

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

## minutes

**Minutes of the Meeting of the Board of Directors held on 26<sup>th</sup> July 2022**

<b>Present:</b>	<p><b>Val Davies</b> <b>Jane Tomkinson</b></p> <p><b>Bob Burgoyne</b> <b>Margaret Carney</b> <b>Jonathan Mathews</b> <b>Sue Pemberton</b> <b>Kate Warriner</b> <b>Jonathan Develing</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>Jay Wright</b></p>	<p><b>Chair</b> <b>Chief Executive</b></p> <p><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>Director of Strategic Partnerships</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 / Deputy Chair</b> <b>Non-Executive Director</b> <b>Non-Executive Director</b> <b>Director of Research</b></p>
<b>In Attendance:</b>	<p><b>Nusaiba Hannan</b> <b>Peris Widdows</b> <b>Angel Mckenna</b> <b>Joan Mathews</b> <b>Sandra Wilson</b></p>	<p><b>Executive Office Manager &amp; Governance Lead</b> <b>FTSU Guardian (Item 5.3)</b> <b>Operational Nurse Lead Safeguarding Adults &amp; Children (Item 1.7)</b> <b>Deputy Director of Nursing (Item 1.7)</b> <b>Maple Suite Ward Manager (Item 1.7)</b></p>
<b>Observers- Governors/ Staff/ Members of the Public:</b>	<p><b>Allan Pemberton</b> <b>Trevor Wooding</b> <b>Dawn Lawson</b></p>	<p><b>Public Governor- Cheshire</b> <b>Senior Public Governor- Merseyside</b> <b>CEO of Liverpool Health Partners</b></p>
<b>Apologies for absence:</b>	<p><b>Andrew Lang</b></p>	<p><b>Non-Executive Director</b></p>

		Action
1	<b>Opening Matters</b>	
1.1	<b>Apologies for Absence</b> Apologies for absence were received from Andrew Lang.	
1.2	<b>Declaration of interests relating to agenda items</b> 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 on the CMAST update as her insights would be helpful in understanding the national picture.  Other participants confirmed that they had no interests to declare.	
1.3	<b>Minutes of the Board of Directors Meeting held (in public) on 31<sup>st</sup> May 2022 – for approval</b> The minutes of the meeting of the Board of Directors held on the 31 <sup>st</sup> May 2022 (in public) were reviewed for accuracy and <b>approved</b> by the Board.	
1.4	<b>Action Log (Public) from Previous Meeting</b> The action log was reviewed, with confirmation that the following actions had been completed and could be removed: <ul style="list-style-type: none"> <li>• EECS (Excellent, Efficient, Compassionate and Safe) paper</li> <li>• Progress reports on prevention projects</li> </ul> The remaining actions were in progress and due later in the year.	
1.5	<b>Patient Story</b> The Director of Nursing, Quality and Safety shared a patient story via video. The patient highlighted her positive experience with staff during her regular visits to the hospital. She also mentioned the remote follow up consultations which were a huge benefit considering she lived quite some way from the Hospital. She was able to return to work after successful treatment. She highlighted that LHCH is clearly patient focused.	
1.6	<b>Staff Story</b> The Chief People Officer shared a staff story via video. Joan had been a domestic staff member in the Trust for 50 years. She shared her positive experience and how the role and the Trust had changed over the years. She recognized the importance of her colleagues in the longevity of her time with the Trust and also commented on the flexibility of her working schedule during different periods of her life.	

## 1.7 **EECS/Mock CQC Overview**

The Operational Nurse Lead for Safeguarding presented the Board with an overview of the Excellent, Efficient, Compassionate and Safe/Mock CQC assessments

There have been ongoing assessments since 2015. Assessments are completed by senior leaders independent of the assessment area. Following the assessment, review meetings take place and robust action plans are developed. CQC mock and EECS assessments were integrated to prevent duplication. This provides quality assurance from a variety of sources and evidence. The purpose of the EECS is to ensure that care delivery across our wards, departments and clinical services are monitored as a minimum annually, with the aim of providing assurance of compliance with the Trusts standards (aligned to CQC standards)/

Sandra Wilson, Ward Manager provided insight of her experience of assessment and learnings from this.

Discussion took place regarding whether findings from the EECS assessments were shared with the CQC. It was confirmed that during CQC relationship meetings, all processes that take place within the organization are shared and that the CQC are made aware of the areas an EECS assessment has been carried out.

It was noted that areas of risk will undergo frequent reviews until improvements are made. Some of the key themes from the assessments were discussed in further detail along with the importance of Freedom to Speak Up and the initiatives in place to support this.

The Board thanked the nursing team for providing an update and the work done across the Trust.

## 1.8 **Chair's Briefing**

The Chair shared that system updates would be discussed in more detail during the course of the meeting. Chairs across Cheshire and Merseyside were involved in separate meetings for all collaborative projects and that any updates would be shared. The Board were also informed that the NEDs would be attending a workshop with CMAST on 2<sup>nd</sup> August to provide a better understanding of the system projects. Once the NEDs have been updated the Chair would look at opportunities for Governors too.

The Chair confirmed she was continuing to attend introductory meetings with external stakeholders as well as wards and departments across the Trust.

She also attended the memorial for Mark Allen, a governor who had sadly recently passed away and passed on gratitude and thoughts to the family from everyone at the Trust.

The results of the Governor elections would also be released next month.

## 1.9

### **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.

NHS England, Health Education England, and NHS Digital have announced the merger of the three arm's-length bodies into NHSE. There will be a new operating model for NHSE following the establishment of Integrated Care Systems, creating space to lead locally, working alongside the NHSE seven regions. The restructure will take place by April 2024, although NHSE, HEE and NHSD are due to merge legally in April next 2023.

The Messenger Report published on June 8<sup>th</sup> 2022 was shared with a summary of recommendations and the Trust's position against these. It was noted that many of the actions are aimed at national and regional bodies and responses are awaited.

A CQC relationship meeting was held on Monday 11<sup>th</sup> July 2022. The CQC focused on the Clinical Services Division in addition to the Trust overall. There were no issues flagged and no actions identified. The Board were also informed that there was a new CQC relationship lead called Linda Brown. She is keen to have a more hands on approach and build a stronger relationship with the Trust.

The staff awards 2022 will be presented as part of a virtual event on 13<sup>th</sup> October 6pm, along with our Long Service Awards winners.

The Trust undertook a major incident tabletop exercise on the 28<sup>th</sup> June 2022 to test our new mass evacuation plan. The learning has been captured to enable further updates to the plan and where appropriate the major incident plan. A further exercise observed by NHSEI is being scheduled.

NHSEI have released an updated National Emergency Preparedness, Resilience and Response (EPPR) Framework to reflect the establishment of the ICB and therefore the delegated roles and responsibilities.

The national policy is to delegate more commissioning function to ICBs, a roadmap has been issued setting out those specialised services that will transition to ICB commissioning from April 2023.

The CEO provided a further update on recent changes in personnel and the electoral model in the Liverpool City Council. A meeting has been scheduled with the new interim Chief Executive of the Council. It was noted that a view of Council leadership remained unclear at this point.

The Board were also updated on bed occupancy levels across Cheshire & Merseyside, with majority of Trust at 95-98% occupancy. St Helens, Knowsley and Southport had declared an Opal 4 (highest

level of concern). There was also water main issue affecting a number of households in this locality and the Board noted potential health impacts of this.

Discussion took place regarding delegation of specialized services and mechanisms in place to monitor this. A strategy has been developed and recommendations are being taken to CMAST.

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

## **2 Safety and Quality**

### **2.1 IPC BAF and Update**

There hadn't been any further national updates to the IPC BAF since December 2021. It was noted that in recent months there had been relaxation then reintroduction of some IPC measures. The actions were highlighted in the appendix to the report and are now all complete apart from full support from microbiology. It was highlighted that assessment of all non-clinical areas was also complete.

It was noted that the microbiology services remain under significant strain. There will be new microbiology appointments in September 2022.

There was discussion regarding compliance of mask wearing in the Trust. It was confirmed that all staff, patients and contractors were expected to wear masks onsite. It was also confirmed that there is no IPC regulation for monkeypox as it is not a pandemic or epidemic.

The Board **noted** the report and IPC BAF.

### **2.2\* LHCH Monthly Nurse Staffing Report for Period: April 2022**

The Director of Nursing, Quality and Safety shared the monthly staffing report, and the paper was taken as read.

It was confirmed that agency staffing was only now used occasionally in cath lab and theatre to cover Operational Department Practitioner (ODP) gap. Discussion took place regarding ODP training and the risks associated with the workforce gap. Staff have been enrolled on apprenticeships and there are recruitment events geared towards this. It was noted that the agency spend had reduced but that it was important to keep this under close monitoring. There are also opportunities to use a retention premium for ODPs.

The Board **noted** the report.

### **2.3\* Safeguarding Annual Report**

The report provided an overview of the safeguarding arrangements and activity in the Trust.

Discussion took place regarding the timeliness of referrals, with the significant increase in safeguarding referrals post-pandemic. It was noted that Liverpool had a longer response time whereas areas such as Sefton and Knowsley had a better response time. There was a strong but flexible safeguarding model internally with matrons trained to Level 3. External delays have not resulted in any issues for the Trust and appropriate methods of escalation are available when required.

It was noted that the Safeguarding referrals had increased from last year but it was important to recognize that not all referrals are in fact safeguarding referrals. It was also recognised that there was better reporting practice now. A mental health nurse is now in place so this could potentially increase mental health referrals.

The Board **noted** the report.

**2.4\* *Guardian of Safe Working-Quarterly Exception Report***

Robust discussion took place regarding Tier 1 rota cover. There is potential to convert one of the Tier 1 posts to Advanced Nurse Practitioner. It was noted that this was a complex issue. It was also raised that there is a large nationwide gap for doctors as well as nurses and nurses were being used to fill gaps which is a cause for concern.

The Board **noted** the report.

**2.5\* *Deprivation of Liberty and Safeguarding (DoLs)***

Discussion took place regarding staffing capacity and the ability to cope with the 36% increase in DoLs compared with the previous quarter. The Director of Nursing, Quality and Safety confirmed that this is managed with the team and no issues highlighted.

The Board **noted** the report.

**2.6\* *DIPC Quarterly Report***

The paper provided an update on infection prevention and control issues for the 1st quarter of this financial year.

The Board **noted** the report.

**3 *Strategy and Development***

**3.1 *Strategic Objective KPIs Quarterly Update***

The paper provided an update on the progress against strategic objectives in Q1. Each strategic goal has several objectives with an identified lead Director responsible for delivery.

The review of strategic objectives for 2022/23 is being finalised with Directors in time for the Q2 report. In the interim Q1 appendices describe progress against existing objectives.

Exemplary progress with heart failure services across Cheshire and Merseyside was highlighted. There was work being done with AstraZeneca who have developed tools to support Primary Care Networks.

An Innovation Strategy would be brought to the December Board meeting and a proposal for scoping of Institute will return to the November Board meeting.

JD

JW also confirmed that the Research Strategy was also progressing and would come to the Board.

JW

Discussion took place about developing academic expertise and the Trust's current position on this. The Trust are looking to nurture and expand academic posts with the University of Liverpool and Liverpool John Moores University. There are no targets in place and financial constraints are recognised however this needs to be part of broader strategy of research work. This will also be a large contributing factor in the ambition of obtaining University Hospital status. The importance of internal growth with consultant investment was also raised. This is now part of consultant job planning.

Discussion took place on the extent of work regarding gender health inequalities. The Director of Strategic Partnerships explained that a health inequalities deep dive is scheduled for the October Board Strategy Day.

JD

The Board **noted** the progress at the time of the report.

### 3.2

#### **Prevention update: Liverpool schools program pilot**

The Director of Strategic Partnerships provided an update on The Liverpool Healthy Families Heart and Lung Pilot.

The Pilot saw multiple partnerships working between: LHCH, Heart Research UK (HRUK), Liverpool Football Club (LFC) Foundation and Aintree Primary Care Network (PCN), taking a whole family approach to deliver education, physical activity and primary prevention over the course of a week (6<sup>th</sup> – 10<sup>th</sup> June 2022). Learnings from this pilot would be used to launch the bigger pilot in January 2023.

Strengths and areas of improvement were discussed, and a series of recommendations were shared.

Positive discussion took place regarding the initiative and about how this could expand to other sites. It was noted that this was a small cohort but recognised it was a pilot in a small primary school. There is work in progress to upscale the initiative. It was agreed that this was an excellent example of collaboration and deemed a success by the Board of Directors.

A report is to be taken to One Liverpool Partnership arena which will link into health inequality and prevention work.

The Board **noted** the recommendations in the report.

### 3.3 **People Plan Update**

The Chief People Officer shared a paper detailing the delivery of the LHCH People Plan.

The development of the LHCH People Strategy 2022-2025 is progressing well in alignment with the trust's strategic workforce objectives, the NHS people promise and the annual staff survey results. The overall strategy has now been drafted and will be ready to launch by the end of September 2022. The People Strategy is going to People Committee and will then be reported to Board.

KN

Progress highlights were shared for the 4 key areas of Recruitment & Retention, Learning & Development, Culture & Wellbeing and Equality, Diversity, Inclusion & Belonging Strategy (EDIB). There was an increased focus on Retention and also Wellbeing which was also be applicable to broader NHS organisations

Regular updates and assurance regarding the strategy and supportive initiatives will be provided to The Board.

Discussion took place regarding mentorship for more inexperienced leaders following findings in the Ockenden Report and the importance of this. Further discussion took place regarding the Learning and Education facilities available for leaders and all staff.

The Board **noted** the report.

### 3.4 **Digital Excellence Report**

The Chief Digital Officer provided a digital update including national direction of travel and local Digital Excellence progress.

Key headlines included:

- Good progress with Digital Excellence delivery
- Good progress with digital clinical improvements
- Significant progress with digital safety improvements – Closed Loop deployed to Critical Care
- Digital Health and Care Plan published by NHS England
- Progress on remote monitoring/virtual wards

The Board were also informed that there had been some cuts to technology funding as a result of the new Pay Deal. The Digital Aspirant Programme will not be impacted by this as there is a 3-year funding agreement in place.

There is a commitment to strategically review the Electronic Patient Record this year. A report will go the Digital Excellence Committee in August 2022 followed by a full report to the Board in the Autumn.

KW



It was also highlighted that the Trust is due to undergo an assessment and accreditation with the Skills Development Network for the Digital Team.

Discussion took place regarding the Closed Loop requirements, and it was noted the Trust was aiming to increase this to 80% - 90%. A 12-month review of the Closed Loop programme is also underway.

The governance of IT systems across Liverpool was also discussed.

The Board **noted** the report and good progress to date.

### 3.5

#### **System Update**

The report provided an update on activities across Cheshire and Merseyside.

The following points were highlighted:

- CCGs were formally dissolved on 30<sup>th</sup> June 2022
- NHS Cheshire and Merseyside ICB became a statutory organisation on 1<sup>st</sup> July 2022.
- Integrated Care Systems (ICSs) were in place, and the concept of 'Place' is continuing to develop.

A governance outline of the One Liverpool Place was shared. The 4 core workstreams of the One Liverpool Partnership Board are:

- Community Voice
- Quality and Performance Group
- Provider Collaborative
- Primary Care Commissioning Committee

The priorities are recovering from the pandemic, prevention and health inequality.

A brief update was provided with regards to the Liverpool Cardiology Partnership, and this would be discussed further in the Private Board Meeting.

There was robust discussion regarding the complicated structures and importance of understanding risk of duplication and excessive bureaucracy. The potential risk of unintentional / unconscious bias was raised and whether this would warrant a need for non-aligned NED representation. There was further discussion surrounding the impact of delegating commissioning.

The Board **noted** the report.

## 4

### **Targets and Financial Performance**

#### 4.1

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

The Chief Operating Officer presented a report detailing the Trust's performance for the period ending 30<sup>th</sup> June 2022.

Exceptions were shared under the categories of operational performance, workforce and quality as detailed in the report.

Strong operational performance for Q1 was noted, with the following exceptions raised:

- Surgery long waiters – action plan in place and workforce dependant
- Cancer performance – deterioration in faster diagnosis
- CT guided biopsy and EBUS waiting times
- Admin move from a centralised service to decentralised service – action plan with HR in place to support transition

There is a focused effort from divisions to reduce waiting times. Key actions are in place to achieve this by end of Q2. The Board were reassured that risks were balanced across the Trust and were under review.

It was highlighted that sickness was in fact 6.38% in June and would be corrected in the report and dashboard. The main workforce gap continued to be anaesthetics, Operating Department Practitioners (ODPs) and radiographers. It was noted that the gap in anaesthetics had the largest impact on Q1 performance and improving the ODP gap would be key in achieving Q2 targets.

The financial performance for the period ending 30th June 2022 is a £586k surplus against a £581k surplus plan. The plan has been updated following discussions with the ICB and the full year target is £2,328k surplus as a result of additional national funding and CIP. Expenditure is broadly in line with plan. CIP targets have been allocated to Divisions and Departments with work progressing to identify and progress schemes.

Capital expenditure was £1,697k year to date. The Trust has received confirmation of the ICB capital allocation and has now finalised the capital programme for the year. Those schemes not supported by the ICB will roll forward to next year and mitigations have been put in place to address any risks.

LR provided an overview of detailed discussions held at the Integrated Performance Committee the previous day.

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

## 5 Governance and Assurance

### 5.1 Governance Manual Annual Review

The Director of Risk and Improvement provided a brief update of the work undertaken to update the Corporate Governance Manual. The work was supported by MIAA and reviewed by the Audit Committee.

The significant changes that have been made are:

- The Risk Management Policy has been updated in terms of the Board risk appetite statement
- The Organisation Learning Policy has been completely updated to reflect all aspects of organisational learning
- The establishment of Health Procure Liverpool (HPL) reflected within the relevant aspects of the CGM. The proposed tender and waiver process were reviewed and approved.

The Audit Committee had recommended approval to the Board or Directors.

The Board **approved** the update to the Corporate Governance Manual.

## 5.2 **Mock CQC/EECS Report**

The new focus of the EECS/CQC assessments ensures we gain a divisional overview of care delivery and services.

The Surgical Division has been assessed and has achieved good and outstanding ratings in most areas, with a small number of areas identified as requires improvement. The Surgical Division will formulate an action plan to address all areas for improvement and this will be monitored through divisional governance.

The Board provided positive feedback in conjunction with the presentation at the start of the meeting and felt assured.

The Board **noted** the report.

## 5.3 **Report of Freedom to Speak Up Guardian**

The Freedom to Speak up Guardian took the paper as read and provided an overview of key areas. Areas of organizational learning from FTSU speak ups were shared.

During discussions and as part of the completion of the Board self-assessment it was agreed to review the FTSU capacity and structure, and a decision made to appoint a second FTSU Guardian to enhance capacity, visibility, and continuity for the role. The second FTSUG has been in post for two months.

MC confirmed her involvement from the NED lead perspective and supported the current FTSU structure and update.

The Board **noted** the report.

## 5.4 **Emergency Preparedness and Business Continuity Annual Report**

The report provided an overview of the arrangements in place.

In line with the Civil Contingencies Act 2004, LHCH has in place a Major Incident Plan, a Business Continuity Strategy and Business Continuity Plans. Testing of the plans takes place throughout the

year, including an annual tabletop exercise. Training is conducted by way of business continuity testing in the areas, tabletop exercises and attendance at regional sessions held in year.

Discussion took place regarding the potential return to BAU and post-event review. Assurance was provided that reviews of lessons learned from the pandemic were continuously reviewed and had been documented. This is also importance as we consider the national COVID-19 Inquiry. Discussion also took place regarding how subject matters were selected for the tabletop exercises. It was also noted that a BAF assurance would be applied to future reports.

The Board **approved** the annual report.

**5.5\* Health & Safety Annual Assurance Report**

The report provided a summary of the Health & Safety arrangements at the Trust.

The Board **approved** the annual report.

**5.6\* Complaints Process Annual Review**

The report provided assurance of the effectiveness of the Trust's complaints process.

The Board **approved** the report.

**5.7\* Communications Report Q1**

The report provided a high-level update on Trust's communication activity during Q1.

The Board **noted** the report.

**6 Board Assurance**

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

**6.1.1 Quality Committee:**

- **BAF Key issues for meeting held on 12<sup>th</sup> July 2022**
- **Approved minutes of meeting held on 12<sup>th</sup> April 2022**

The Board **noted** the BAF Key issues from the meeting held on 12<sup>th</sup> July 2022 would be brought to the next Board and nothing of importance was highlighted verbally. Minutes from the meeting held on 12<sup>th</sup> April 2022 were noted.

**6.1.2 People Committee:**

- **BAF Key issues for meeting held on 7<sup>th</sup> June 2022**
- **Approved minutes for meeting held on 8<sup>th</sup> March 2022**

The Board **noted** the BAF key issues report from 7<sup>th</sup> June 2022 meeting and minutes from the meeting held on 8<sup>th</sup> March 2022.

**6.1.3**

**Audit Committee:**

- **Approved minutes for meeting held on 22<sup>nd</sup> March and 17<sup>th</sup> June 2022**

The Board noted the minutes from the meeting held on 22<sup>nd</sup> March and 17<sup>th</sup> June 2022.

**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**

**Date and Time of Next Meeting**

Tuesday 27<sup>th</sup> September 2022, 9.30am

**9**

**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.