

Board of Directors (in Public)
Item 1.3

minutes

Minutes of the Meeting of the Board of Directors
held on 27th September 2023

Present:	<p>Val Davies Jane Tomkinson</p> <p>Margaret Carney Sue Pemberton Kate Warriner Karen Nightingall Karan Wheatcroft Karen Edge Nick Brooks Louise Robson Jonathan Develing Jonathan Mathews Raphael Perry Jay Wright</p>	<p>Chair Chief Executive</p> <p>Non-Executive Director Director of Nursing, Quality & Safety Chief Digital & Information Officer Chief People Officer Director of Risk & Improvement Chief Finance Officer Non-Executive Director Non-Executive Director Director of Strategic Partnerships Chief Operating Officer Medical Director Director of Research</p>
In Attendance:	<p>Nusaiba Cleuvenot James Greenwood</p> <p>Neil Coulson Clare Quarterman</p>	<p>Executive Office Manager & Governance Lead Respiratory Physician/Trust Patient Safety Lead (item 1.5) Consultant Anaesthetist/ MRG Chair (item 1.5) Consultant Anaesthetist/ Director of Medical Education (item 5.5)</p>
Observers- Governors/ Staff/ Members of the Public:	<p>Allan Pemberton Trevor Wooding Terence Comerford Stephen Storey</p>	<p>Public Governor- Cheshire Member of Public Public Governor - Merseyside Public Governor - Cheshire</p>
Apologies for absence:	<p>Julian Farmer Bob Burgoyne</p>	<p>Non-Executive Director Non-Executive Director</p>

- 1 Welcome and Opening Matters**
- 1.1 Apologies for Absence**
Apologies for absence were noted as above.
- 1.2 Declaration of interests relating to agenda items**
All meeting participants were asked to declare any interests in respect of items listed on the agenda.
- LR declared her ongoing consultancy role with a number of provider collaboratives and a special advisor role for the Board of Advancing Quality Alliance (AQuA). It was important that this declaration was noted but agreed that this did not preclude LR from discussions as her insights would be helpful in understanding the national picture.
- Other participants confirmed that they had no interests to declare.
- 1.3 Minutes of the Board of Directors Meeting held (in public) on 26th July 2023 – for approval**
The minutes of the meeting of the Board of Directors held on the 26th July 2023 (in public) were reviewed for accuracy and **approved** by the Board of Directors.
- 1.4 Action Log (Public) from Previous Meeting**
The action log was reviewed, with confirmation that the following actions had been completed or were on the agenda and could be removed:
- Annual Learning from Deaths report
 - Learning from death benchmarking data
 - Learning from deaths clinical presentation
 - Investigate reference to disabilities in Health Inequalities report
 - Purpose of consultant ratification paper
 - Attendance numbers at junior doctor forum – verbal update provided
 - Update strategic objectives to include innovation strategy and Liverpool Clinical Services review recommendations
 - Letter data from long waiters – on Private agenda
- The remaining actions were in progress or due later in the year.
- 1.5 Mortality and Learning Update**
James Greenwood, Trust Patient Safety Lead and Neil Coulson, Mortality Review Group (MRG) Chair presented the learning from deaths update. There is an average of 194 deaths per annum which was not high in comparison to other Trusts. Each death is investigated thoroughly and reviewed by the monthly multidisciplinary MRG with learning shared through the Audit days. Some of the challenges with the MRG and Audit days were discussed. Changes implemented so far has been a widening of MDT presence at MRG,

Root Cause Analysis (RCA) to formally return through MRG, bespoke design of the InPhase system module, learning database developments and a redesign of the mortality review process.

JG shared the death investigation process. Deaths within 30 days of discharge were also monitored but these often happened within another hospital. This would be followed up by LHCH if clearly indicated, however the majority of deaths following discharge are expected or explainable.

Sharing and learning continued to be a focus, and this was initially disseminated through an Audit Day. A summary from each Audit Day is also published on Sharepoint learning database which is accessible to staff. JG credited Owen Chambers, Consultant Anaesthetist for setting up and populating the Sharepoint site.

SP thanked colleagues and commended the review process. She commented that it would be useful to triangulate the learning with nursing reviews as well as learning from complaints and incidents.

JT recognised the richness of information uploaded on to SharePoint and queried how staff were directed to this. JG confirmed that there was a functionality that monitors interaction and activity with the site, but the next step would be to promote the use of the database more widely. The site would eventually include learning from complaints and incidents too.

NB confirmed that this been a great source of assurance through the Quality Committee and queried clinician involvement in the process. Cases were discussed anonymously at Audit Day however clinicians involved in the case were invited to attend when their cases were being presented. It was also confirmed that there are identified actions for each MRG. NB further queried if this information could be requested via a Subject Access Request and KWa shared that the information process would be followed, and exemptions would apply where necessary.

There was further discussion about digital development and integration of information. The importance of extracting the information and making it accessible offline was also reiterated. JT also commented that it could be useful to include non-death related data such as outcomes from surgical site infections. Overall, it was agreed that there was a breadth of information that could be used but InPhase was still in its development stage as well and would potentially provide further enhancements to this.

MC questioned if cases were looked at individually or if they were all looked at to identify themes over a period. It was confirmed that all deaths are reviewed by NC and JG therefore they were able to identify any patterns and review further. It was also noted that InPhase now had the functionality to flag up other incidents that had occurred within that category when submitting a report.

KN asked what support was in place for individuals and teams who had been involved in deaths. The MRG were able to signpost the teams, but it was recognised that pastoral support could be further developed.

VD thanked JG and NC for the presentation and recognised great opportunities to expand on this. She asked if they had the support they required to progress and they confirmed that they are still in the early phases and would be discussing opportunities further with clinical leads tomorrow.

The Board noted the presentation.

1.6

Patient Story

A story was shared via video regarding a patient with aortic stenosis who had been diagnosed at 6 weeks old. He shared how he had limited understanding of his condition until his first appointment at LHCH. He had been kept informed and reassured upon discovering he would need surgery. He initially had concerns about transitioning from Alder Hey Hospital into adult care at LHCH however this was all alleviated once he arrived. He commended how well staff communicated with him and put him at ease throughout his journey.

JM and JT shared that they had recently received an email commending the ACHD service. JT said it was important to recognize the powerful impact cancellations had on patients. SP also reiterated the importance of post operative support. KWa pondered if there was more that can be done in supporting patients transitioning from paediatric to adult care. JW shared that there had been a recent NICOR review of ACHD services and shared how nice it was to hear the positive feedback and celebrate the progress made. RAP also shared how the governance in ACHD had evolved and just how crucial patient representatives had been in making the necessary improvements.

The Board noted the patient story.

1.7

Chair's Briefing

The Chair congratulated all at LHCH for the national inpatient survey results. LHCH had been rated one of the top two hospitals in the country for overall patient experience and best in the North West region.

VD shared her positive experience at the patient and family engagement session this month reiterating the excellent opportunity this provided for learning and improvement. Updates were also shared from ward and department visits.

The Chair congratulated KWa on her fundraising performance at the Philharmonic on the 17th of September and attaining a rank in the top 100 Chief Digital Information Officers.

Brief updates were shared following the recent Liverpool Trust Joint Committee and Broadgreen Joint Site Sub-committee and these would be further discussed on the Private Board agenda.

There had also been a strategic alliance meeting with Isle of Man and whilst there were no opportunities to explore at present, there

could be opportunities in the future. A joint meeting with Wales CEO's is also pending.

VD had also recently attended the Liverpool PLACE board, Fit and Proper Persons Framework webinar, CMAST Chair's Group and the NHSE Chair/CEO event.

The Board **noted** the update.

1.8 **CEO's Report**

The CEO report provided an update on a range of issues. The report was taken as read and the following points were highlighted:

- The fantastic inpatient survey results were commended
- System work continues at pace including winter preparation
- There is a system focus on finance. A public ICB Board meeting is due to take place tomorrow to look at the month 5 position. More providers are moving into a deficit
- CMAST Leadership Board briefing paper has been shared separately on the agenda
- Update on fit and proper persons framework and FTSU following the Lucy Letby verdict. KWH is leading on changes being implemented.
- The Trust had also received a letter of congratulation from NHSE and JT credited KE and the finance team
- Industrial action is due to take place from 2nd to 5th October. There will be Christmas cover and on call. JT confirmed the focus is to ensure the impact on cancer pathways is minimised
- Flu and Covid vaccination programs commence this week

LR queried if learning had been extracted from the clinical risk strategy in orthopaedics. JM confirmed that this was not the case, but QSEC has been looking at what more can be done to manage waiting lists. KWa also confirmed the digital options were being reviewed to support waiting list management.

The Board **noted** the update.

2 **Safety and Quality**

2.1 **IPC BAF Update**

The Infection Prevention and Control (IPC) BAF has been originally introduced to focus on Covid but now covered all respiratory illnesses. An updated BAF has been released in the spring and was appended to the report. RAP shared that LHCH has been fully compliant with infection prevention in the previous IPC BAF and review of compliance against the new BAF is underway. Areas of partial compliance were detailed in the report.

There was discussion regarding laboratory services. It was agreed that there needed to be improved protocol and co-ordination across Cheshire and Merseyside laboratory services.

The Board **noted** the update.

2.2 Winter Preparedness Plan

The Trust has prepared its winter plan based on experiences from previous years and up to date knowledge of the regional pressures. With established command and control processes, LHCH will manage expected and unexpected situations as and when they occur, by ensuring good communications, detailed reporting of staffing, skill mix and capacity and ensure appropriate and timely escalation to the Executive Lead as appropriate. LHCH representatives engage with the Liverpool system wide winter plans and the Cheshire and Merseyside Hospital Cell to ensure partnership working is maximised to support the wider healthcare system.

JT asked if winter funding had been disaggregated yet. KE updated that it had not been confirmed how the winter funding will be disaggregated to organisations over the coming six months. However, the funding was not to be used for additional capacity but to support existing capacity and continue with elective recovery

LR queried if the 6 and 7 day ward rounds were only in specific specialties and JM confirmed that this was embedded across specialties in the organisation. LR further questioned if there had been any resistance to the Estimated Date of Discharge (EDD). It was confirmed that an EDD was always in place but was likely to be amended and therefore not always accurate.

JM commended Ellis Hayes, Divisional Director of Medicine who had prepared the report and was leading on winter preparedness plans.

The Board **noted** the update.

3 Strategy and Development

3.1 Anchor Institute Update (incl. Green plan)

JD shared a report providing an update on progress towards the Trust being accredited as an anchor institution. The paper included progress against the 14 NHS Prevention Pledges each being RAG rated (Red/Amber/Green) as a measure of alignment with the principles within the pledge. This assessment of progress is used as the prevention initiatives vary from Provider to Provider. The ratings have also been recognised by the ICB Population Health Board. The paper also describes actions taken to demonstrate our social value, and the measures taken towards net zero.

JD highlighted that delivering net zero by 2040 remains a significant challenge especially around utilities. This would require the procurement of a green energy supplier through Cheshire & Merseyside which would also have a financial impact. KE shared that a lot of work is being done on the procurement strategy and that

this was a subject of discussion at the HPL Board. A narrative is being developed for procurement teams across C&M for social value and green expectations from the ICB. There is also a new NHS framework for commercial activity.

VD queried what more could be done onsite to support the Green Plan. JD confirmed that following recommendations from the Green Alliance some years ago, some changes had already been implemented e.g. LED lighting. Energy efficient supplies were also used in the building of the new cath labs. JD also shared that it was important to not leak energy rather than just implementing new initiatives e.g. powering down at night. The surgical corridor was also a significant source of energy loss due to the single brick structure and single glazing. There is ongoing work in conjunction with Broadgreen to make better use of the estate.

The Board **noted** the update.

3.2 **LHCH System Support: Primary Care**

The paper summarised some the work being done to support the Primary Care Network (PCN) including more comprehensive support to the system. The paper had also been shared at the Council of Governors on 19th September. A similar piece of work would also be carried out for community services. It was noted that discussions also needed to take place on how the PCN could support Trusts too.

JT shared that there had been national focus on the ability for GPs to refer indirectly; JT queried if this dovetailed with our work? JD confirmed he would investigate this.

LR commended how much support LHCH provides beyond its boundaries. Following a recent walkabout with community services, LR shared feedback that the targeted heart and lung teams were now seeing many more stage 1 and 2 lung cancer patients than before. It was excellent to hear the feedback and quantifiable data proving the success of our initiatives.

JM also shared the possibility of commissioning and end to end screening pathway with the Isle of Man. JD reiterated the importance of early intervention and that work is being driven forward on this.

VD had invited Jonathan Griffiths to attend a future Board strategy day to discuss support between the PCN and LHCH.

The Board **noted** the update.

4 **Targets and Financial Performance**

4.1 **Board SOF Dashboard**

JM updated the Board on operational performance. There had been over 30 days of industrial action year to date with more expected next month. Activity is the key driver for performance and impact of

lost days could not be mitigated along with other issues. JM commended the staff for their commitment and patient focus during challenging times. Lists are being tackled by way of clinical priority. August saw 46 sessions lost to lack of theatre scrub nursing and 12 sessions due to industrial action.

DM01 in August had failed both due to industrial action and equipment issues. The September and October forecast was shared noting that there had also been a significant spike in urgent non elective surgery. Outpatient transformation work is also ongoing. Updates on the mini mitral waiting list position would be shared in Private Board.

There had been a reduction in cancellations in July but this had increased again in August and September mainly due to industrial action but also due to a staff death in theatre. A new clinician had been appointed for CT guided biopsy however this would not increase capacity.

JT enquired as to how our strategy aligned, RAP updated on how patients had been monitored pre Covid and how things have evolved now highlighting the fact that the population was sicker by two years. There was discussion about the pros and cons of virtual wards. There was also deliberation over investing resources into the development of an onsite ward at Broadgreen versus investing this in the virtual facilities. JM shared the importance of developing both resources.

JW reiterated that ultimately the issue with theatre staffing needed further action, as this had been the largest factor in cancellations. Whilst facilities can be developed this would be futile if we were unable to get patients through. JM has asked the divisions for trajectories on scrub nursing numbers. There would also be work to triangulate surgery forecast with critical staffing numbers to ensure staff are being utilised effectively. There had also been a theatre recruitment day last week and SP confirmed that two ODPs and two scrub nurses had been recruited.

ACTION: VD requested feedback on solutions for scrub nurse recruitment.

JM

Considering the difficult position, we were in, JW asked if any partnering option had been investigated e.g. the army. It was confirmed that the army had not been considered but it would be worth exploring options.

ACTION: VD requested that partnering opportunities be presented back to the Board if any viable options were available.

JM

LR shared that the SOF metrics and performance trajectories had been discussed at the Extraordinary Integrated Performance Committee in August. The issue with scrub nurse recruitment had

also been highlighted. She reiterated the need to include a forward trajectory in the report. VD responded that the uncertain nature of industrial action may make forecasting more difficult. JM also confirmed that where forward trajectories could be predicted then this would be shared.

There was further discussion on communication of cancellations or long waiters. Ward managers had been excellent at managing this which had been reflected in the inpatient survey, and patient expectations are also being managed through letters. It was also noted that the admin team could benefit from upskilling.

SP and RAP provided an update on Quality of Care. The dashboard was taken as read. RAP confirmed that the VTE risk assessment issue is being addressed and is reported weekly to the Executive Group. With regards to radiological alerts, this is being addressed manually and anyone over 28 days is contacted directly.

KE shared the Finance update. The Month 5 position is a £1,116k surplus, which is £297k better than plan in month. The YTD surplus is £4,227k which is £134k better than plan. The single largest adverse variance year to date is undelivered CIP. Income has improved in month as a result of a reduction to the elective target through enacting of recent NHSE guidance on the approach to be taken to mitigate the financial effect of industrial action for systems. Whilst the Trust has seen activity impacted by industrial action, the overall position on income after this adjustment is marginally better than plan. In addition, private patient income continues to track positively against plan.

KN shared the workforce update. Further improvement has been seen in turnover, reflecting the positive impact of the retention work being delivered. Mandatory training compliance remains above the 95% target. An implementation plan has been developed to support the launch of the 2023 NHS Staff Survey in September. Another successful Live Well Work Well Event was held on 12th September. Long term sickness remained an area of concern and actions were ongoing.

The Board **noted** the performance dashboard.

5 Governance and Assurance

5.1 High Risk Report (>15)

The high risk report provides an update of risks with residual scores of 15 or higher along with the action plans in place to control and/or mitigate them. The risk around waiting times was highlighted and would be revisited in Q2. Mitigations and actions plans are also in place.

The Board of Directors **noted** the report.

5.2 **Board Assurance Framework**

The BAF is a standing item for the Board of Directors and an opportunity to triangulate with the Board agenda, assurances, and risks. A full review of the BAF will be presented at the next Board meeting.

The Board **noted** the BAF.

5.3* **Governor Election Report**

The paper informed the Board of the outcome of the governor elections.

The Board **received** the results and **welcomed** the new governors that had started at the end of the Annual Members Meeting on 25th September 2023.

5.4 **Emergency Preparedness Resilience Response (core standards) Report**

The 2023 self-assessment of the EPRR core standards has been undertaken and LHCH had submitted substantial compliance with the relevant standards. Partial compliance is declared for the deep dive into EPRR training.

An action plan has been developed which will ensure the completion of the areas where further work is required to demonstrate full compliance.

The EPRR group will monitor the action plan, until all actions are completed, and assurance will be provided to the Risk Management Committee (reporting to the Operational Board).

For 2023, there has been a change to the process with evidence being submitted to NHSE for their assurance exercise. Feedback would be provided once the exercise is complete.

LHCH have also asked ICB to share good practice. A meeting with the ICB EPRR team had taken place last week and they were positively surprised by LHCH's team approach. There was a request for support around comms within the system.

NB queried the frequency and compliance with the training. KWh confirmed that all executive directors have had the training but there had been some issues with obtaining the certificates. NHSE have also been asked for a list of compliance to ensure everyone was captured within our figures.

The Board **noted** the update.

5.5 **GMC Survey Results**

Clare Quarterman, Director of Medical Education shared a paper and presentation detailing the results of the GMC survey and associated action plans. It was noted that the survey did not include locally employed doctors and that there had been a small

number of responses in clinical radiology. 92.2% of trainees had completed the survey.

The results were broken down against individual specialties which helped identify themes in specialty groups. The presentation shared the details of improvements and action plans in place for each specialty. RAP commended the positive work CQ had done along with the appointments of good clinical tutors. Engagement with trainees remains constant.

MC commended the excellent results and recognized the work that has been done. She shared that the action plans and outcomes were being monitored through the People Committee.

LR commented on the results relating to confidence in working out of their areas during out of hours cover. CQ had addressed this issue in the People Committee and shared that discussions have been had about doctors not consenting to procedures they did not feel comfortable doing. The consent form is being updated to include more procedures. It was noted that a small number of surgeons had felt this way, and this had been immediately addressed.

The Board **noted** the survey results.

5.6*

National Risk Register

The National Risk Register (NRR) provided a comprehensive view of the national risks, along with information regarding resilience, response and recovery capabilities. From a local perspective these have been reviewed alongside the community risk registers in the context of our EPRR arrangements, major incident plans, cyber security and business continuity. Should these risks occur, our role as part of the local resilience forum and multi agency response would be critical.

The Board **noted** the update.

5.7

Trust Constitution

A summary of the main changes to the Trust Constitution was set out in the paper. Tracked changes had also been appended to the report. This had been shared at the Council of Governors on 19th September and the Annual Members meeting on Monday 25th September.

The Board **approved** the amendments to the Trust Constitution.

5.8

Anti Racist Framework Response

KN shared a paper setting out LHCH's response to the framework. This will be implemented into the EDIB action plan. The delivery plan will include timescales to achieve:

- Bronze Status by December 23
- Silver Status by September 24

- Gold status by April 25

The Chair stated that NHS Boards need to be explicit in their commitment to the framework and that this needed to be reflected in Board member objectives. KN confirmed that a narrative will be included to reflect this by December 2023.

KN

MC shared that a longer term action plan had been requested by the People Committee and this will return to the December People Committee meeting. This is also on the agenda for the EDIB steering group.

The Board **noted** the report and initial action and response.

5.9 **Fit and Proper Persons Policy Update**

NHSE published a new Fit and Proper Person Framework on 2nd August 2023 alongside guidance for Chairs and staff on implementation. NHSE expect elements of the framework to be used from 30th September 2023 for new appointments, with full implementation by 31st March 2024.

The Trust's policy has been updated to reflect the changes and summary of the main changes were detailed in the report. There will be a standardised FPP form and the implementation of a Board Member Reference template for Trusts. There is expansion in the Chair's role and responsibility in ensuring compliance and the Board's details will need to be recorded and approved by the Chair on ESR.

The Board will need to raise any objection to having their details recorded on ESR directly with the Chair.

The Board **noted** the changes and **approved** the updates to the FPP policy.

6 **Board Assurance**

6.1 **BAF Key Issues Reports and Approved Minutes**

6.1.1* **Strategic Research & Innovation Committee:**

- **BAF Key issues for meeting held on 12th September 2023**
- **Approved minutes for meeting held 20th July 2023**

The Board of Directors **noted** the BAF Key Issues report and last approved minutes.

6.1.2* **People Committee:**

- **BAF Key issues for meeting held on 5th September 2023**
- **Approved minutes for 5th June 2023**

The Board of Directors **noted** the BAF Key Issues report and last approved minutes.

- 6.1.3* **CMAST CiC:**
- **Summary report for meeting held on 4th August 2023**
 - **Summary report for meeting held on 1st September 2023**

The Board of Directors **noted** the summary reports.

- 6.1.4* **Liverpool Trust Joint Committee:**
- **Update from meeting held on 21st September 2023**

The CEO provided a verbal update from the meeting held on 21st September. There had been a positive approach to collaborative work in corporate services, there had been discussion on the extension of procurement services and assurances about the leadership arrangements for Liverpool Women's Hospital.

The Board **noted** the update.

7 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.

8 Evaluation of Board Meeting

The Board of Directors confirmed that it was satisfied with the process, agenda and papers.

9 Date and Time of Next Meeting

Wednesday 1st November 2023, Strategy Day

10 Resolution to exclude the Public

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

AOB Additional Item

A summary of the inpatient survey results was shared via a PowerPoint presentation. A full report would be presented at the next Board meeting.