

Item 11.4.1

Board of Directors (in Public)

Item 8

minutes

Minutes of the Board of Directors' meeting held on 1st May 2018

Present:	Neil Large	Chairman
	Jane Tomkinson	Chief Executive
	Nicholas Brooks	Non-Executive Director
	Julian Farmer	Non-Executive Director/ Deputy Chair
	Mark Jones	Non-Executive Director
	Ken Morris	Non-Executive Director (Interim)
	Sue Pemberton	Director of Nursing and Quality
	Raphael Perry	Medical Director / Deputy Chief Executive
	Marion Savill	Non-Executive Director/ Senior Independent Director
	Tony Wilding	Director of Strategic Partnerships & Chief Operating Officer
	Claire Wilson	Chief Finance Officer
In Attendance:	Mark Jackson	Director of Research and Innovation
	Lucy Lavan	Director of Corporate Affairs
	Joanne Twist	Director of Workforce Development
Apologies for absence :		
Observers: Governors / Staff/ Members of the Public:	Dorothy Burgess	Governor
	Ruth Rogers	Governor
	Jason Cashen	Abbott (Healthcare Supplier)

		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	

1
Chair's
Initials

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 & Quality read a patient story.

1.4 Chairman's Briefing

The Chairman recorded thanks to Darren Sinclair for his valued contribution since July 2017, noting that Darren had regrettably tendered his resignation with effect from 30th April 2018.

The Chairman welcomed Ken Morris who had been appointed as Interim NED by the Council of Governors, with effect from 1st May 2018.

The election process for the North Wales Governor seats would complete shortly and it was noted that there were five candidates for the two seats. Further elections would take place in the Summer, with eight Governors nearing the end of their current terms.

The Governor walkabout on 24th April had included positive visits to the Therapies Team and to Cedar Ward with significant improvements in staff and patient feedback noted in relation to Cedar Ward.

2 Patient Safety and Quality

2.1 Learning from Deaths Q4 Report

The Medical Director presented the Learning from Deaths report for Quarter 4 and annual data for year ended 31st March 2018, in accordance with new national guidance published in May 2017.

There had been 215 deaths in the Trust since April 2017 (compared to 183 deaths in the previous year, 2016/17) with 65 deaths in Quarter 4. The increase was attributable to the impact of new guidelines concerning the management of out of hospital cardiac arrests which has seen an increase in acute myocardial infarction cases presenting at LHCH.

There were no deaths in Quarter 4 classified as 'avoidable' per the national guidance definitions. For the full year, 6 deaths were classified as 'greater than 50:50 chance of avoidability' – of these 3 deaths 'probably avoidable'; 2 deaths 'strong evidence of avoidability' and 1 'definitely avoidable'.

Learning from these deaths, together with other actions identified through the mortality review process was set out in the report and all actions overseen through the Divisional governance process and reported to Operational Board for wider organisational learning. Case studies were also reviewed at Audit Days.

The Board discussed the process for involving families following

a death in hospital and was noted that whilst there was no formal protocol, it was widely recognised as good clinical practice for families to be involved. The majority of deaths occurred in critical care where consultant staff were well practised in supporting families and in offering follow up conversations to discuss the cause of death.

The Medical Director confirmed that the Trust's approach was one of openness and honesty and that in all cases where a degree of avoidability was identified, full Duty of Candour was exercised.

The Director of Nursing & Quality added that all deaths at LHCH were reviewed and in all instances where the deceased's family had expressed a concern about care, this was routinely followed up with an investigation and involvement of the consultant.

The Chair of the Quality Committee commented that the report was comprehensive, noting that the obvious gap related to deaths where other Trusts were involved in the pathway as there could be no assurance in relation to cross-organisational learning. It was noted that in the case of serious incidents, there was a clear process for involvement of partner organisations in review and learning, but this was not the case in respect of lower level harms. The way forward could be for a coordinated commissioner led process for cross-learning across the wider health system.

The Board discussed the approach to mortality review and learning adopted at LHCH compared to other Trusts and it was noted that mortality reviews for all deaths had been undertaken at LHCH for many years whilst for many other larger organisations it was not practical to review all deaths. The impact of the new national guidance at LHCH had been primarily a sharpened focus on organisational learning.

2.2 ***LHCH Monthly Staffing – March 2018****

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

2.3 ***Guardian of Safe Working – Q4 Exception Report and Annual Report 2017/18****

The Board noted the report.

2.4 ***Deprivation of Liberties Report****

The Board noted the report.

2.5 ***Director of Infection Prevention Annual Report 2017/18****

The Board noted the report.

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3.1

Strategy and Development

Operational Plan 2018/19

The Board received the final Operational Plan 2018/19, noting that this reflected revisions to the financial plan and was in line with the agreed Control Total. It was confirmed that the plan had been submitted to NHS improvement in accordance with the reporting deadline.

A discussion followed in relation to the risks to the delivery of the plan and it was noted that these had been reflected in the 2018/19 Board Assurance Framework.

The Chairman thanked the teams involved in pulling together the 2018/19 plan and noted that whilst the Trust had a strong track record of delivery, the financial and operational pressures facing the NHS meant a significantly challenging year ahead.

It was confirmed that Divisions had been actively involved in the planning process and were clear on the Trust's Vision, strategic objectives and their own accountability for delivery. There was clear evidence of the 'golden thread' in relation to cascade of objectives to teams and individuals through local objective setting and appraisal processes. Executive challenge had seen further iterations of the activity plans and significant focus on CIPs. Work would now focus on communicating the plan widely to front line staff via the Listening into Action process.

The Board accepted and ratified the final Operational Plan submitted on 30th April 2018.

3.2

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

The Chief Executive confirmed that the CVD Board had now accepted 8 clinical cases for change and the focus was now on the delivery phase. The Medical Director fed back on the recent CVD Board meeting held on 26th April 2018 noting a new focus on 'Place' based plans.

It was noted that Jan Ledward, Chief Officer of Liverpool CCG would attend the Board's Strategy Day on 29th May 2018 to discuss the 'One Liverpool' plans, with Andrew Gibson attending also to provide a sense of the direction of travel for the wider STP and system change perspectives.

The new Provider Alliance Board would oversee the next phase of work involving input from the wider social care and third sector. Jane Tomkinson would retain a key leadership position on this Board in relation to Long Term Conditions which encompassed CVD. A CVD Prevention Forum had been established and would identify high impact schemes attracting test-bed funding for prevention work. This provided a significant opportunity for LHCH to influence the shape of future service models.

It was noted that funding for programme management support had been withdrawn for 2018/19, due to the STP prioritising its investment in Southport and East Cheshire. This meant a further financial risk for LHCH to bear and had been a difficult decision in the context of the financial plan. However the strategic importance of continuing to support and lead this work was significant.

The Board discussed the challenges associated with the implementation phase given the number of different stakeholders each with differing priorities but noted a significant shift in view in relation to the single heart attack centre, with clinical buy in for location at LHCH.

The Board noted the report and opportunity for further debate with Jan Ledward and Andrew Gibson on 29th May 2018.

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4.1

Targets and Financial Performance

Strategic, Financial and Operational Dashboards - period ended 31st March 2018

The Director of Strategic Partnerships and Chief Operating Officer presented the report highlighting the key issue in relation to breach of the 6 week diagnostic target due to increasing demand and associated capacity constraints. There had been further increase in Provider to Provider referrals due to insufficient capacity within the local health economy, in addition to new clinical protocols for cardiac CT scanning.

The Board discussed the mitigating plans to manage demand and maintain patient safety, noting that mobile scanners continued to be fully utilised and that support from other NHS providers was limited in relation to insufficient cardiac enabled scanning facilities. Discussions were ongoing with private sector providers as well as provision of additional weekend and evening sessions, but the constraining factor was workforce. In the meantime, all referrals were triaged by consultant staff and dealt with in order of clinical priority.

The Board noted the introduction of a new 28 day definitive diagnosis standard in relation to cancer targets in April 2020 which would further impact upon capacity.

A business case for investment in an additional CT scanner and an additional MR scanner would be brought to the next Board meeting and it was requested that this paper also capture the tactical solutions to be employed in the interim to manage risk and ensure patient safety. It was noted that the business case would also include the workforce required to deliver the required capacity. The reporting of cardiac CT was highly specialised and currently the radiologists were working significantly beyond contracted hours to complete reporting. External reporting was limited to simple reports with complex reporting needing to be retained in-house.

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The Board went on to discuss the continued increase in sleep study referrals. It had been established that referrals to Aintree Hospital had also increased and it was now thought the growth was due to the impact of poor lifestyle and increasing incidence of obesity.

It was noted that the RTT target had been met in each of the remaining 3 months of the financial year despite winter pressures and increased acuity, which placed pressure on beds and delivery of elective activity.

The Chief Executive summarised that the dashboard represented a strong set of results given the financial and operational pressures and was a credit to the operational teams.

In relation to finance, the Board noted the Month 12 position, including very recent notification of an additional £1.5m STF bonus allocation which would further improve the outturn financial position beyond that reflected in the paper. The surplus for the year ended 31st March 2018 would be £8.4m.

The Chairman concluded that this was an excellent result, noting the challenge in delivering the message given the magnitude of the CIP requirement in the context of a significant surplus position. Whilst the STF process was very helpful in enabling capital investment, it did not reflect the significant challenge in relation to CIP delivery going into 2018/19.

It was noted that a new financial regime was likely to be introduced from 2019/20.

The Board briefly discussed sickness absence, noting that sickness was being proactively managed but there had been an increase in incidence of long term sickness which was impacting on performance.

The Board noted the report.

4.2

Board Dashboard 2018/19 – KPI Definitions and Performance Assignment Thresholds

The Chief Finance Officer presented the report which set out the proposed framework for reporting 2018/19 targets.

Progress against the strategic objectives would be reported to the Board quarterly and be aligned to periodic review and refresh of the Board Assurance Framework.

The Single Oversight dashboard would be retained to provide clear oversight of regulatory targets.

The operational targets had been streamlined to eliminate duplication. These represented locally set improvement targets, over and above those set by the regulator and had been set out

in two dashboards – a Quality Dashboard and a Performance Dashboard.

The Board reviewed the proposals and it was agreed that the staff sickness target would be adjusted.

Subject to this amendment, the Board approved the recommended approach as set out in the report, for monitoring strategic and operational performance for 2018/19.

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5 Governance and Assurance

5.1 Ratification of Consultant Appointments

The Board ratified the following consultant appointments:

- Reeza Ashrafi - Consultant Cardiologist (ACHD)
- Sujata Anipindi - Consultant Anaesthetist
- Fahmi Faraz – Consultant Anaesthetist
- Zoltan Borbas – Consultant Cardiologist (EP)

5.2 Ratification of Use of the Trust Seal

The Board ratified application of the Trust seal in respect of a Grant Agreement with the British Heart Foundation dated, signed and sealed on 9th April 2018.

5.3* NHS Constitution Compliance Report *

The Board noted the report.

5.4* Integrated Complaints, Claims, Incidents – Annual Report 2017/18*

There was a brief discussion in relation to Expectations for Staff – Expectation 10, relating to Equality and Inclusion training. The Director of Workforce Development confirmed that the Trust was compliant with the expectation but that she had rated this aspect ‘amber’ due to the work in progress to review and roll out the training provision. This would be completed by Quarter 3 2018/19.

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The Board noted the report.

6 Board Assurance

6.1 Assurance Committee Annual Reports 2017/18

The Board received and reviewed the Assurance Committee annual reports.

Each Committee Chair provided a brief overview noting in particular the recent 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 2017/18 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 :

- Audit Committee
- Quality Committee
- Integrated Performance Committee
- People Committee

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

6.2.1 Audit Committee

The Board noted the BAF key issues report and the Audit Committee Chair highlighted the receipt of a limited assurance report from MIAA in relation to mobile computers. Management assurance had been received in relation to planned remedial actions.

It was also noted that the Director of Audit Opinion 2017/18 had concluded 'substantial assurance' in relation to systems of internal control.

The Board received the approved minutes of the meeting of the Audit Committee held on 29th January 2018.

6.2.2 Integrated Performance Committee (IPC)

The Chair of the Integrated Performance Committee noted achievement of the 2017/18 Control Total and receipt of additional STF funding, paying credit to the Divisions and Finance Team. Whilst the RTT target had breached in December 2017, there had been strong performance throughout Quarter 4. The IPC would consider further the implications of recurrent breach of the diagnostic target in relation to segmentation under the Single Oversight Framework. The Chairman re-iterated his previous request for a paper on diagnostic capacity which would consider growth assumptions and regulatory implications.

The Board noted also the increasing trend in relation to EP referrals and the Committee's 6 monthly review of Carter efficiencies and progress in relation to the Model Hospital.

The Board received the approved minutes of the meeting of the Integrated Performance Committee held on 29th January 2018.

6.2.3 Quality Committee

The Chair of the Quality Committee noted reported highlights from the recent meeting including discussions around the development of performance metrics for the respiratory service; the review of thoracic surgical outcomes and focus on 1 year survival rates; continued focus on documentation to support adherence to the sepsis bundle; and ongoing focus on medication errors. An excellent report from the Therapies Team had been received in relation to stroke management.

The Board received the approved minutes of the meeting of the

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Quality Committee held on 9th January 2018.

- 7 Minutes of the Board of Directors Meeting held on 27th March 2018 (in public)**
The minutes of the meeting of the Board of Directors held on 27th March 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 4 and 5 – completed and closed.
- 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 3rd July 2018 at **9.00 am**.
- The Board resolved to exclude the public at this point by reason of the private nature of business to follow.