

Board of Directors (in Public)
Item 1.3

minutes

Minutes of the Meeting of the Board of Directors held on 26th April 2023

Present:	Val Davies Jane Tomkinson Bob Burgoyne Margaret Carney Sue Pemberton Kate Warriner Karen Nightingall Karan Wheatcroft Raphael Perry Karen Edge Nick Brooks Louise Robson Jonathan Develing Ellis Hayes	Chair Chief Executive Non-Executive Director Non-Executive Director Director of Nursing, Quality & Safety Chief Digital & Information Officer Chief People Officer Director of Risk & Improvement Medical Director Chief Finance Officer Non-Executive Director Non-Executive Director Director of Strategic Partnerships Director of Operations - Medicine
In Attendance:	Nusaiba Cleuvenot Sharon Faulkner	Executive Office Manager & Governance Lead Lead Nurse Community Services (Item 1.5)
Observers- Governors/ Staff/ Members of the Public:	Allan Pemberton Trevor Wooding Michelle Beaver	Public Governor- Cheshire Public Governor - Cheshire Staff Governor – Registered Nurse
Apologies for absence:	Julian Farmer Jonathan Mathews Jay Wright	Non-Executive Director Chief Operating Officer Director of Research

Action

- 1 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. 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 29th March 2023 – for approval**
The minutes of the meeting of the Board of Directors held on the 29th March 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:
- Update on 2023/24 objectives
 - Update register of Board of Directors
 - Board Assurance Framework refresh
- The remaining actions were in progress or due later in the year.
- 1.5 Community Services Update**
Sharon Faulkner, Lead Nurse for Community Services provided an overview of the Knowsley Community services for Cardiovascular Disease (CVD) and Respiratory, including the team, benefits of delivering a community integrated service, importance of networks, and service model including community hubs. SF shared the importance of the prevention work and the heart failure pathway including a new app.
- There were questions around the to expand services across broader geography, importance of prevention, referral systems, and role of primary care and PLACE.
- The Board thanked SF for an excellent presentation and recognised the important work the community teams do.
- 1.6 Patient Story**
The Director of Nursing, Quality and Safety shared a patient story from the daughter of the patient. She described her father's journey to LHCH and highly commended the St Johns ambulance team. Her father had suffered a heart attack followed by two further cardiac arrests in hospital. She shared the difficulty the family experienced in the lack of communication whilst her father was being treated in the lab. However, she was extremely impressed with the level of detail and information shared with them following the procedure. She highlighted the excellent balance between emotional intelligence and communication of relevant information from the staff

during this difficult time. Her father suffered seven cardiac arrests in total during his stay and she expressed the enormous gratitude and evident hard work from the teams who had not given up on her father and had worked through some nights to keep him alive. She shared a number of the hospital's strengths and also areas for improvement. The family reiterated the amazing work that the NHS do and remain eternally grateful for the care, treatment, and the fact that their father remains alive today.

There was discussion regarding some of the suggested areas of improvement.

1.7

Chair's Briefing

The Chair provided an update on system activity and internal work. An overview was shared from the combined North West system leaders call. It was noted that the Cheshire & Merseyside ICB strategy had been aligned with the HCP Strategy and is due to be published in June 2023.

Clinical pathway updates were shared, including orthopedics, ENT (ear nose and throat) and dermatology in progress. The Chair also shared some key points following the second Broadgreen Joint Committee.

The Board are continuing to focus on plans for the coming year, appraisals are in progress and there is an upcoming review of the support arrangements for the Countess of Chester Hospital NHS Trust.

The Chair thanked the governors as LHCH has been successful to showcase its work at a national governance conference this year. Particular thanks was made to Dorothy Burgess and team for their work on the community outreach events.

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 system remains in a financial deficit, with a requirement to live within resource envelopes. Annual plans remain in draft and will do so until system plans are finalised
- Following the recommendations from the Liverpool Clinical Services Review, progress against workstreams is underway and governance arrangements are being established.
- With ongoing industrial action, delay to patient care continues along with increased financial pressure. It is expected that the next planned Royal College of Nursing (RCN) strike will have a greater impact as there are no derogations in place.

- Plans for the King's Coronation Day was shared. Patients to be provided with afternoon tea and a goody bag.

EH summarised the specific impact the strikes have had on activity and in particular surgical cases. SP confirmed the Trust remains in communication with RCN and are negotiating back up in case of emergency. There was discussion regarding the impact the strikes continued to have on patients and staff.

The Board **noted** the update.

2 Safety and Quality

2.1 Learning from Deaths Quarterly Report

The Medical Director shared a paper providing an update on learnings from deaths this quarter. The Trust complies with national guidance and populates the mortality dashboard. There was one avoidable death in Q4. The annual number of total deaths is significantly lower than the previous year as is the percentage of avoidable death. Actions from the MRG process will be taken forward by the appropriate division. Further details and learning would be provided in the Private Board.

There were a total of 182 deaths in 2022-23. The annual learning from deaths report would be reported to the Quality Committee and then to The Board in July 2023.

RAP

There was discussion with regards to benchmarking data from other Trusts. RAP confirmed that all deaths in the Trust are reviewed unlike other Trusts in C&M and our data is benchmarked with Dr Foster data. The Chair requested that further data should be looked at to see if this could add any value.

RAP

SP reiterated the focus on organizational learning with the recently appointed Patient Safety Lead, James Greenwood and the new Chair of the MRG, Neil Coulson supporting this. It was requested that they be invited to share their work with the Board.

RAP

The Board **noted** the report.

2.2* Guardian of Safe Working Quarterly Report

The paper set out the Trust's compliance with working hours. There were no exceptions to report.

The Board **noted** the report.

2.3 Deprivation of Liberty and Safeguarding (DoLS) Annual Report

The paper updated the Board on the number of applications made for the year 2022/23 in relation to the Deprivation of Liberty Safeguards. During 2022/23 a total of 197 Deprivation of Liberty Applications have been received by the Safeguarding Team for 25 different local authorities across the catchment area. This is a 9%

increase in applications received compared with the previous year. MCA and DoLS Mandatory training compliance figures are currently at 95.8% across the Trust and this meets the Integrated Care Board (ICB) KPI requirements. There are no new risks to be highlighted on this report; all applications are reviewed on an individual basis.

LR queried if the Trust has the resources to support the increase in referrals and SP confirmed that this was still manageable.

The Board **noted** the report.

2.4 DIPC Quarterly Report

The paper provided an update on infection prevention and control for quarter four of this financial year. The surveillance of infections and routine audit data continue to be monitored. Work is on-going to ensure the infection prevention quality and safety plan is fulfilled and a robust audit programme is in place. Annual report will be presented at the May 2023 Board.

It was highlighted that there had been a change in national guidelines for Covid testing as of 24th April 2023, with the aim to abolish all testing in staff and patients. Those who did test with a positive result were also no longer required to self-isolate. These recommendations had been discussed at Gold Command. The Trust has established a criteria for when a patient should require asymptomatic testing. The Trust would follow national guidelines for staff testing.

The Board **noted** the update.

2.5 PLACE Report

The paper provided a summary of the 2022 PLACE assessment results along with a comparison to 2021 and national averages from 2022. There were two areas for improvement for the Trust around dementia and cleanliness. The action plan focused in these two areas and work has been commenced with estates and hygiene services to make the improvements before the next full PLACE assessment in September 2023.

Details of actions for these areas were shared. This had been reviewed previously and will be revisited to see what enhancements can be made. Birch ward is an area in most need for improvement and there is a plan in place to address this year.

Overall results are positive and in the 90th percentile. Mini inspections are done in between the PLACE assessments.

The Board **noted** the results and areas for action.

3 Strategy and Development

3.1 Strategic Objective KPIs Update

The paper proposed a refresh of the Trust Strategic Objectives for 2023/24 to deliver the Patients, Partnerships and Populations strategy. These had been developed with the Board at the February Board Strategy Day.

The new objectives were set out in the paper. Each Objective had a named Director who will provide progress updates for the Board of Directors on a quarterly basis. This will ensure alignment of Strategic Goals, Objectives, and the Board Assurance framework.

BB requested that one of the objective be amended to 'integration of the innovation strategy to the research strategy'. **JD**

The Board **approved** the 2023/24 strategic objectives.

3.2

Digital Excellence Report

The paper provided a digital update including the national direction of travel and local Digital Excellent progress. The following points were highlighted and discussed:

- National Digital Maturity Assessment Update
- LHCH shortlisted for HSJ award (for work on closed loop medication)
- Good progress with Digital Excellence delivery
- Good progress with digital clinical improvements
- Operation performance – slightly under SLA but action plans in place
- Concluded strategic systems review

It was noted that there had been much development and progress since the last report. The Trust's national and external reputation and profile is high with overall positive feedback from colleagues.

LR queried the fail safes in place to support those who are unable to engage with the digital developments. KW confirmed that those who have not engaged digitally would automatically receive hard copies of their correspondence. LR also queried the delivery timescales of the single patient tracking list (PTL) which seemed ambitious. KW confirmed that the business case had gone through the Digital Excellence Committee with the aim to deliver in September 2023.

NB provided feedback following a recent walkabout and commented on how useful the new speech recognition software would be in supporting the admin workload.

The Chair commended digital progress and the engagement with staff from the start of the projects.

The Board **noted** the update.

3.3

People Strategy Progress Update

The paper provided assurance on delivery and progress against the LHCH People Strategy 2022-2025. Progress highlights and key

areas of focus against recruitment & retention, learning & development, culture & wellbeing and equality, diversity, inclusion & belonging was shared with the Board.

KN highlighted that work on the next NHS staff survey was underway, and retention is starting to decrease. KN shared positive feedback from a nurse pathway career event that had recently taken place. It was also confirmed that the Trust was aiming for the preceptorship quality mark. The financial survey had received limited responses but the insight had been useful and this would be discussed at the next People Committee. The website and intranet refresh is making good progress and the Be Civil Be Kind initiative continues to be driven forward.

MC commended the Human Resources (HR) team on the range of activities and initiatives being driven. There was further discussion regarding recruitment/ retention and local induction processes when moving staff to other hospital areas. SP also raised that for the first time the Trust was in a position of being overrecruited.

The Board **noted** the update and progress thus far.

3.4

Population Health

The paper provided an overview of LHCH's strategic approach to tackling health inequalities, adopting a Population Health Management (PHM) approach underpinned by the national health inequality framework. The Trust is actively engaged in several initiatives and interventions at a system level. The Trust's strategic approach focuses on the five following clinical areas:

1. Maternity
2. Severe mental illness (SMI)
3. Chronic respiratory disease
4. Early cancer diagnosis
5. Hypertension case finding/lipid optimisation

The LHCH action plan was appended to the report. A core strategic priority for LHCH is that of improving population health, tackling health inequalities through a vehicle of prevention. Good progress has been made to date. Several steps have been identified that are required to strengthen and build upon existing efforts one of which includes the use of the newly developed CIPHA CVD dashboard to target those areas most in need.

JD shared a number of initiatives, opportunities and venues that have been visited. A timetable of work programmes was included in the report.

There was discussion about how the results and outcomes of these initiatives are measured and recorded. It was noted that the joining of service records would be useful in this situation. There was further discussion with regards to the system approach in tackling population health.

The Board **noted** the update and approved the action plan and next steps.

3.5 **Health Inequalities**

The paper set out the action plan, progress and new governance structure for exploring and tackling health inequalities. Significant work has taken place to investigate health inequalities around access to care at Liverpool Heart and Chest Hospital. Physical and social characteristics were reviewed and analysed. A statistical test was performance against specialities and these characteristics to determine if there was any statistically significant variance indicating inequality of access of care. This analysis on its own isn't enough to identify health inequalities and further actions have been agreed to review the data with the clinical teams to review.

Further work had been completed to understand the quality of our data around ethnicity and learning disabilities with actions plans developed to improve upon these.

The next steps for the health inequalities work are to form a working group to oversee the completion further reviews with clinical teams and provide further analysis on other areas of access. The output of this working group will be governed by the Operational Board with a quarterly report provided.

NB commented that with the exception of learning disabilities, disabilities in general had not been included in the report. JD confirmed he would look into the reasoning for this.

JD

A quarterly report to be delivered to Board in July.

JD

The Board **noted** the update, reviewed and **approved** the governance structure and next steps.

4 **Targets and Financial Performance**

4 **Board Dashboards: SOF**

The operational, quality of care, finance and people metrics was presented in the new SOF format. KW confirmed that the new SOF aligned with NHS England's making data count principles and provided the Board with a brief orientation of the dashboard.

The Trust has been able to safely restore high levels of elective activity, remove all patients waiting over seventy-eight weeks and deliver DMO1 compliance at the end of March 2023. Annual planning for 2023/24 is well established with performance targets and trajectories being updated to reflect delivery of the regional and national expectations.

It was noted that there had been an improvement in discharge summaries and a decrease in falls.

The financial performance for year ending 31st March 2023 is a surplus of £4,132K against a planned surplus of £2,326k, which is £1,806k above plan in line with the position agreed with the ICB. The Trust was also able to maximise capital expenditure and deliver the plan agreed at the start of the year, together with the in-year allocation for digital and diagnostics and continues to hold strong cash balances.

The 2022 staff survey results are of particular note with a 69% response rate and the best results for 'recommend as a place to work' and good results on 'recommend as a place to treat'. We have scored best against all of the people promise themes except 'we work flexibly', when benchmarked against acute specialist trusts.

LR confirmed that the operational performance and Cost Improvement Plan (CIP) was discussed in detail at the Integrated Performance Committee. MC asked for clearer actions to be defined within the report, recognising that the report is still evolving.

JT thanked the team involved in developing the new SOF for the enormous work and effort. This would provide greater assurance and clarity for the Board.

The Board **noted** the SOF.

5 Governance and Assurance

5.1 Freedom to Speak Up Annual Report

HM attended the meeting to present the FTSU Annual Report. A total of twenty six concerns were raised through FTSU in 2022/23. There were eight concerns raised where staff perceived an element of bullying/ poor behaviour from other members of staff and seven concerns regarding working policies which included flexible working. Of the twenty six (one person raised two concerns) cases, nineteen have been investigated and closed. Six cases are still in progress and awaiting feedback. The FTSU Guardians continue to maintain an active role in engaging with the staff to raise the FTSU profile. The FTSU Guardian's will continue to engage with the National Guardian Office (NGO) and regional network to ensure LHCH continues to lead the way in relation to best practice.

LHCH FTSU policy will be amended to reflect national guidelines. FTSU is championed through Team Brief and walkarounds. The Board self-assessment confirmed the Board commitment to FTSU. Strategies and priorities for 2023/24 have been identified and include a continued focus on improving visibility, standardising documents and supporting managers.

SP highlighted the decrease in anonymous speak ups which is positive as this demonstrates the trust in the arrangements. KWh reiterated the importance of triangulation and promotion of the

speaking up culture. The two new guardians are in post in 2022/23 and they have driven the work across the year. KN referred to the importance of formal triangulation meetings with the HR and FTSU and HM confirmed this was being further reviewed.

The Board **noted** the report.

5.2*

Comms Q4 Report

The report provided a high-level update on Trust's communication activity during Q4.

The Chair raised that it would be helpful to establish brand awareness i.e. differentiation between LHCH and Broadgreen. It was confirmed that this was included in the Communications Strategy and the Board of Directors would receive updates on this as per the Board business cycle.

The Board **noted** the report.

5.3*

Flu Campaign Report

KWh provided the Board with a summary of the 2022 Flu/ Covid vaccination campaign. The campaigns started in October 2022 and concluded in February 2023. The LHCH flu campaign vaccinated 51% (67% in 2021) of eligible staff. The covid campaign achieved a vaccination rate of 31% of staff. The low rates were recognized within the paper and regional benchmarking data provided. Discussions were taking place through the network to establish any lessons learned to improve the vaccination rates for the 2023 campaign.

The Board reviewed and **noted** the contents of the paper.

5.4

NHS Constitution Compliance Report

The report set out the Trusts compliance with the NHS constitution. The report confirmed compliance with all the patients' and staff rights, pledges and expectations set out within the NHS Constitution. The detailed assessments had been reviewed through the respective Quality Committee and People Committee.

The report confirmed compliance in all areas within the NHS Constitution with the exception of the rights for access to services (due to the Covid-19 pandemic). During 2022-23 LHCH has had a continued focus on safely managing waiting lists, ensuring clinical prioritisation of patients and had demonstrated good progress in recovering the backlog of patients and reducing waiting times.

The Board **noted** the assessment of compliance with the exceptions of the rights for access to services as a result of the Covid-19 pandemic.

Integrated Complaints, Claims and Incidents Report

- 5.5** The paper set out a quantitative and qualitative analysis of reported complaints, claims and incidents in quarters 3 and 4, including a comparison with quarters 1 and 2 in 2022/23. Receipt of formal complaints and claims has remained consistent, when compared to the previous quarters.
- The Trust has a strong learning culture. Monthly sharing and learning meetings take place and the organisational learning session has been incorporated into the monthly team brief. All staff are invited to present learning from incidents, complaints, claims and patient experience events.
- There was discussion regarding some of the incidents within the report. It was also highlighted that themes are involving and that near misses are also included in the reporting.
- LR was in support of this method of integrated reporting and the Chair commended the excellent learning culture in the Trust.
- The Board **noted** the assurance provided.
- 5.6** **Board Assurance Framework Review (BAF)**
The BAF had been fully reviewed and risks updated to reflect the strategic objectives for 2023/24. Two risks remain above the maximum tolerance but it should be noted that these are affected by external factors and a narrative had been included within the summary cover paper. The Trust has appropriate measures in place to mitigate these risks. The risk appetite had also been reviewed and no changes have been proposed.
- The Board **noted and approved** the contents of the BAF.
- 5.7** **High Risk Report**
The report was taken as read. There were five risks with a score of 15 or over and the associated actions were outlined in the appendix. Risks are regularly reviewed and they do vary.
- The Board **noted** the report.
- 5.8** **Annual Evaluation of Board of Directors and BoD Development Plan**
The paper set out the evaluation of the Board of Directors for 2022/23 along with the 2023/24 development plan. The evaluation was undertaken through evaluations of Board meetings, Board Assurance committees, individual performance reviews, personal development planning and Well Led, Board composition and succession planning and the Board development plan.
- The Board **reviewed** and **noted** the report and also supported the outline development plan for 23/24.

6.1 BAF Key Issues Reports and Approved Minutes of Assurance Committee Meetings

Audit Committee:

6.1.1*

- BAF Key issues for meeting held on 21st March 2023
- Approved minutes for meeting held on 10th January 2023

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

Quality Committee:

6.1.2*

- Approved minutes of meeting held on 24th October 2022

NB provided a high-level verbal update from the last Quality committee that had just met the previous week.

The Board **noted** the last approved minutes.

Strategic Research & Innovation Committee:

6.1.3*

- BAF Key Issues for meeting held on 21st March 2023

The Board **noted** the BAF key issues report.

CMAST CiC:

6.1.4*

- Summary report for meeting held on 31st March 2023

The Board **noted** the summary report.

Broadgreen Site Committee:

6.1.5

- Chairs Report from meeting held 29th March 2023
- ToR

The Board **noted** the Chairs report and **approved** the terms of reference.

6.2 Assurance Committee Annual Reports

6.2.1* Audit Committee Annual Report

The Board **noted** the annual report.

6.2.2.* Quality Committee Annual Report

The Board **noted** the annual report.

6.2.3* Integrated Performance Committee Annual Report

The Board **noted** the annual report.

- 6.2.4* People Committee Annual Report**
- The Board **noted** the annual report.
- 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 confirmed that it was satisfied with the process, agenda and papers.
- 9 Date and Time of Next Meeting**
Wednesday 31st May 2023
- 10 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.