenced in February 2017 alongside an increased pressure to admit surgical patients awaiting transfer to LHCH sooner. A discussion followed in relation to delayed transfers of care, with the Board noting that use of LHCH tertiary beds for long stay patients who were not receiving active care did not represent good value for NHS resources and would significantly compromise the pace of throughput and ability to meet the needs of LHCH urgent admissions.

The Board noted the report and accepted the Trust's plan for winter preparedness 2017/18.

## 2.7

### **Emergency Preparedness Resilience Response Core Standards**

The Board reviewed the annual self-assessment undertaken in relation to the Trust's Emergency Preparedness Resilience Response (EPRR) and discussed the three areas of action

needed to secure full compliance. Two of the three actions related to new expectations that had been applied retrospectively but for which the gaps could easily be closed. The third related to the requirement that the Board nominate a Non Executive Director to provide oversight of the EPRR portfolio. It was agreed that Neil Large would take on this role but that oversight would continue to be maintained via the full Board of Directors.

MJ

NL

The Board noted the report and supported the actions required to achieve full compliance. The self-assessment for submission to NHS England was approved.

## 2.8

### **Guardian of Safe Working Quarter 2 Exception Report**

The Board noted that 8 of the Trust's 39 medical trainees were now employed on the 2016 terms and conditions of service and that no exception reports had been submitted since the start of the new rotations in August 2017.

The Board discussed the reasons for ongoing vacancies and gaps in junior medical staffing rotas which were being filled by agency doctors pending substantive recruitment. It was noted that the number of gaps was not unusual for a variety of reasons and that the current position had improved compared to the previous trend.

It was noted that a Junior Doctor Forum had now been established where trainees had been advised about the role of the Guardian of Safe Working and given the opportunity to discuss any issues concerning their rota or safe staffing generally either within the group or privately with Dr John Holemans.

The Board noted the report.

## 3

### **Strategy and Development**

### 3.1

#### **Health Economy Update – NHS Cheshire and Merseyside 5YFV and CVD Pathway**

The Chairman reported on local leadership arrangements with Andrew Gibson and Mel Pickup now established in their respective roles as Executive Chair and Accountable Officer. Ben Wright had now replaced Joe Gibson as Programme Lead. A significant workshop would be held on 15<sup>th</sup> November 2017 to launch the new governance structure and next steps for gaining traction and pace for delivery.

It was noted that Jan Ledward had been appointed as Chief Officer for Liverpool CCG with Mark Bakewell Acting Chief Finance Officer and Simon Bower as GP Lead. The new leadership team presented an opportunity for the Trust to work more closely with the CCG going forward and to build links with the GP Federation for North Liverpool.

## 4

### **Targets and Financial Performance**

4.1	<b>Strategic and Operational dashboards- period ended 30<sup>th</sup> September 2017</b>
	<p>The Director of Strategic Partnerships &amp; Chief Operating Officer presented the report, noting the new format and structure which provided clear distinction between regulatory and locally determined strategic and operational targets.</p>
	<p>The Board discussed and noted the work of the Quality Committee in relation to the Trust's processes for sepsis management, highlighting the fact that where the data suggested that many patients had not been screened for sepsis this was due to the fact that many were already being managed on a sepsis bundle or being treated for another condition that was affecting their MEWS score. It was also noted that the national measurement threshold for triggering sepsis management was changing. The Quality Committee had discussed the reporting anomalies in detail and recognised these, noting the ongoing challenge to demonstrate compliance with reporting requirements.</p>
	<p>A discussion followed in response to negative feedback from outpatients in relation to the friends and family test scores. The key area of focus was on improving flow and management of delays and communicating effectively with patients and families. Action was underway to improve patient letters in order to clarify the clinic process and manage expectations, as well as improving the flow of those patients requiring diagnostics immediately prior to their consultation. It was anticipated that these improvements would be in place by December 2017. It was reported that the Director of Nursing and Quality would now take on leadership responsibility for patient administration and that a review of patient letters and patient communication was an early priority.</p>
	<p>It was noted that the Integrated Performance Committee had reviewed the Trust's performance and was satisfied with actions in place, noting further scope for improved prospective forecasting of RTT performance. This issue would be explored further as part of the response to the informatics review.</p>
	<p>The Board noted the report.</p>
5	<b>Governance and Assurance</b>
5.1	<b><i>NHS Improvement : Quarterly Review Letter*</i></b>
	<p>The Board noted the letter.</p>
5.2	<b><i>Workforce Race Equality Standard*</i></b>
	<p>The Board noted the report and action plan.</p>
6	<b>Board Assurance</b>
6.1	<b>BAF Key Issues Reports and Minutes from Assurance Committee Meetings:</b>
6.1.1	<b>Audit Committee</b>

TW/SP

TW

The Board received the approved minutes of the meeting of the Audit Committee held on 30<sup>th</sup> May 2017.

#### **6.1.2 Quality Committee**

The Board received an oral update from the Chair of the Quality Committee in relation to the recent meeting held on 24<sup>th</sup> October 2017.

It was noted that medication errors and falls remained key areas for focus and that review of radiological alerts and HSMR continued to be closely monitored.

Three further Quality Impact Assessments had been completed and a report from the Quality and Patient and Family Experience Committee had provided further assurances on adherence to the safety checklists, secure health messaging and safety standards.

The value of the ongoing review with MIAA to consider areas of duplication was noted and the Board would consider findings and recommendations from this work in December 2017.

#### **6.1.3 Integrated Performance Committee (IPC)**

The Chair of the IPC provided an oral update on the previous day's meeting, highlighting that financial performance remained on track to deliver the forecast and secure STF funding, subject to the single biggest risk which related to receipt of income from Wales in recognition of HRG4+.

In relation to performance, all regulatory targets had been met and it was recognised that there was still work to do to align capacity modelling with prospective performance forecasts.

The committee had received a report on reference costs and had noted that on average the Trust's costs were 11% greater than the national average. There were however a number of caveats to this, but the data would be reviewed with a view to exploring further potential opportunities for CIP. It was noted that the productivity aspects of the GIRFT (Getting It Right First Time) Report would be considered alongside this following Board review in November 2017. In relation to the Carter Review, the Chair of the IPC commented that the Committee had received an exemplary assurance report.

#### **6.1.4 People Committee**

The Board noted the BAF Key Issues Report and the Chair of the People Committee added that the appraisal target had been achieved with feedback from the Divisions indicating improvement in quality in relation to demonstrating that the individual needs of staff had been considered for personal development planning.

The Committee had received assurance on plans to address the gaps in medical staffing and continued to actively monitor

agency expenditure.

The MIAA review process had been helpful and there would provide a renewed focus on exception reporting at People Committee.

The Board received the approved minutes of the meeting of the People Committee held on 16<sup>th</sup> May 2017.

**7 Minutes of the Board of Directors Meeting held on 25<sup>th</sup> July 2017 (in public)**

The minutes of the meeting of the Board of Directors held on 25<sup>th</sup> July 2017 (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 1-4 – completed and closed;
- Actions 5 – the issue of the 'Team Prevent' name assigned to the Occupational Health Service had been raised but was a national brand and therefore unlikely to be changed – action closed;
- Action 6 – the CQC Action Plan would continue to be brought to the Board periodically in recognition of the need for continuous improvement. This would be reflected in the Board business cycle and removed from the action log.

All actions not listed above would carry forward per 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 28<sup>th</sup> November 2017 at 9.30 am.

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