

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

## minutes

**Minutes of the Meeting of the Board of Directors held on 27<sup>th</sup> September 2022**

**Present:**

**Val Davies**  
**Jane Tomkinson**  
  
**Bob Burgoyne**  
**Margaret Carney**  
**Jonathan Mathews**  
**Sue Pemberton**  
**Jonathan Develing**  
**Karen Nightingall**  
**Karan Wheatcroft**  
**Raphael Perry**  
**Karen Edge**  
**Julian Farmer**  
**Nick Brooks**  
**Louise Robson**  
**Ian Gilbertson**

**Chair**

**Chief Executive**

**Non-Executive Director**  
**Non-Executive Director**  
**Chief Operating Officer**  
**Director of Nursing, Quality & Safety**  
**Director of Strategic Partnerships**  
**Chief People Officer**  
**Director of Risk & Improvement**  
**Medical Director**  
**Chief Finance Officer**  
**Non-Executive Director**  
**Non-Executive Director**  
**Non-Executive Director**  
**Assistant CDIO**

**In Attendance:**

**Nusaiba Hannan**  
**Leila Brown**  
  
**Maureen Horrigan**

**Executive Office Manager & Governance Lead**  
**Associate Director of Digital Transformation**  
**(Item 1.6 only)**  
**Library & Knowledge Service Manager (Item 1.8 only)**

**Observers-  
Governors/ Staff/  
Members of the  
Public:**

**Allan Pemberton**  
**Trevor Wooding**  
**Ray Davis**  
**Cecelia Marchant**

**Public Governor- Cheshire**  
**Senior Public Governor- Merseyside**  
**Public Governor - Cheshire**  
**Graduate Management Trainee**

**Apologies for  
absence:**

**Jay Wright**  
**Kate Warriner**

**Director of Research**  
**Chief Digital & Information Officer**

		Action
<b>1</b>	<b>Opening Matters</b>	
<b>1.1</b>	<b>Apologies for Absence</b> Apologies for absence were received from Jay Wright and Kate Warriner.	
<b>1.2</b>	<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.  The Chair asked the Board to note there was an agenda item with regards to NED roles, but this should not be considered a conflict of interest as discussion had taken place with all parties.  Other participants confirmed that they had no interests to declare.	
<b>1.3</b>	<b>Minutes of the Board of Directors Meeting held (in public) on 26<sup>th</sup> July 2022 – for approval</b> The minutes of the meeting of the Board of Directors held on the 26 <sup>th</sup> July 2022 (in public) were reviewed for accuracy and <b>approved</b> by the Board.	
<b>1.4</b>	<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>• People Plan Update</li> </ul> The remaining actions were in progress or due later in the year.	
<b>1.5</b>	<b>Patient Story</b> The Director of Nursing, Quality and Safety shared a patient story via video. The patient described his journey into hospital which led to the fitting of a pacemaker. Following this, he was placed on remote monitoring. The patient shared how much he trusted the system and knew that he would be contacted if he was in danger. He described the ability to be able to share his data or raise a concern at the press of a button as a ‘god send’ and he could not ask for more.	
<b>1.6</b>	<b>Staff Story</b> The Chief People Officer invited Leila Brown, Associate Director of Digital Transformation to share her story with the Board. She shared her previous experience and her journey into the NHS. Leila shared the opportunities the Trust had provided her that had enabled her to	

become the Head of Digital Transformation. She highlighted the strength of the relationships between the Digital teams across Alder Hey NHS Foundation Trust and Liverpool Heart and Chest Hospital NHS Foundation Trust, and all the different departments.

The Board thanked Leila for her story and her work on establishing and progressing the Digital agenda.

**1.7 Stroke Services**

A stroke services update was due to be presented by Manoj Kuduvali, Divisional Medical Director Surgery, but this had to be rescheduled due to unforeseen clinical priorities.

**1.8 Library Services**

Maureen Horrigan, Library & Knowledge Service Manager presented a Library Services update to the Board. The CEO introduced Maureen and thanked her for her work and support in the move to the new Library facility in the Ken Dodd Centre.

Maureen described the services and resources available to the Trust. The facility consists of a study area, self-issue machines, desks and computers, a helpdesk and is open 24/7. There are hard copy books, e-library, specialist guides, point of care tools, clinical support and access to latest research and national databases. The library is also able to support with literature searches (clinical and non-clinical) and provide an outreach service.

The Library Team are alert to key themes that may be beneficial to the Trust with a focus on effective knowledge mobilisation and new technology to support this.

Positive feedback was reiterated following recent NED walkabouts and the Chair's tour of the library. There was discussion on how to promote and raise awareness of the library services and knowledge mobilisation.

The Board thanked Maureen and the library team for the presentation and their excellent work.

**1.9 Chair's Briefing**

The Chair shared that system updates would be discussed in further detail during the meeting, but it was noted that there was a great deal of momentum and will to support the collaboration projects. The Chair is due to attend CMAST clinical pathway meetings with the first workshop commencing next week.

The Chair continues to visit the Trust's wards and departments with 30 areas visited in total to date and emphasised the brilliant culture across the hospital.

The new Royal Hospital site is due to open, and the Chair would be attending a tour of the new facility.

It was highlighted that LHCH is finalist for the HSJ awards for Trust of the year and also staff wellbeing initiative.

The adult inpatient survey results are due to be released this week, but it is known that the results are very positive.

It was confirmed that all the interim NED appraisals had been completed. NED walkabouts had also been reinstated and are in progress.

## 1.10

### **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 Liverpool Clinical Services review has been commissioned and is being taken forward by Carnal Farrar, who are in the discovery phase of the review. The CEO, Chair, Medical Director and Director of Strategic Partnerships had attended a call to review the findings from the discovery phase to develop the focus and prioritisation for Liverpool.

Priority areas discussed included:

- Improving population health by providing more anticipatory care. (Prevention)
- Improving access across emergency pathways which will include Acute Coronary Syndrome (ACS)
- Levelling up performance in Cancer and Cardiovascular Care.
- Reducing risk within Women's Maternity services.

The CEO highlighted how these priorities will align with those of One Liverpool. A further meeting will take place with a subset of the provider collaboratives to discuss how to leverage progress.

Following LUHFT's move to the new hospital on 28<sup>th</sup> September, the Board were asked to note the new clinical services configuration and the implication for LHCH. LHCH continue to provide support to LUHFT during this transition period which further underpins the need to consolidate partnership working.

The Nomination and Remuneration (Executive) Committee are meeting today to confirm governance with regards to the hosting arrangements and provide clarity on the organisational structure for Liverpool Health Partners.

The CEO reminded the Board that the virtual staff award ceremony is scheduled for the 13<sup>th</sup> October and encouraged everyone to attend to support the celebration of our staff.

There was discussion with regards to reporting of outcomes from the Liverpool review. It was confirmed that the reporting mechanism begins with reports to the ICB with the final outcomes reported to

the NHS England Board. The first phase of the review is due to be completed in November 2022.

Clarity was sought on the prevention agenda and discussion took place regarding the details of this, implications for different services, model of care, implementation and how this will progress once approved. Workshops are still in progress, with provider collaboratives being key to this.

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. The new appointments of microbiologists have been delayed from September to November.

Mask wearing was temporarily paused but has now been re-introduced in clinical areas due to a spike in patient and staff numbers. This is being closely monitored. Staff testing has also been paused in line with national guidance.

The Director of Nursing, Quality & Safety notified the Board that the pandemic was ongoing and although no new variants had been identified Trust's should remain cautious.

The vaccination centre will re-commence in October.

Discussion took place regarding staff testing and a re-assessment of social distancing and isolation measures in clinical areas. It was confirmed that staff testing currently remains in place for symptomatic staff only and re-assessment of clinical areas is to be discussed at the next Silver command meeting.

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

### 2.2\* ***LHCH Monthly Nurse Staffing Report for Period: July & August 2022***

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

The Board **noted** the report.

### 2.3 **Winter Preparedness Plan**

The Chief Operating Officer shared a paper detailing the Trust's Winter Preparedness plan and the paper taken as read.

Overall, the aims of the Trust's Winter Plan are:

- To ensure patients receive uninterrupted safe plans of care whilst ensuring they obtain treatment in a timely and appropriate way
- Identify specific seasonal pressures with confirmed mitigation to ensure the impact on services is minimal
- Work with other health and social care partners to maintain services that impact on the health economy and support admission avoidance across CVD services
- To support the delivery of the wider health economy's winter plans for all areas that the Trust serves with healthcare partners and commissioning bodies
- To respond to any transitional requirements from reset and recovery to winter surges of respiratory virus/ gastrointestinal tract within the hospital
- To ensure that there is a robust flu campaign programme

It was noted that although the Trust are not exposed to the pressures within an Accident and Emergency Department, the Trust usually experiences an increase in non-elective admissions and increased pressure on patient flow and capacity. The Divisional action plans were detailed further in the paper.

The Trust would continue to provide mutual aid for orthopaedics and bed capacity would be increasing from 146 to 152 beds. Command and control measures and tactical command are in place and Trust is currently in a good position. It was noted that it is important to consider both internal preparedness and system support.

The COO also highlighted that the Covid and Flu Vaccine Centre is re-opening in October for staff.

There was robust discussion regarding winter funding, elective surgery and the sharing of Winter Plans across Trust's. It was confirmed that the current mutual aid being provided has been scheduled so as not to act as a competing pressure on the Trust's own elective waiting list, but urgent care would continue to be prioritised. It was also noted that Trusts have shared their plans and that an overall Winter Plan is in place for the system. Questions were raised regarding stress testing this overall plan and it was confirmed that system meetings are ongoing to discuss this.

The Winter Plan had been created during the time of a pending ballot. It is important to note the risks posed on service delivery as a result of potential strike action. Meetings are taking place twice a week to assess the situation and put the relevant contingency in place. Discussion took place about the various forms industrial action could manifest and the potential impact on the current Winter Plan and non-union staff including students and international recruits.

The Board also discussed the potential industrial action, with an update on the timeline for the RCN ballot and the actions being taken within the Trust to ensure preparedness.

The Board **noted** the plan and were in support of the associated actions.

### 3 Strategy and Development

#### 3.1 People Strategy

The Chief People Officer shared a paper detailing the People Strategy 2022-25. The development of the strategy included extensive engagement with various key stakeholders. The People Strategy overarches the recruitment and retention and Equality, Diversity, Inclusion and Belong strategies and builds on actions progressed through the People Plan.

4 key pillars have been identified as areas of focus required to support LHCH strategic objectives:

- Culture & Wellbeing
- Recruitment & Retention
- Learning & Development
- Equality, Diversity, Inclusion & Belonging (EDIB)

There was discussion regarding KPIs and measures for success and it was confirmed that this would be included in the action plan to be regularly reported back through the People Committee. The People Committee had received the strategy and recommended approval.

The Board **approved** The People Strategy 2022-25.

#### 3.2 WRES and WDES Update

The Chief People Officer shared a high-level summary of results from the WRES and WDES data collated from April 2021-March 2022. It was noted that since data had been collated, EDIB strategies have been implemented, and improvement has been noted but there is still work to do.

The Trust has improved in 2 of the 4 WRES indicators linked to the staff survey and performed worse in 2 of the 4 indicators. The Trust has performed worse in 8 of the 9 WDES indicators linked to the staff survey. The results appear to follow a national trend and whilst the trust have performed better in 7 of the indicators in comparison to the average of acute specialist trusts, there is much more we need to do to improve the experiences of our disabled workforce.

The next steps included:

- Undertaking further analysis of the results, including a review of the national position/annual reports
- Reviewing the results at the next EDIB Steering Group scheduled on 28<sup>th</sup> September
- Liaising with the WRES regional team to progress the learning offer

- Scheduling listening sessions with the OD Team to present the results and seek feedback
- Updating the EDIB Operational Action Plan with specific WRES/WDES actions including clear timeframes for delivery
- Publishing the EDIB action plan by 31<sup>st</sup> October 2022, including WRES/WDES specific actions
- Scheduling bespoke LHCH Belong events to enhance the visibility and encourage employee voice
- Providing an update to Board of Directors in November 2022
- Ensuring delivery of the refreshed EDIB Strategy

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There was discussion regarding the importance of the context behind the results and trends in place.

The Board **noted** the report.

### 3.3 Comms Strategy

The Chief People Officer presented the Communications Strategy to the Board and highlighted the input from various key stakeholder in developing this.

Discussion took place regarding brand awareness, the focus on timeliness and relevance of communications, highlighting the importance of managers extracting information from communications relevant to their teams and placing further emphasis on this.

The Board **approved** the strategy.

## 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 31<sup>st</sup> August 2022. An updated dashboard had been shared which provided further definitions and a narrative associated with the SPC reports. The COO highlighted the changes to the format of the performance reports.

Exceptions were shared under the categories of operational performance, quality of care and organisational health as detailed in the report. It was noted that the Trust are no longer able to achieve an 18 and 26 week waiting time position but this is also the case nationally. The Trust continues to focus on the overall long waiters and reducing waiting times in the Trust. An increase in waiting times has been noted but this is being closely monitored and there is an action plan in place to increase capacity. The Trust are also recruiting internally for a Trust Cancer Lead who will support delivery of cancer strategies and driving performance.

The Trust continues to have staffing challenges in Q2 but has still been able to deliver improved performance in several indicators. Covid sickness and staffing pressures across Radiology and Anaesthetics are being monitored and have been mitigated as far as possible. Cancer and RTT remains areas of concern, however



action plans and performance targets are in place with the clinical and operational teams.

There was discussion regarding balance between improvements and risks. A weekly dashboard is used to monitor the detail closely. Assurance was received that there are actions across the divisions and that this is also monitored at the weekly executive meeting.

The financial performance for the period ending 31<sup>st</sup> August 2022 is a £1,002k surplus against a £969k surplus plan, therefore £33k better than plan. Income is better than plan and Elective Recovery Fund (ERF) is not yet fully confirmed but assumed in line with plan. Private patient income recovery is progressing with an improved position in month. CIP targets have been allocated to Divisions and Departments and good progress has been made with CIP schemes recently. Capital expenditure was £2,603k year to date related to the ongoing progress on the catheter labs refurbishment and the agreed backlog maintenance schemes. The Trust retains a strong cash balance.

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

## 4.2

### Updated SOF Proposal

The COO shared a paper setting out a proposal for the development of an updated SOF Performance report to replace the current version.

The vision is for the Board of Directors to receive an updated SOF Performance Report on a monthly basis via Power BI. This will enable increased accessibility, stronger emphasis on an improvement trajectory and action, clearer reporting of performance trends and a focus on agreed priorities.

The timeline and governance arrangements were shared with the Board. It was concluded that the current SOF Performance Report is no longer fit for purpose. It was proposed that the SOF Performance Report is redeveloped using Power BI and the recently procured “easy SPC” software. The redevelopment will be overseen by an Executive Design Group and will engage with all members of the Board of Directors.

The final report would be completed for the January 2023 Board of Directors Meeting. There was discussion with regard to the use of this within assurance committees.

The Board **approved** the updated SOF proposal and formation of the Executive Design Group.

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## 5

### Governance and Assurance

### 5.1

#### Consultant Appointments

The Board **ratified** the dual appointment of Dr John Hung. He will also support LUFT.

- 5.2\***      **Governor Election Report**  
The Director of Risk & Improvement shared a paper presenting the results of the Governor elections to fill three Staff Governor seats and one Public Governor seat. Both sets of elections had a positive outcome, and all the seats were filled.
- The Board **noted** the results of the election.
- 5.3**      **CMAST Joint Working Agreement and Committee in Common**  
The CEO shared a report detailing the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) Provider Collaborative Joint Working Agreement and Terms of Reference (ToR) for establishing the Committee in Common.
- The Trust's duty to collaborate and importance of being part of one or more provider collaboratives was highlighted. Such collaboration would support the delivery of the triple aim by aligning priorities, supporting establishment of the ICS and directing resources to improve service provision.
- It was noted there are associated risks and that we recognise the complexity of this agreement. There was discussion regarding refinement and iterations that might need to be made to the ToRs as the collaboration progresses.
- As the infrastructure supporting CMAST is growing significantly there were queries regarding the funding for this. It was noted that there are ongoing discussions with the ICB to negotiate funding to support this.
- The Board **approved** the CMAST Joint Working Agreement, establishment of a Committee in Common with the proposed ToR and to continue to adopt and sponsor the approaches to collaborative working and decision making.
- 5.4\***      **GIRFT Annual Report**  
The paper provided a comprehensive update on progress against the GIRFT programmes in specific service lines at LHCH.
- The Board **noted** the report and received assurance that the Trust is acting upon GIRFT information and recommendations.
- 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 Chair of the Quality Committee highlighted some of the risks noted in the report. The Board **noted** the BAF Key issues from the meeting held on 12<sup>th</sup> July 2022. Approved minutes from the meeting held on 12<sup>th</sup> April 2022 were noted.

**6.1.2 Audit Committee:**

- **BAF Key issues for meeting held on 19<sup>th</sup> July 2022**

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

**6.1.3 Integrated Performance Committee:**

- **BAF Key issues for meeting held on 12<sup>th</sup> July 2022**
- **Approved minutes of meeting held on 25<sup>th</sup> April 2022**

The Chair of the Integrated Performance Committee highlighted key points in the report. The Board **noted** the BAF Key issues from the meeting held on 12<sup>th</sup> July 2022. Approved minutes from the meeting held on 12<sup>th</sup> April 2022 were noted.

**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 25<sup>th</sup> October 2022 – Strategy Day

**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.

The Board received positive feedback that papers were more digestible and were pleased with the changes made to the format of reports.