

Board of Directors (in Public)
Item 1.3

minutes

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

Present:	<p>Val Davies Jane Tomkinson</p> <p>Bob Burgoyne Margaret Carney Sue Pemberton Kate Warriner Karen Nightingall Karan Wheatcroft Karen Edge Nick Brooks Louise Robson Jonathan Develing Jonathan Mathews</p>	<p>Chair Chief Executive</p> <p>Non-Executive Director Non-Executive Director Director of Nursing, Quality & Safety Chief Digital & Information Officer Chief People Officer Director of Risk & Improvement Chief Finance Officer Non-Executive Director Non-Executive Director Director of Strategic Partnerships Chief Operating Officer</p>
In Attendance:	<p>Nusaiba Cleuvenot Julie Tyrer Manoj Kuduvali</p> <p>Helen Martin</p>	<p>Executive Office Manager & Governance Lead Tissue Viability Nurse Consultant (Item 1.5) Divisional Medical Director (deputising for Medical Director) FTSU Guardian (Item 5.3)</p>
Observers- Governors/ Staff/ Members of the Public:	<p>Enrico Buglione Darren Buckley Allan Pemberton Trevor Wooding Terence Comerford Stephen Storey</p>	<p>Business Unit Director – Epro Health Regional Director – Siemens Healthineers Public Governor- Cheshire Public Governor - Cheshire Public Governor Public Governor</p>
Apologies for absence:	<p>Raphael Perry Jay Wright Julian Farmer</p>	<p>Medical Director Director of Research Non-Executive Director</p>

- 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 31st May 2023 – for approval**
The minutes of the meeting of the Board of Directors held on the 31st May 2023 (in public) were reviewed for accuracy and **approved** by the Board of Directors.
- 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:
- Stroke patient transfer process to be discussed at Broadgreen Operational Group
 - Amendment to Strategic objectives KPIs
 - Addition of quarterly health inequalities update to business cycle
- KWh provided an update against purpose of consultant ratification, confirming this will be discussed with RAP and update to return in September. JD also confirmed his action relating to health inequalities would return in September. The remaining actions were in progress or due later in the year.
- 1.5 Tissue Viability Update**
Julie Tyrer provided an overview of the Tissue Viability Services. She shared the team structure noting that they are nurse led and work in a multi professional manner. A key part of their work is on prevention and minimising patient risk. There is also great focus on education and continuous quality improvement.
- Further detail was shared on the following two initiatives:
- Prophylactic PICO
 - Post discharge surgical wound surveillance
- For the work on the post discharge surgical wound surveillance, the team had been shortlisted for Nursing Times Awards 2022, submitted to HSJ Awards 2023 and published in the Nursing Times.
- Julie shared the progress and success of the Moisture Associated Skin Damage (MASD) quality improvement initiative. This was initially a staff education campaign which has gained national

recognition. This data is now formally collected and monitored and the Trust reports low incidence.

The team continue to improve the quality of care delivered around all aspects of tissue viability. Initiatives include:

- Topical time
- Time to turn

BB commended the communication and publication of the Tissue Viability Team's work. JT queried if these initiatives had seen a reduction in wound issues in endoscopic vein harvest. Julie confirmed this had indeed been the case. NB queried the follow up process for those less digitally enable and it was confirmed that these patients were provided with the appropriate contact details upon discharge and were also linked to community healthcare professionals where needed. KW asked what more the Digital Team could do to support and commended the continuous theme of prevention. LR noted that having data to support the effect of these initiatives on length of stay and hospital re-admission would be very useful in reinforcing support from the ICB. Julie also noted that it was hard to quantify this data due to the many variables in length of stay and readmissions.

There was discussion regarding the link between pre-op care and the tissue viability team. Julie provided further information on how these teams alongside the infection prevention team, working together to achieve the best outcomes.

The Board of Directors recognised the excellent progress, commended the innovation and thanked Julie and the team.

1.6

Patient Story

The Director of Nursing, Quality and Safety shared a patient story via video. The patient had suffered a heart attack and spent a few weeks in intensive care. His wife shared the excellent experience they had with all members of staff and the treatment received. She did however feel it inappropriate that she had been informed that her husband may not be able to walk just two days after the heart attack.

It was noted that the best time to share news would vary between patients but it was important to receive both negative and positive feedback and reflect on learning from this.

1.7

Chair's Briefing

The Chair provided an update on system activity and internal work. It was noted that the majority of updates were covered in the CEO report and the following additions were made.

There was an overview from the CMAST Chair's meeting, introduction of the paediatric alliance under the ICB and a progress

update from the Liverpool Trust Joint Committee (LTJC). It was noted that the Broadgreen Joint Site Committee had now become a sub-committee of the LTJC. David Flory, Chair of LUHFT had recently visited the LHCH cath labs providing the opportunity to further discuss joint site working.

The Chair had also recently met with vice chancellors of Liverpool John Moores University and the University of Liverpool as well as Dyfed Edwards, Deputy Chair of the Welsh Revenue Authority.

Nick Brooks, Non Executive Director (NED) and had been approved for a third term. Interviews had also recently taken place for the appointment of an Associate NED with the position to commence in September 2023. The Chair also shared that three new staff governors had been appointed, also commencing in September 2023.

The Board of Directors **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:

- ACS work is being integrated into clinical pathways piece.
- David Sloman visit was taking place on 7th August to follow up on progress against recommendations following the Liverpool Clinical Services Review.
- The Anti Racist Framework will be implemented including Board training, and reflected in appraisals and objective setting.
- Junior Doctor strikes have been confirmed for 11th -14th August. Consultant strikes confirmed for 24th-25th August. Nationally the strikes have resulted in approximately 875k lost appointments so far which will be difficult to recuperate. Radiographers have also balloted but this strike is not applicable to LHCH.
- Cheshire & Merseyside CEOs met last week to discuss expenditure controls, deviation from plan in the last quarter and how the system will work together. Winter planning guidance is due to be released by the end of the week.
- Update was provided from the recent Northwest Coast Clinical Partnership meeting.

JT queried the timing of the National Cost Collections Exercise and this was confirmed to be in September.

BB queried the level of consultants participating in strike days. JM confirmed the this was at 8% and therefore not a significant impact. However there is an impact resulting from the junior doctor strikes where consultants are required to act down.

LR requested further feedback from the CMAST meeting and VD suggested that another CMAST NEDs event may be useful.

ACTION: VD requested expansion on each of the CMAST workstreams either at next strategy day or Board meeting.

The Board of Directors **noted** the update.

2 Safety and Quality

2.1 Learning from Death Q1 Report

There have been forty-one deaths in the Trust between April and June 2023. For comparison the total number of deaths in the trust for Q4 2022/23 was fifty. In Q1 thirty-eight of the deaths have been through the complete mortality review process. There have been no deaths in patients with an identified learning disability. The total quarterly number of deaths remains in the expected range.

The Trust complies with national guidance and populates the mortality dashboard. There were no avoidable deaths in Q1 2023/24. Actions from the MRG process will be taken forward by the appropriate division.

There was thorough discussion regarding benchmarking data and comparison with NCBC data. It was noted that data was usually compared for HSMR through Dr Foster, and then discussed at the Mortality Improvement Group.

VD noted the improvement against our own previous performance.

The Board of Directors **noted** the dashboard data for Q1.

2.2* *Guardian of Safe Working – Q1 Exception Report*

The report reviewed the working hours of doctors in training including exception reports, breaches of working hours, fines incurred and how these fines were levied. There were no exceptions reported.

LR queried attendance levels at the junior doctors and MK confirmed he would look into this.

ACTION: MK to obtain attendance numbers at junior doctor forums

JM noted there had been positive feedback from the recent junior doctor survey and results would be shared with the Board.

NB questioned how overtime was balanced against safe working. MK confirmed that there are rota masters who monitor and feedback to managers. It was also highlighted that every night worked is built in with a non-negotiable compensatory day of rest.

The Board of Directors **noted** the report.

2.3 **DIPC Q1 Report**

MK presented an update on infection prevention and control issues from 1st April until 30th June 2023. The paper provided assurances that surveillance systems, audit and governance programmes are in place to monitor and prevent healthcare associated infections. The surveillance of infections and routine audit data continue to be monitored and work is on-going to ensure the infection prevention quality and safety plan is fulfilled and a robust audit programme is in place.

It was highlighted that a new cleanliness audit has been developed. There is also an upcoming visit from The Royal Papworth Hospital which would hopefully produce some learning. LR queried if there would be a reciprocal visit and it was noted this may be considered after their visit.

NB confirmed that this data was regularly discussed at the Quality Committee, highlighting that the hospital actually had very effective and exemplary controls in place. MC queried if there had been any patient harm as a result of Covid 19 infections within the Trust and MK confirmed that majority of infections were community acquired.

The Board of Directors **noted** the report and the continued low incidence of reportable infections.

2.4 **Safeguarding Annual Report**

The 2022/2023 annual report provided the Trust Board with:

- An overview of the local, regional, and national context of safeguarding
- An overview of safeguarding within the Trust
- Assurance that the Trust is meeting its statutory obligations and the required national safeguarding standards that are applicable to LHCH

Safeguarding, Prevent, Mental Capacity and Mental Health agendas continue to be a challenging area for all health agencies and multi-agency partners, however the Trust continues to actively respond and contribute to regional and national developments.

The annual report demonstrated that safeguarding vulnerable people remains a significant priority for the Trust and offers assurance that the annual work programme had been delivered. There has been a clear increase in referrals and demand for Safeguarding advice over the past year as well as much more complex cases requiring onward referral and support.

The safeguarding team is small but covers a broad area. Although the staff are not exposed to many child safeguarding concerns, this area of training is still covered. It was noted that there has also been work on supporting staff around financial wellbeing, links to clinical psychology and mental health liaison service. An out of hours

service is available from Monday-Friday and a manager covers weekends. Prevent training had been flagged as requiring improvement. It was confirmed that the safeguarding meeting reports to the Quality Committee.

ACTION: VD requested a quantitative breakdown of the safeguarding data.

The Board of Directors **received assurance** that appropriate safeguards are in place to protect adults and children in LHCH in line with national and local directives, and legislation related to safeguarding adults and children at risk.

3 Strategy and Development

3.1 Strategic Objectives KPIs Quarterly Update

JD shared a paper setting out progress against Trust Objectives at Q1 2023/24. The Board had considered system challenges and changes to the commissioning landscape and governance arrangements (provider collaboratives, site committees and committees in common) with the objectives refreshed to ensure the necessary focus on operational priorities as well as delivering against our strategic plan. JD highlighted changes/additions to the objectives.

NEDs queried the inclusion of the innovation strategy and recommendations of the Liverpool clinical services review. **ACTION: JD was to check and ensure these were reflected.**

The Board of Directors **noted** the progress thus far.

3.2 Digital Excellence Report

KW provided an updated against Digital Excellence progress.

Key Headlines include:

- Good progress with Digital Excellence delivery
- Good progress with digital clinical improvements
- HSJ High Commendation for Patient Safety
- Good Operational performance

There have been lots of developments and progress delivered at pace since the last report. The Trust's national and external reputation and profile is high and internal feedback from colleagues has been positive.

Positive feedback had been received following an NHSE visit to iDigital. The team are working towards the HIMMS 7 assessment in November/December 2023. In terms of internal activity, the Trust are now live with Epro and going live with InPhase. The new Trust website and intranet should also be in place in 2023/24.

KW reiterated that the focus remains on the digital offer they can provide to patients. A strategic review of this will be shared at the Operational Board and will be feedback to the Board of Directors and Council of Governors.

LR questioned the timeframe for the EPR review. KW confirmed that a draft report had been shared with the ICB and recommendations should return in the next three to four weeks. Once received this would be shared with the Board of Directors.

JT asked if the Digital Excellence Strategy is flexible enough to adapt to the outcomes of the PA review. KW shared that there are a number of key priorities. The strategy is indeed looking to develop but may require deeper clinical leadership.

The Board of Directors **noted** the update.

3.3 **ICB 5 Year Joint Forward Plan 2023-28**

In accordance with statutory requirement for the ICB and partner NHS providers to develop a Joint Forward Plan (JFP), the paper summarises shared delivery plan for Health Care Partnership (HCP) strategic priorities, joint local Health and Wellbeing strategy, and NHS universal priorities (Long Term Plan and Operational Planning). JD shared the aims, vision and purpose; detailing how the plan would be delivered and aligned with the recent Hewitt Review and Trust Objectives.

The Board of Directors **noted** the ICB Joint Forward Plan 2023-28.

4 **Targets and Financial Performance**

4.1 **Board SOF Dashboard**

The operational, quality of care, finance and people metrics was presented via the SOF Dashboard.

JM, Chief Operating Officer set the context of operational performance. In M3 the majority of performance indicators in the Trust had remained static or decreased due to continued workforce pressures and ongoing industrial action. Medicine activity has overperformed however Surgery saw a depleted number of major cases and discharges due to industrial action, scrub staff issues and anaesthetic capacity. There had been small improvement in the 31 day standard but all Cancer standards have been challenging given the disturbance to activity in Q1 and cancer performance would remain a key priority. There is consistent focus on long waiters with consideration to clinical priority. DM01 and virtual out patient appointments continue to deliver against national targets.

LR queried how the Trust's cancer performance compared with national indicators and JM confirmed that a presentation detailing how we meet national standards will be presented at the Operational Board. There was discussion regarding Surgery's financial

performance. It was noted that the position was constantly evolving but the Executive team are well sighted and a robust action plan is in place.

Discussion continued about managing demand and capacity. It was noted that eligible long waiters were being offered alternative treatment or opting to remain on the waiting list. MC requested if there was a way to see a record of these numbers. **ACTION: JM confirmed that the letter process was in progress but once the data had been collated, this data could be shared with the Board of Directors.**

NB asked if we had seen significant emergency admissions of patients on the elective waiting. JM confirmed that this data was not available at present but would look at collating this with the BI team. MK also reiterated that every death or harm to a patient on a waiting list was logged as an incident and scrutinised for learning.

SP, Director of Nursing, Quality & Safety set out the quality of care section of the report. Sepsis target has continued to perform at above the 90% target. Excellent performance continues in Dementia, Delirium and Family and Friends Test metrics. Discharge summaries and dietetics referrals have also seen improvement. Improvements to VTE are being looked into and other areas of concerns were detailed in the report. RAP is also discussing quality balloon times with North West Ambulance Service NHS Foundation Trust. Overall there is good performance and the Trust is aware of areas for continued improvement.

KE, Chief Finance Officer provided an overview of financial performance. The Trust income position is in line with plan and private activity is ahead of plan. Trust pay costs are in budget, a capital programme agreed and progressing in line with plan.

The main area of concern is the identification and transaction of CIP. Currently 65% of the CIP target has been identified and less than 34% has been transacted. The Trust continues to forecast achievement of financial plan and the key risk remains to be non-delivery of CIP. Risks associated with ongoing industrial action are being monitored with appropriate mitigations in place.

LR asked when 100% identification of CIP could be delivered. KE confirmed that work with the Divisions is ongoing but this is a challenge and will require time to progress. Actions and thresholds are being developed and there may be opportunity for cross divisional CIP.

KN, Chief People Officer provided an overview of workforce performance. There is good mandatory training and appraisal compliance. An update was provided on the 'Live Well Work Well' event. Action plans are also in place following staff survey results. Staff turnover was noted to have increased again but all exit interviews are analysed and there has been no cause for concern.

Plans are in place for all on long term sick leave which is common amongst the aged workforce of 70-75 years. Wellbeing work and alternative options are being provided to these staff members.

The Board of Directors **noted** the SOF.

MC left the meeting at this point.

5 Governance and Assurance

5.1 High Risk Report

The high risk report provides an update of risks with residual scores of 15 or higher along with the action plans in place to control and/or mitigate them. There are currently no risks with a score 15 or higher.

The Board of Directors **noted** the report.

5.2 Board Assurance Framework

KWh, Director of Risk and Improvement presented the paper. The Executive Team had undertaken a full review and update of the Board Assurance Framework (BAF) for Q1. In summary:

- i) There are two residual risk scores that are above the agreed risk appetite tolerance. These are the delivery of planned activity, performance activity and backlog recovery (BAF 2) and the 5 year capital programme (BAF 3). It should be noted that the BAF 3 risk is mitigated in year (2023/24) but the challenge remains in terms of clarity of longer term system funding.
- ii) There have been no changes to residual risk scores.
- iii) Actions are progressing across all risks.

The BAF is also a regular report for the Board of Directors and an opportunity to triangulate with the Board agenda, assurances and risks.

The Board of Directors **reviewed and approved** the report.

5.3 Report of Freedom to Speak Up Guardian

Helen Martin, Freedom to Speak Up (FTSU) Guardian provided an FTSU update for Q1. There had been eleven speak ups in Q1, six of which had been closed after escalation to managers and five remain open.

The FTSU policy had been reviewed against the National policy. There continues to be good engagement FTSU Champions and there was excellent attendance at the last FTSU workshop on 6th July 2023. LHCH has been ranked in the top five Trusts for its FTSU arrangements and work continues to ensure we maintain and enhance our arrangements.

JT thanked HM and KWh for progressing FTSU arrangements and the thriving network of champions. The Board fully concurred with this sentiment. KWh reiterated the importance of the Champions as they provided the reach within and across the Trust.

The Board of Directors **noted** the FTSU update.

5.4 Governance Manual Annual Review

KWh set out the context of the paper which detailed a summary of changes to the Corporate Governance Manual. The Audit Committee had reviewed the proposed changes and received the documents in full, and had agreed to recommend these to the Board for approval.

KWh highlighted the increased HPL quotation and tender levels to align to other partner organisations.

The Board of Directors **approved and adopted** the changes.

5.5 Annual Review of Disciplinary Cases

The paper was taken as read. Overall there had been a decrease in cases. It was noted that some of the cases had been linked to industrial action. The People Strategy and Be Civil Be Kind campaign had also supported a reduction in cases. HR are now using a disciplinary toolkit and tracker to better manage the disciplinary process and support staff going through this procedure.

VD questioned the BAME statistics and KN confirmed that the EDIB steering group are investigating this.

The Board of Directors **noted** the update.

5.6 Communication Strategy Update

There had been excellent progress made on delivery of the Trust's communication strategy within the first 9 months, especially with progress on the Trust's new website/intranet project. There had been positive engagement and feedback from social media channels and extensive divisional support.

KN recognised the exceptional work being progressed by the small communications team. Progress updates would continue to be reported to the Board of Directors.

The Board of Directors **noted** the update.

5.7 Health & Safety Annual Assurance

The paper provided assurance on delivery and progress of the Health & Safety function at LHCH and provides key highlights for the reporting period of June 2022 – June 2023. This function is overseen by the Health and Safety Committee. The main area of concern is mandatory training, but actions are in place for this. Engagement from some committee members requires improvement and this is currently being discussed with department leads.

There was discussion about the increase in musculoskeletal referrals and the escalation process for non-compliance with mandatory training.

The Board of Directors **noted** the annual report.

5.8 Complaints Process Annual Review

There had been twenty-six formal complaints from 1st April 2022-31st March 2023 which demonstrated a 30% decrease from the previous year. There had been seventy-two compliments. Two complaints remain with the ombudsman.

The Trust continues to adhere to Trust policy and acknowledges all complaints within three working days. NEDs continue to carry out quarterly reviews panels and learning from complaints has been strengthened.

It was noted that LHCH compare well to other Trusts. Increased contact had been linked with consequences of strike action but no causes for concerns were raised as this has been managed accordingly.

The Board of Directors **noted** the annual report.

5.9 Consultant Appointments

MK presented two recent consultant appointments.

The Board of Directors **ratified** the appointments.

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 11th July 2023**
- **Approved minutes for meeting held on 18th April 2023**

NB noted that there was nothing of concern to raise from the last Quality Committee meeting. The update and last approved minutes were **noted** by the Board of Directors.

6.1.2* Integrated Performance Committee:

- **BAF Key issues for meeting held on 19th June 2023**
- **Approved minutes for meeting held on 20th April 2023**

The Board of Directors **noted** the BAF Key Issues report and last approved minutes.

- 6.1.3* **Strategic Research & Innovation Committee:**
- **Approved minutes for meeting held on 16th May 2023**

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

- 6.1.4* **Audit Committee:**
- **BAF Key issues for meeting held on 11th July 2023**
 - **Approved minutes for 21^s March 2023**

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

- 6.1.5* **People Committee:**
- **BAF Key issues for meeting held on 6th June 2023**
 - **Approved minutes for 7th March 2023**

The Board of Directors **noted** the BAF Key Issues report and last approved minutes. KN noted that the results of GMC survey would report to People Committee.

- 6.1.6* **CMAST CiC:**
- **Summary report for meeting held on 5th May 2023**

The Board of Directors **noted** the summary report.

- 6.1.7 **Liverpool Trust Joint Committee:**
- **Terms of Reference**

The Chief Executive provided an overview of the Terms of Reference proposed at the last Liverpool Trust Joint Committee.

The Board of Directors **approved** the Term of Reference and **noted** that Broadgreen Joint Committee would be a sub-committee to LTJC.

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 of Directors confirmed that it was satisfied with the process, agenda and papers.

VD invited members of the public observing to provide feedback. VD commented on good participation and well-balanced content of agenda.

- 9** **Date and Time of Next Meeting**
Wednesday 27th September 2023.
- 10** **Resolution to exclude the Public**
The Board of Directors resolved to exclude the public at this point by reason of the private nature of the business to follow.

DR