

Board of Directors (in Public)
Item 1.3

minutes

Minutes of the Meeting of the Board of Directors
held on 29th November 2023

Present:	<p>Val Davies Jane Tomkinson</p> <p>Margaret Carney Sue Pemberton Kate Warriner Karen Nightingall Karan Wheatcroft Karen Edge Nick Brooks Louise Robson Jonathan Mathews Raphael Perry Julian Farmer Bob Burgoyne</p>	<p>Chair Chief Executive</p> <p>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 Chief Operating Officer Medical Director Non-Executive Director Non-Executive Director</p>
In Attendance:	<p>Nusaiba Cleuvenot Anne Marie Davies Deborah Orret Helen Martin Ceri Thomas Mo Zeinah</p>	<p>Executive Office Manager & Governance Lead Associate Non-Executive Director Diabetes Specialist Nurse (item 1.5) Freedom to Speak Up Guardian (item 5.3) Freedom to Speak Up Guardian (item 5.3) Deputy FTSU Guardian (item 1.7)</p>
Observers- Governors/ Staff/ Members of the Public:	<p>Allan Pemberton Stephen Storey Ian Ferguson Lynsey Jackson Ghazala Nasir Tim Bryant</p>	<p>Public Governor- Cheshire Public Governor - Cheshire Public Governor Staff Governor Senior Finance Manager, West Yorkshire ICB Senior Enterprise Manager, Medtronic</p>
Apologies for absence:	<p>Jay Wright Jonathan Develing</p>	<p>Director of Research Director of Strategic Partnerships</p>

		Action
1	<p>Welcome and Opening Matters</p> <p>The Chair opened the meeting and introduced the attendees. The Board also made introductions.</p>	
1.1	<p>Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>	
1.2	<p>Declaration of interests relating to agenda items</p> <p>All meeting participants were asked to declare any interests in respect of items listed on the agenda.</p> <p>LR declared her ongoing consultancy role with a number of provider collaboratives and a special advisor role for the Board of Advancing Quality Alliance (AQuA). 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.</p> <p>Other participants confirmed that they had no interests to declare.</p>	
1.3	<p>Minutes of the Board of Directors Meeting held (in public) on 27th September 2023 – for approval</p> <p>The minutes of the meeting of the Board of Directors held on the 27th September 2023 (in public) were reviewed for accuracy and approved by the Board of Directors.</p> <p>AMD raised that she had been in attendance at the last meeting but this had not been recorded. The minutes were amended to reflect her attendance.</p>	
1.4	<p>Action Log (Public) from Previous Meeting</p> <p>The action log was reviewed, with the following updates.</p> <ul style="list-style-type: none"> • Collate Infection Prevention data from other Trusts for benchmarking purposes – Discussions with Head of Transformation and improvement ongoing • Board Training session for PSIRF - To be planned following PSIRF training • VD requested a quantitative breakdown of the safeguarding data (due July 2024) - To be included in next Safeguarding report • NHS Boards need to be explicit in their commitment to the anti-racist framework and this would be reflected in Board member objectives - Narrative drafted and to be implemented in next round of appraisals <p>The remaining actions were in progress or due later in the year.</p>	
1.5	<p>Diabetes Presentation</p> <p>Deborah Orrett, Lead Diabetes Nurse Specialist provided an overview of the diabetes team and service. The service performs</p>	

specialist assessments for people with diabetes in the inpatient environment, and plans, implements and evaluates care delivery using advanced clinical knowledge and clinical skills.

She shared some the challenges the service faces such as pre-operative optimisation and insulin and diabetes related incidents. The solutions included audit, intervention, raising awareness and identifying themes. It was noted that EPR alterations had been very helpful in flagging up high insulin doses.

Future projects include having a fully established diabetes pre-optimisation clinic running, continuing to tackle insulin errors and incidents and support inpatient management on the diabetes pathway and post discharge. There is also the aim to address the diabetic ketoacidosis and heart failure pathways for patients by establishing policies for this.

It was noted that pre-optimisation in a key workstream and the Board offered support in establishing this. DO confirmed the initial priority would be to raise awareness and ensure the referral pathway was clear. RAP questioned the medical support the Diabetes Team received. Support was mainly provided by primary care but there was an on call diabetes specialist from The Royal, available for advice. It was also noted that there was no option to fast-track these patients. RAP suggested that this pathway be discussed by the Broadgreen Joint Site Committee.

ACTION: Add diabetes referral pathway to Broadgreen Joint Site Committee agenda

NC

KWa commented that the EPR update was a clear example of Digital driving improvement and asked what more could be done. There was discussion about telehealth and this would be followed up. DO reiterated that the priority is being able to confidently refer high risk patients.

SP commended the team and development of the service, highlighting that this is a nurse led service. There was brief discussion about research into self-administered insulin.

BB asked if patients were pre-diagnosed or newly diagnosed. JO confirmed that the service saw a combination of both. Newly diagnosed patients will be seen and reviewed, if already diagnosed then this will be flagged to the GP and surgeon.

The Board **noted** the presentation.

1.6

Patient Story

A story was shared via video regarding a patient who had a tricuspid valve replacement with some complications. She was also diagnosed with endocarditis, and she shared her hospital at home care experience. There were further kidney complications during her third open heart surgery. The patient and her partner shared the positive experience with staff members who went above and beyond for them. They described the hospital as 'a nice place to be' and the staff like 'a big family'.

There was positive discussion about the virtual ward. SP commented on the brilliant feedback received from the follow up calls received post discharge. The Board were in agreement that virtual ward services need to continue to be developed and expanded.

The Board **noted** the patient story.

1.7

Staff Story

Mo Zeinah, Deputy Freedom to Speak up Guardian and Surgeon shared his experience as a FTSU guardian. He provided an overview of the process, the success of a recent FTSU event and some anonymized case examples.

KN asked if concerns had been raised regarding the FTSU process itself. MZ confirmed that there no issues raised with the process itself and whilst he recognized there were some fears about the repercussions, the CEO pledge and protection was always reiterated. KN further queried what support was in place for those undergoing investigation. It was confirmed that all involved in the investigation would receive regular check ins, and feedback was collated confidentially.

JT thanked MZ and reiterated the importance of having a clinician in this role. JM commended the whole process and asked if we have robust assurances in place where common themes are identified. KWh confirmed that this was a work in progress but themes are provided within the FTSU reports and updates to various forums to support triangulation. AMD also asked what is done to share the process with the cohorts of staff that we find harder to reach. It was confirmed that this remains a priority and guardians also participate in regular walkabouts.

The Board **noted** the staff story.

1.8

Chair's Briefing

The Chair shared that system work was progressing and further updates were on the agenda.

The Chair congratulated Jane Tomkinson on her recent substantive appointment as CEO of Countess of Chester Hospital. She highlighted that this was Karen Nightingall, Chief People Officer's last day and thanked her for her service. She welcomed Jane Royds, Interim Chief People Officer to the LHCH Board. The Chair also confirmed that Louise Robson has been appointed Chair of Health Innovation North West Coast. Further updates on internal recruitment plans were shared.

The Chair acknowledged everyone's achievements at LHCH and thanked them for their service.

The Board **noted** the update.

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:

- Since the CEO report had been written, JT had been in communication with Andrew Lewis, CEO of the local authority (LA). A meeting will be scheduled to discuss the LA's role in the Liverpool Clinical Services Review.
- Broadgreen Joint Site Committee update would be provided in the private meeting.
- Updates were provided on upcoming industrial action.
- RAP also raised that Clinical Excellence Awards are being phased out and the impact of this.
- The Fuller Inquiry report had been released yesterday, setting out 17 recommendations. LHCH's mortuary services are provided through LUHFT but work will be done to ensure alignment with recommendations.

ACTION: An update against the Fuller recommendations to return to Board.

SP

The Board **noted** the update.

2

Safety and Quality

2.1

National Inpatient Survey Results

The formal report setting out the national inpatient survey results was shared with the Board. This demonstrated very good outcomes with LHCH rated second in the country and best in the region. The report provided comparative data against other Trusts. It was noted that there is always a margin for improvement and therefore an action plan was also included.

There was brief discussion on what can be done to support vulnerable patients upon discharge and assessing home situations.

The Board and the Chair commended the excellent results.

The Board **noted** the update.

2.2

Learning from Deaths Q2 Report

The previous year figures for 22/23 were a total of 182 deaths. There were six avoidable deaths in the year in total; three classed as probably avoidable >50:50 (RCP3) and three classed as strong evidence of avoidability (RCP 2). The six avoidable deaths constitute 3.4% of all deaths.

AMD asked if the correlation between mortality and ethnic groups was tracked. RAP confirmed this was included in the health inequality work but not in mortality.

The Board **noted** the update.

2.3*

Guardian of Safe Working-Q2 Exception Report*

The 2023/2024 Q2 report on safe working hours following introduction of the 2016 contract for Junior Doctors was shared with the Board. At present LHCH has 54 trainees on the new contract currently on rotation at the Trust. All rotas are compliant with the rules within the 2016 Contract.

The Board **noted** the report.

2.4

DIPC Quarterly Report

The DIPC Q2 report provided an update on infection prevention and control issues from 1st July until 30th September 2023. 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.

The Board **noted** the report

3

Strategy and Development

3.1*

Strategic Objective KPIs Quarterly Update

The report provided an update on the progress against the Trust strategic objectives as at Q2 2023/24. JT provided assurance that these continue to be monitored.

The Board **noted** the good progress thus far.

3.2

Quality Strategy Progress Update

SP presented the quality and safety strategy progress and highlighted the following points.

- InPhase had now been implemented and triangulation of learning remained a priority
- Incident review meetings now take place weekly
- The SOF has been further developed and each committee is continuing to develop this
- Safety ambassadors are being developed across the hospital. Walkabouts take place which also supports FTSU work
- Work to embed PSIRF is ongoing
- The Trust continues to raise awareness for learning disabilities and autism. Oliver McGowan training has been rolled out
- Work on the new strategy will commence in January 2024

JT commented on the correlation between the strategy and PLACE assessment. It was noted that the disability standards are reported to QSEC and that we do well with this. NB commended the progress of the strategy and the Chair concurred that this demonstrated the Trust's culture of continuous improvement.

The Board **noted** the Quality Strategy progress.

3.3

Digital Excellence Report

KWa presented the Digital Excellence report and highlighted the following points:

- Maximising the benefit of the NHS app remains a national priority
- Update shared from the recent UK tech dinner regarding EPR
- The Federated Data Platform contract has been appointed
- There are ongoing discussions with the ICB regarding collaboration and security. The Liverpool EPR report remains outstanding
- The ICB CDIO will be supporting LUHFT with interim leadership
- Update from the recent Digital Excellence Committee
- The HIMMS presentation will take place in February – March 2024
- £300k submission for a patient portal. Awaiting response regarding outcome
- Next phase of Digital Excellence Strategy will be presented at the February Strategy Day

As the Chair of the Digital Excellence Committee, JT commented on the uplifting and interactive nature of the meetings, supported by the clinical involvement. Clinical input has been crucial in progressing safe and efficient solutions.

BB complimented the new staff intranet. There was discussion about the use of AI in healthcare. KWa confirmed AI is being considered in the strategy refresh. BB and KWa also confirmed they are attending an upcoming AI workshop.

The Board **noted** the report.

3.4

Estates Strategy Progress update

The paper provided assurance on delivery and progress of the LHCH Estates Strategy 2022-2025.

The Estates Team continue to work closely with key stakeholders to deliver the below strategic objectives:

- Improving the way all space across the LHCH estate is utilised
- Providing a high standard of safe and compliant services and infrastructure across our estate
- Delivering our Green Plan progressing towards achieving Carbon Net Zero
- Improving efficiency and reducing annual expenditure on waste
- Alignment and adaptations to our existing clinical areas to support the LHCH Clinical Strategy

- Developing and maintaining partnerships with local Trusts

In terms of estate utilisation, MC asked if there had been any lessons learned. The key learning was having a champion in each area to support the team in taking change forward positively and to alleviate any concerns.

JF queried the nature of the relationship between LHCH and LUHFT. KE shared that the work of the Broadgreen Joint Site Sub-Committee had improved communication and supported expedition of certain issues. Progress has not always been as efficient as expected, but improvements are being made.

LR commented that it had been helpful to see the alignment with other strategies and analysis received by IPC had been good.

JM highlighted the positive engagement across sites lead by Adam Hope and Dave Macmillan and reiterated the supportive role of the Broadgreen Joint Site Sub-Committee.

The Board **noted** the progress update.

3.5 **NHSE Self-Assessment Report – L&D**

The paper provided an oversight of NHSE Annual Self-Assessment Report for Placement Providers. LHCH is required to perform a self-assessment of whether the Trust meets the quality standards, outlined by NHS England for student/trainee placements. There are no noted exceptions.

The Board of Directors **reviewed and approved** the Provider Placement Self-Assessment for submission to NHSE.

3.6* ***Health Inequalities***

The paper was taken as read.

VD had expected more analysis of waiting list data and correlation between health inequalities and EDI markers. JT confirmed that this had been discussed in depth at a previous strategy day and which demographics to consider first would be addressed by JD on his return.

AMD commented that this was a good report but did not capture the needs of patients not under any service. It was agreed that this is difficult to capture. It was also noted that unmet needs would be a product of many factors not just demographics. There was discussion about PLACE engagement and priorities and how the ICB are supporting this initiative.

MC also commented that data sets often vary between GP records and Council records which made it increasingly difficult to gain a complete and accurate picture. BB noted that resources are required to drive this but we need clarity on where these resources will come from i.e. LHCH, ICB or PLACE. There was also brief discussion about involvement from LJMU to support this research.

The Board **noted** the update.

3.7 Domestic Violence and Sexual Safety

In response to the NHSE's request to ensure Trusts have systems and processes in place to keep staff safe from sexual assault, harassment and abuse, a review has been undertaken of all the Trust Safeguarding processes and procedures. There is one action that needs to be completed by the end of November 2023. This is in relation to developing a Trust level sexual safety policy. For assurance, it was noted that this policy is under development and will be taken through the policy governance process for ratification.

MC asked how the Board could be assured that sexual safety was not an issue in the Trust. KN confirmed that any incidents reported were flagged up and addressed immediately. These incidents were also contained within the safeguarding annual report.

AMD commended the addition of the sexual safety question in the NHS staff survey, stating this would be a useful indicator in assessing the Trust's position on this topic.

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

3.8 NHS IMPACT Self-Assessment

As mentioned in a previous CEO report, the NHS impact Self-Assessment had been completed. There was no longer a requirement to submit this to NHSE but to use this within the Trust.

The paper provided a provisional self-assessment against the NHS IMPACT Criteria for discussion. The outcomes from the self-assessment demonstrates a good baseline position reflecting the culture of improvement across the Trust. It is recognised there is still more to do in terms of a proactive approach to ensuring continuous improvement, and a cohesive view of this across the Trust.

The paper also includes the actions currently being undertaken and work still to do at LHCH and in the wider ICS context. The Trust is actively engaged with the regional improvement networks to support progression against the NHS IMPACT framework.

The Board commented positively on the work undertaken so far against the framework. JM shared that this should enable the Executive Team to support Divisions in delivering projects for improvement and innovation. LR questioned the availability of internal and external resources. JM highlighted that additional resources would come at a cost and that it is important to continuously address our limitations.

The Board **noted** the update.

3.9 LHCH System Support: NHS Partnerships & Collaboration

The paper set out an overview of the Trust's collaborative efforts with NHS Providers and Cheshire & Merseyside with a specific focus on clinical services provided through external provider

partnerships. Collaboration remains a focus and is integral to delivering the Trust's strategic objective.

VD commended the exemplary work done so far and the extensive support LHCH provides to the system.

The Board **noted** the update.

4 Targets and Financial Performance

4.1 Board SOF Dashboard

JM updated the Board on operational performance. Elective recovery in month has remained below plan. The surgery team meet weekly to address staffing issues and HR have been supporting recruitment processes. Collaboration through mutual aid continues along with a focus on delivering more activity. There is consistent focus on long waiters and cancer performance is a priority. DM01 is expected to deteriorate next month, with improvement thereafter. This has been due to issues with provider to provider scans.

JM also updated on safer waiting list management. There are challenges but the teams are sighted on these and are in a good position.

LR raised that surgery activity and scrub staffing had been discussed at the Integrated Performance Committee. The impact of industrial action on theatre list was also recognised. JM and SP confirmed that theatre lists are addressed on a weekly basis, recruitment days have increased, and insourcing should be able to provide Friday and Saturday capacity. JM also highlighted the impact of urgent surgery on theatre list capacity.

KN shared that the last recruitment day had been really positive with two jobs offered on the day. SP commented that workforce analytics are looked at to ensure we have the correct workforce in place. MC confirmed that this is also reviewed via the People Committee.

SP updated the Board on Quality of Care metrics. There is good performance against a range of watch metrics with majority achieving target and remaining in expected parameters. Formal complaints continue to be low and there were no serious incidents, never events and Grade 2 or above pressure ulcers observed due to lapses in care. Areas of concern relate to radiological alerts without a response document and call to balloon times. However, the Trust's door to balloon time continues to perform well against the target.

NB commented on the positive progress against the areas of improvements and said there have been noticeable changes since presented at the last Quality Committee.

KE presented a finance overview. The Month 7 position is a £1,006k surplus, which is £187k better than plan in month. The YTD surplus is £5,945k which is £214k better than plan. The single largest adverse variance year to date is undelivered CIP. The run rate for

Income improved in month but is still adversely affected by industrial action and continuation of staffing pressures in theatres. Whilst the Trust has seen activity impacted by industrial action, the biggest factor is loss of elective lists as a result of staffing and operational impacts.

KN presented a workforce overview. Voluntary turnover continues to fall and remains under the target of 10% for the 4th consecutive month. Staff Survey compliance rate report is at 59% as of 15.11.23, demonstrating the highest compliance benchmarked against all specialist trusts. Mandatory training compliance remains above 95% and Doctors in Training MT compliance is reporting 90.53% (from 48.85% in Nov 22). Our people continue to be supported through a range of EDIB and Wellbeing Events, including Black History Month Awareness and HWB Event planned for 20th November to mark International Men's Day. MC shared that People Committee are continuing to develop the SOF.

There were no further comments or questions.

The Board **noted** the performance dashboard.

5 Governance and Assurance

5.1 High Risk Report (>15)

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 4 risks with a residual score of 16, each of these have actions which are progressing.

Summary of risks:

- Risk to provide of radiology consultant cover for clinical sessions and reporting
- Risk to the timeliness of patients to receive an MR diagnostic scan across pressured service lines
- Risk to patient elective activity caused by mass strike action by several major unions within the organisation & other workforce pressures
- Risk to the delivery of the surgical annual activity plan

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

5.2 Board Assurance Framework

The BAF is a standing item for the Board of Directors and an opportunity to triangulate with the Board agenda, assurances, and risks. The BAF had been updated for Q2 review. The risks above the risk appetite were in respect of operational recovery and longer term capital plans. Within the People BAF an additional line had been added to reflect the risks associated with leadership and succession plans. There were no other changes to the risk scores.

MC asked if the Board needed to address the overall risk profile rather than individual risks.

KE confirmed that the annual planning update will be shared at the January Board and this will include the risk approach to annual planning.

KE

The Board **noted** the BAF.

5.3

Report of Freedom to Speak Up Guardian

Helen Martin introduced Ceri Thomas, the new Freedom to Speak Up Guardian (FTSUG). In Q2 the Trust had seen 5 Speak ups and the themes raised included patient safety, bullying and attitude towards members of staff. Actions were shared.

There continues to be good engagement with champions and the champion network continues to expand.

JF asked for more detail surrounding the patient safety cases. HM provided more information and shared how the recent FTSU month had helped expedite the work already in progress relating to patient safety. JF commended the positive work of the FTSU team.

NB commented on the correlation between certain professions speaking up. He asked if there was a good variety of champions across professions. HM shared that there is a good spread of champions but that we are always striving for more.

MC also noted that the low number of anonymous speak ups spoke volumes to the confidence in the FTSU guardians and the Trust's FTSU processes.

The Board **noted** the update.

5.4

Integrated Incidents, Complaints and Claims Report

KWh provided an overview of the comprehensive report. Incident reporting, learning from incidents, complaints and claims remain a focus for the Trust. Incident reporting remains relatively consistent and continues to be emphasised in team brief, at safety huddle and in the Divisional Governance Committees. Training for incident reporting on In-Phase is continuing across all areas. Receipt of formal complaints and claims has remained consistent, when compared to the previous quarters.

MC commented that it would be useful to state in the Executive Summary if any trends had been triangulated. It was confirmed that there were none at the time and KWh shared that there was opportunity to improve the report as part of the In-Phase developments.

The Board **noted** the update.

6

Board Assurance

6.1

BAF Key Issues Reports and Approved Minutes

6.1.1*

Quality Committee:

- ***BAF Key issues for meeting held on 3rd October 2023***
- ***Approved minutes for meeting held 11th July 2023***

NB highlighted weekend working for the therapies service, confirming a provisional outcome report had been received by the Quality Committee. This saw that patients could be discharged over the weekend showed progress towards establishing a 7 day service. However, it was noted that a full business case would be required before a 7 day service could proceed.

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

6.1.2*

Integrated Performance Committee:

- ***BAF Key issues for meeting held on 23rd October 2023***
- ***Approved minutes for 15th August 2023***

LR provided overview of what was discussed at the last Integrated Performance Committee.

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

6.1.3*

Audit Committee:

- ***BAF Key issues for meeting held on 10th October 2023***
- ***Approved minutes for 11th July 2023***

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

6.1.4*

CMAST CiC:

- ***Summary report for meeting held on 6th October 2023 and 3rd November 2023***
- ***CMAST Workstream Update***

VD noted that cardiology workstreams are progressing through CMAST and that the system would have oversight on these projects.

The Board of Directors **noted** the summary reports and update.

6.1.5

Liverpool Trust Joint Committee:

- ***Assurance report from meeting held on 21st September 2023***
- ***Update from meeting held on 30th October 2023***

It was noted that progress and traction in workstreams varies, however the committee was providing a positive forum for improved

communication and relationships which would help to progress the workstreams going forward.

The Board **noted** the update.

7

Board Calendar for 24-25

The Board calendar for 2024-25 was shared with the Board.

The Board **noted** the calendar.

8

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.

9

Evaluation of Board Meeting

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

10

Date and Time of Next Meeting

Wednesday 31st January 2024

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.