

# Committee Updates

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**Non Executive Directors**

**Council of Governors, 6<sup>th</sup> June 2023**

**Audit Committee**  
**E meeting – 21<sup>st</sup> March 2023**  
**Presented by: Julian Farmer, Audit Committee Chair**

| What we looked at  | What we found   |
|--|---|
| <b>Risk management</b>                                       | Noted good progress in developing and improving risk management arrangements.   |
| <b>Assurance Committees' annual reports</b>                  | All Committees delivering against their terms of reference and all clear on areas warranting ongoing attention eg ongoing work to develop and the quality dashboard.  |
| <b>Draft Annual Governance Statement</b>                     | All agreed it complied with the governing requirements and noted that, in line with expectations, there were no significant control issues to report.   |
| <b>Annual review of compliance with the Provider Licence</b> | Noted compliance across all areas..   |
| <b>Cyber and Digital update</b>                              | Good assurance provided on all aspects of cyber security and digital and IT- both transformational and operational.   |
| <b>MIAA: activity</b>  | Noted delivery of 2022/23 on track, the draft Head of Internal Audit Opinion showing 'substantial assurance' on the effectiveness of the Trust's internal control arrangements and a positive assessment of the Trust's Board Assurance framework (expressed as the BAF Opinion). |
| <b>Internal Audit and Anti Fraud</b>                         | Noted the positive Anti Fraud annual report and approved the Internal Audit and Anti Fraud plans for the coming years..   |

**Audit Committee**  
**E meeting – 21<sup>st</sup> March 2023**  
**Presented by: Julian Farmer, Audit Committee Chair**

| What we looked at                        | What we found   |
|--|---|
| <b>New FT Code of Governance 2023/24</b> | Noted existing good compliance in many areas and actions planned to ensure full compliance. |
| <b>Accounting policies</b>               | Assurance received that the Trust's accounting policies complied with accounting standards. |
| <b>Losses and Special Payments</b>       | No losses or payments to report.  |
| <b>External audit update</b>             | Plan being delivered in line with expectations.   |
| <b>Supplier tender waivers</b>           | All tender waivers granted in compliance with Trust policy                                  |
| <b>Register of Interests</b>             | Noted good governance arrangements in place and continued efforts to ensure compliance      |

**People Committee**  
**Next Meeting 5<sup>th</sup> June 2023**  
**Presented by: Margaret Carney, People Committee Chair**

Next Meeting, 5<sup>th</sup> June therefore update will be shared at CoG

**Quality Committee**  
**E meeting – 18<sup>th</sup> April 2023**  
**Presented by: Nick Brooks, Quality Committee Chair**

| What we looked at  | What we found   |
|--|---|
| <b>Quality Dashboard: SOF (Jan – March)</b>                          | Drive metrics: Sepsis management (antibiotic within 1 our of prescription) consistently exceeding internal target; radiological alert response documentation and high-risk referrals to dietician below target; incidents rated minor harm or above on target Feb/March.<br>Watch metrics: primary PCI call to balloon time 150 minutes and patient receipt of discharge summary persistently below targets; VTE risk assessment, complaint responses within 25 days, incidents, and falls, inconsistently achieving targets                  |
| <b>QSEC key assurances</b>   | Radiology alerts: work with data team to move information onto EPR not yet complete<br>Restraint policy in preparation by the new mental health consultant in collaboration with Merseycare - for review June 2023<br>CQUINs – generally good progress – for review June 2023<br>PSIRF: good progress with patient safety training levels 1 and 2. Patient safety partners recruited. For review June 2023<br>Implementation of volunteer strategy (enhance mealtimes; increase recruitment; collaborate with schools and FE establishments). |
| <b>Pharmacy aseptic audit action plan</b>                            | All actions completed. Re-audit anticipated (CQC) within next 12 to 18 months to QSEC with escalation to quality committee of any residual concerns.  |
| <b>CIP: quality impact assessments</b>                               | All (35) 2022/23 schemes approved. No impact on individuals with protected characteristics identified by EIA screens  |
| <b>Telestra Health dashboard/Mortality Improvement Group minutes</b> | No new issues with dashboard<br>Deaths on waiting list noted – generally unforeseeable rather than from the condition awaiting treatment. Further work on waiting list management anticipated.  |
| <b>Quality Committee TOR and workplan</b>                            | TOR and 23/24 workplan approved, including removal of Director or Research and Innovation from membership.  |

**Quality Committee**  
**E meeting – 18<sup>th</sup> April 2023**  
**Presented by: Nick Brooks, Quality Committee Chair**

| What we looked at                                  | What we found  |
|--|--|
| <b>Nutrition annual report</b>                     | Assurance on progress to implement framework. Hydration week in November was highly successful. Strong KPI performance against national averages. Provision of meals for staff on night shifts unresolved.   |
| <b>Evaluation of therapies weekend working</b>     | Saturday rehabilitation service introduced December 2022, delivered by band 4/5 substantive staff paid overtime. Focus on mobility and respiratory function. 182 patients seen of which 34 discharged over weekend relieving pressure Monday morning pressure on Oak and Cedar. Good start, though gap remains in physio for stroke patients.  |
| <b>Clinical effectiveness: GIRFT annual report</b> | Excellent progress against gaps identified by best practice reports in all 9 specialties/areas. Critical care and cardiology workstreams closed with 'business as usual' monitoring in relevant areas. The Committee noted that some unfulfilled gaps, notably in cardiology, require system collaboration   |
| <b>Compliance and regulation</b>                   | Serious incident annual report: total of six SIs; five concluded and one under investigation. Assurance on dissemination of learning.<br>Quality BAF and risk report. No risks in BAF 1 (Safety and quality) scoring 12 or more and residual risk = risk appetite in all areas (6). Greater focus on safe waiting list in new BAF<br>NHS Constitution Compliance report. Compliance confirmed in all areas relating directly to safety and quality (the only exception relates to rights for access to services due to incomplete recovery from the Covid emergency)<br>Quality Committee effectiveness review. Positive report on compliance with objectives and terms of reference. Action plan developed and in progress. |

**Charitable Funds Committee**  
**E meeting – 21<sup>st</sup> March 2023**  
**Presented by: Bob Burgoyne, Charitable Funds Committee Chair**

| What we looked at                             | What we found   |
|---|---|
| <b>Annual review of Fundraising strategy.</b> | Good progress noted and future plans and budget for 2023-2024 approved by CFC.  |
| <b>Charity activity and performance</b>       | Extensive fund raising activity with income ahead of plan and ahead of 2021/2022.<br>Donations ahead of projected target.<br>Substantial increase in social media activity and engagement.<br>A wide range of fundraising events planned for 2023.  |
| <b>Review of Charity Structure</b>            | Mary Liley, Head of Fundraising proposed a reevaluation of charity resourcing, Some savings from central charity costs were presented. To support the new capital campaigns it was proposed to upgrade the Community and events officer to Fundraising manager, to appoint the Digital Communications manager to a substantive post and to appoint an administrative apprentice. The overall increased cost to the charity would be 25,089 per annum. This was approved by CFC. |
| <b>Month 11 financial report</b>              | Month 11 position of cash in hand agreed to be healthy with significant reserves remaining for future bids after all liabilities are met (£768K).<br>Investment position agreed to be good..  |
| <b>Assessment of bids for charity support</b> | CFC agreed to support two new bids.<br>Blood gas analyser for Cath labs.<br>Equipment for safe application of inhaled sedation in intensive care.<br>New expenditure commitment of £17,159  |

**Integrated Performance Committee**  
**E meeting – 20<sup>th</sup> April 2023**  
**Presented by: Louise Robson, People Committee Chair**

| What we looked at                   | What we found   |
|-------------------------------------|---|
| <b>Finance Report including CIP</b> | <p>The Trust has a surplus that is £1,806k above plan, consistent with the forecast agreed previously.</p> <p>The Trust was also able to maximize capital expenditure in line with the plans agreed at the start of the year and continues to hold strong cash balances.</p> <p>Annual planning has considered risks and made provision for inflation. Trajectories for CIP identification have been set.</p>   |
| <b>End of Year Performance</b>      | <p>Cancer targets have seen a decline in 22/23 with demand increase, capacity constraints and workforce challenges. The main area of concern for cancer performance is with the Faster Diagnostic Target with diagnostic waiting times being monitored and actions taken to reduce waiting times.</p> <p>Industrial Action resulted in all non-emergency cardiac activity being cancelled. Long waiters within the Surgery Division continue to be prioritised with an action plan in place to achieve the 65 week target by March 24.</p> <p>Increased pressures in the admin teams associated with annual leave, sickness and impact of Induction action. Non recurrent support agreed for 23/24. Implementation of EPRO anticipated in June 2023, which offers improved reporting functionality and efficiencies.</p> <p>Anaesthetic workforce sickness impacted our ability to cover GA sessions. Workforce options and recruitment being explored within Clinical Services</p> |



**Integrated Performance Committee**  
**E meeting – 20<sup>th</sup> April 2023**  
**Presented by: Louise Robson, People Committee Chair**

| What we looked at  | What we found  |
|--|--|
| <b>Industrial Action</b>                                 | Key risks include; elective activity plan, patient experience, performance and financial Command & control structures in place for planning & monitoring.<br>Weekly Performance reviewed through both divisions and Trust performance meeting.                           |
| <b>Safe Waiting List Management</b>                      | Several admin incidents have caused delays in patient pathways. These have been reviewed and work is underway in developing an improved approach to Safe Waiting List Management   |
| <b>Update on 2023/24 Operational and Financial Plans</b> | System financial and performance expectations have been monitored and picked up through the annual planning group.<br><br>The Trust has set performance and activity targets in line with the national trajectories for recovery and these has been agreed with the ICB. |