

**Board of Directors (in Public)**  
**Item 1.3**

**minutes**

**Minutes of the Meeting of the Board of Directors held on 29<sup>th</sup> March 2023**

<b>Present:</b>	<b>Val Davies</b> <b>Jane Tomkinson</b>  <b>Bob Burgoyne</b> <b>Margaret Carney</b> <b>Jonathan Mathews</b> <b>Sue Pemberton</b> <b>Kate Warriner</b> <b>Karen Nightingall</b> <b>Karan Wheatcroft</b> <b>Raphael Perry</b> <b>Karen Edge</b> <b>Julian Farmer</b> <b>Nick Brooks</b> <b>Louise Robson</b>	<b>Chair</b> <b>Chief Executive</b>  <b>Non-Executive Director</b> <b>Non-Executive Director</b> <b>Chief Operating Officer</b> <b>Director of Nursing, Quality &amp; Safety</b> <b>Chief Digital &amp; Information Officer</b> <b>Chief People Officer</b> <b>Director of Risk &amp; Improvement</b> <b>Medical Director</b> <b>Chief Finance Officer</b> <b>Non-Executive Director</b> <b>Non-Executive Director</b> <b>Non-Executive Director</b>
<b>In Attendance:</b>	<b>Nusaiba Hannan</b> <b>Manoj Kuduvalli</b>	<b>Executive Office Manager &amp; Governance Lead</b> <b>Consultant Cardiologist (Item 1.5)</b>
<b>Observers- Governors/ Staff/ Members of the Public:</b>	<b>Allan Pemberton</b> <b>Trevor Wooding</b> <b>Karen Higginbotham</b> <b>Dorothy Burgess</b>	<b>Public Governor- Cheshire</b> <b>Public Governor - Cheshire</b> <b>Nominated Governor - LJMU</b> <b>Public Governor - Merseyside</b>
<b>Apologies for absence:</b>	<b>Jay Wright</b> <b>Jonathan Develing</b>	<b>Director of Research</b> <b>Director of Strategic Partnerships</b>

**1 Opening Matters**

**1.1 Apologies for Absence**

Apologies for absence were noted as above.

**Action**

- 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. 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 7<sup>th</sup> February 2023 – for approval**  
The minutes of the meeting of the Board of Directors held on the 7<sup>th</sup> February 2023 (in public) were reviewed for accuracy and **approved** by the Board.
- 1.4 Action Log (Public) from Previous Meeting**  
The action log was reviewed, with confirmation that the following actions had been completed and could be removed:
- IPC BAF Update
  - Research Strategy
  - Innovation Strategy
- The research strategy and innovation strategy would be managed by the Strategic Research and Innovation Committee going forward. It was noted that action four in relation to the collation of infection prevention data from other Trusts would be included in the DIPC report in April 2023. The remaining actions were due later in the year.
- 1.5 Stroke Services**  
Manoj Kuduvalli, Consultant Cardiologist shared a Stroke Services update with the Board. He provided an overview of post-op CVA after cardiac and aortic surgery. He shared the pre-op, peri-op and post-op measures in place to reduce the risk of stroke.
- LHCH had a very accurate stroke diagnosis with a stroke team regularly reviewing patients. It was noted that LHCH carried out a significant number of complex aortic cases which was likely to influence the incidence of post-op CVA. It was also highlighted that there are very few measures in clinical practice shown to reduce incidence of stroke. However there had been a high risk MDT in place since 2018 to improve case selection. The Trust also maintains a robust data reporting process.
- The pre-op, peri-op and post-op measures in place to reduce the risk of stroke was also shared with the Board. The data obtained from an analysis of peri-operative stroke data from August 2014 to December 2020 was shared and findings explained. The Modified Rankin Scale (MRS) is a tool used identify and quantify stroke risk. It was noted that there were higher rates of stroke incidence in

patients who underwent CT confirmation compared to clinical diagnosis.

It was highlighted that LHCH has robust reporting mechanisms, but next steps would include translating this data in to an auditable format.

There was discussion regarding the availability of aortic ultrasound locally and nationally. The vast difference in stroke diagnosis in CT diagnosed and clinically diagnosed patients was raised. NB mentioned that this had been discussed at the Quality Committee. He also queried the availability of resources to carry out Rankin scoring, and it was noted that this was limited. He also highlighted the importance of follow up and questioned how often the risk of stroke overrode the decision to treat. MK confirmed that alternative therapies are always offered and there were very few patients that received no treatment at all due to the risk of stroke outweighing the benefit of treatment.

SP reiterated the discussions had at the Quality Committee and the excellent assessment and treatment carried out by LHCH but highlighted the importance of rehabilitation which is often carried out at other Trusts. It was requested that the transfer of patients and rehabilitation pathway of stroke patients be discussed as part of the Broadgreen collaborative site working.

JM

JT commended and thanked MK and his team, noting that they truly do everything they can to minimise the risk and impact of stroke. The Board thanked MK for his work and taking the time to present today.

## 1.6

### **Patient Story**

The Director of Nursing, Quality and Safety shared a patient story via video. The patient described his journey to LHCH and his experience with delirium during his stay at the hospital. His story provided insight of the terrifying experience this is from a patient's perspective. He described the care he received as 'the care that I had in Liverpool Heart and Chest Hospital was the best care I ever had in any hospital'. His partner also commended the hospital and described the treatment they received as better than private healthcare. The areas of improvement noted were that it would have been useful if his episodes of delirium were confronted and explained to him. There was also a note that when staff had spoken about the patient to the partner, they had used the past tense. Overall, they expressed deep gratitude for the treatment and care they received from everyone.

## 1.7

### **Chair's Briefing**

The Chair provided an update on the second Broadgreen Joint Committee that taken place this morning prior to the Board meeting. It was highlighted that the original plan was for the Joint Committee to report to two Committees in Common however it was now

suggested that they would report to the One Liverpool Partnership only. The Joint Committee will convene on a bi-monthly basis.

The operational group will continue to meet, and priorities are to address site strategy and use of estate. Pharmacy collaboration was also being explored. Additionally, there was a proposal to look at health and wellbeing across sites. JM will also be looking at car parking through the operational group. Feedback will be provided at the next Board meeting.

The Board **noted** the Chair's 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 Cheshire and Merseyside Integrated Care System (ICS) currently have a significant deficit in their plans and all organisations have been asked to do more to balance risk and delivery. It was noted that the annual plan submission remains in draft.
- One Liverpool update is consistent with the Chair's briefing.
- In terms of population health and health inequalities, JD is attending a workshop today regarding this along with a deep dive into the previous strategy. This will need to be looked at along with the prevention agenda.
- Liverpool Health Partners have appointed an interim MD. There will be a strategy developed for the system to drive investment and LHCH involvement will be integral to this. Work also needs to be done to progress the cardiovascular science centre following the external review.
- In respect of industrial action, junior doctor strike dates have been announced. The Hospital Consultant Specialist Association has also mandated strike action at the same time. There are ongoing national discussions. The Trust continues to progress plans that mitigate risk and patient safety during the strikes.

The Board **noted** the update.

## 2

### Safety and Quality

## 2.1

### IPC BAF Update

The Medical Director provided an update on the IPC BAF. The guidance had been sequentially revised, and measures reduced or re-introduced in line with the incidence of infection nationally and regionally. From November 2022 there was a substantial change to include all respiratory viruses. The new BAF was included within the report with substantial changes highlighted. The update confirms that the IPC BAF is being managed proactively and any gaps requiring action will be monitored and managed.

Signage is currently being reviewed by capital planning. It was noted that there are issues with Liverpool Clinical Laboratories (LCL) with regards to testing. JM highlighted that the move of LCL to the new Royal site would pose a risk.

It was highlighted that the new CQUIN would be added to the DIPC report from April 2023.

RAP commented on the increased covid numbers in the Trust since January along with the increase in influenza. There was discussion about the next flu campaign, but it was noted that this is not due until autumn.

The Board **noted** the report.

## 2.2 National Staff Survey Results

The Chief People Officer shared a report on the National Staff Survey 2022 results. The Trust had achieved a 69% response rate compared to the NHS average of 46%. Overall, the results had been extremely positive with LHCH being the best nationally and regionally in a number of areas despite the challenging period. It was highlighted that a significant improvement in the response rate was also due to the support the HR team provided including access to IT and those on the night shift.

There had been improvements in reporting of bullying, support for staff with disabilities and in management seeking staff opinion. As always the Trust would look at the areas of improvement and these were discussed. It was noted that there would be an earlier start and deeper analysis of the retention plan. JT commented that it was essential to address the concerns raised such as the appraisal system, access to food during shift and car parking.

The NEDs commended the level of engagement this year, discussed the areas of improvement and noted that it was important that we continued to measure our success and improvements against previous year's performance as opposed to comparison with other Trusts.

SP shared that there had been a recent improvement in retention especially in the nursing staff pool. It was also noted that the work around delirium had contributed to the significant improvements in the violence against staff question responses.

The Board **noted** the report with particular thanks to Emma Hill and the HR team for their efforts with driving completion of the staff survey.

## 3 Targets and Financial Performance

### 3.1 Board Dashboards: SOF, Operational and Exception Reports

The Chief Operating Officer presented a report detailing the Trust's performance for the period ending 28<sup>th</sup> February 2023 and the focus on exceptions which should be read alongside the full dashboard. This was the final time that the dashboard would be presented in this format before the introduction of the new SOF at the next Board meeting.

Non-Elective pathways continue to be a priority for Q4 with significant pressure in the Cheshire & Merseyside system. Cancer and long waiter trajectories are in place; however performance remains a risk with action plans in place and closely monitored with the clinical and operational teams. Industrial action continues to be the most significant risk to Q4 performance. Recovery plans and actions will continue to be reviewed through weekly performance meetings, with extended trajectories fed through to the Integrated Performance Committee and Operational Board.

It was highlighted that the biggest risk and uncertainty lies with the ongoing industrial action. The annual planning position is also subject to change due to this.

There was discussion regarding cancer targets and waiting lists. JM confirmed that a minor number of breaches caused a significant percentage change in the performance statistics due to this being a smaller Trust, and this had been discussed thoroughly at the Executive Group Meeting and Integrated Performance Committee. Work is ongoing to achieve the cancer targets. NB commented on the venous thromboembolism trend and RAP confirmed that an interim appointment had been made to oversee and improve processes.

There was further discussion regarding skilled resources for EBUS. The Board discussed the challenges in terms of safe waiting list management. Following a small number of incidents, a review of waiting list management and access was being undertaken, and there was an update planned for Operational Board and clinical leads on Friday. It was agreed that clinical engagement and leadership would be crucial for this piece of work. LR reiterated that waiting list management had also been discussed in detail at the Integrated Performance Committee.

The financial performance for the period ending 28th February 2023 is a £3,714k surplus against a £2,134k surplus plan, therefore £1,581k better than plan. The forecast for the year-end is a surplus of £4,126k which is £1,800k better than plan. This is largely due to higher interest receivable on cash balances following Bank of England rate increases in year. There has been an agreement to improve our position with the Cheshire and Merseyside Integrated Care Board as a result of non-recurrent income gains.

The Board **noted** the paper and associated actions detailed.

4	<b>Governance and Assurance</b>	
4.1	<p><b>Going Concern Report</b></p> <p>KE shared a paper setting out the range of evidence which has been used to assess the Trust's Going Concern position.</p> <p>The Board of Directors confirmed that:</p> <ul style="list-style-type: none"> <li>• they have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future; and</li> <li>• there are no material uncertainties that cast doubt about our ability to continue as a going concern that require disclosure.</li> </ul> <p>The Board <b>approved</b> the going concern report.</p>	
4.2	<p><b>Annual Review of Directors Disclosures</b></p> <p>The Board's register of interests, fit and proper persons test and NED self-declaration of independence was shared with the Board of Directors and made available to the public. It was noted that one declaration had been missed on the register of interests report regarding the Chair but had been declared on the Trust's conflict of interest portal and was therefore available to the Public. The amendment would be made to the register in the Board papers for completeness.</p> <p>The Board <b>approved</b> the report.</p>	NH
4.3	<p><b>Board Assurance Framework Review Q4</b></p> <p>The Executive Team had undertaken a full review of the BAF and the minor updates were summarised.</p> <ul style="list-style-type: none"> <li>• There are two residual risk scores that are above the agreed risk appetite tolerance. The recovery plan (BAF 2) and 5 year capital programme (BAF 3). It should be noted that BAF 2 and BAF 3 have a reduced risk appetite tolerance for 2022/23.</li> <li>• There have been no changes to residual risk scores.</li> <li>• Actions are progressing across all risks.</li> </ul> <p>It was noted that the system capital is not within our control but still important to maintain sight of this and manage the risks to the Trust. The progress against actions were detailed in the paper.</p> <p>A full refresh of the BAF was planned for 2023/24 and would be reported to the Board of Directors in April 2023.</p> <p>The Board <b>reviewed and approved</b> the report.</p>	KWh
4.4	<p><b>High Risk Report</b></p> <p>The report was taken as read. There were four risks with a score of 15 or over and the associated actions were outlined in the appendix. LR also confirmed that the Integrated Performance Committee (IPC) had carried out a deep dive into the risks presented which all related to areas within the IPC remit.</p>	

The Board **noted** the report.

#### **4.5 Code of Governance: Compliance Review and Disclosure Statement**

The report set out the Trust's compliance against the Code of Governance 2022/23.

The Director of Risk and Improvement highlighted that a new Code of Governance has been published and this will come into force for 2023/24. A baseline self-assessment against the code had been completed and reviewed by the Audit Committee. Progress against actions will be tracked by the Audit Committee with a report returning to Board following a full assessment.

The Board **approved** the disclosure statement and **noted** the update.

#### **4.6 Gender Pay Gap Disclosure**

The paper set out an overview of the Trust's gender pay gap data. It was noted the ethnicity comparisons had been included in this report and this may become a statutory requirement going forward. There would also be an additional analysis of the Clinical Excellence Awards (CEA). It was noted that there was an incorrect value in the report which would be rectified for publication.

NB queried the approach towards recruiting men into more female dominated roles. It was recognised that this can be a challenge and the Trust continued with open recruitment.

The Board **noted** the contents of the paper and **approved** the publication.

### **5 Board Assurance**

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

##### **5.1.1 People Committee:**

- **BAF Key issues for meeting held on 7<sup>th</sup> March 2023**
- **Approved minutes for meeting held on 5<sup>th</sup> December 2022**

The Board **noted** the BAF key issues report and last approved minutes.

##### **5.1.2 Integrated Performance Committee:**

- **BAF Key issues for meeting held on 27<sup>th</sup> February 2023**
- **Approved minutes of meeting held on 24<sup>th</sup> October 2022**

The Board **noted** the BAF Key issues and last approved minutes.



- 6      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.
- 7      Date and Time of Next Meeting**  
Wednesday 26<sup>th</sup> April 2023
- 8      Resolution to exclude the Public**  
The Board resolved to exclude the public at this point by reason of the private nature of the business to follow.

Trevor Wooding requested a discussion with VD and KWh offline regarding an update for Governors on the new code of governance.

DRAFT