

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

**minutes**

**Minutes of the Meeting of the Board of Directors**  
**held on 31<sup>st</sup> January 2024**

<b>Present:</b>	Val Davies Jane Tomkinson  Margaret Carney Sue Pemberton Jane Royds Karan Wheatcroft Karen Edge Nick Brooks Raphael Perry Julian Farmer Bob Burgoyne Jonathan Develing	Chair Chief Executive  Non-Executive Director Director of Nursing, Quality & Safety Chief People Officer Director of Risk & Improvement Chief Finance Officer Non-Executive Director Medical Director Non-Executive Director Non-Executive Director Director of Strategic Partnerships
<b>In Attendance:</b>	Nusaiba Cleuvenot Anne Marie Davies Helen Martin Ceri Thomas Ellis Hayes Ian Gilbertson Susan Oakes Deanna Smith	Executive Office Manager & Governance Lead Associate Non-Executive Director Freedom to Speak Up Guardian (item 5.3) Freedom to Speak Up Guardian (item 5.3) Director of Operations – Medicine Deputy Chief Digital Information Officer End of Life and Bereavement Lead Nurse Senior Sister – Critical Care
<b>Observers- Governors/ Staff/ Members of the Public:</b>	Allan Pemberton Stephen Storey Ian Ferguson Lynsey Jackson Peter Chambers Megan Nurse	Public Governor- Cheshire Public Governor - Cheshire Public Governor Staff Governor Owner, Chamber Governance Services Senior Independent Director, Staffordshire Stoke on Trent ICB
<b>Apologies for absence:</b>	Kate Warriner Jonathan Mathews Jay Wright	Chief Digital & Information Officer Chief Operating Officer Director of Research

- 1 **Welcome and Opening Matters**  
The Chair opened the meeting and introduced the attendees. The Board also made introductions.
- 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.  
  
Participants confirmed that they had no interests to declare.
- 1.3 **Minutes of the Board of Directors Meeting held (in public) on 29th November 2023 – for approval**  
The minutes of the meeting of the Board of Directors held on the 29<sup>th</sup> November 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 the following updates.
  - Collate Infection Prevention data from other Trusts for benchmarking purposes – *Benchmarking work is complex but ongoing. Will remain on action log until reported to Board*
  - Board Training session for PSIRF (Patient Safety Incident Response Framework) – *Complete*
  - VD requested feedback on solutions for scrub nurse recruitment – *Complete*
  - VD requested that partnering opportunities for elective recovery be presented back to the Board if any viable options were available – *Main areas of concern are niche specialty which are not available through mutual aid/partnerships. Complete*
  - Add diabetes referral pathway to Broadgreen Joint Site Committee (BJSC) agenda. - *Discussed at BJSC on 23<sup>rd</sup> January 2024. Complete*
  - A paper will be shared at the January Board regarding risk approach to annual planning. - *On private Board agenda as part of annual planning update. Complete*  
The remaining actions were in progress or due later in the year.
- 1.5 **Palliative Care Presentation**  
Susan Oakes, End of Life and Bereavement Lead Nurse introduced herself and provided an overview of the palliative care service including the team members. She shared the LHCH End of Life Strategy and associated workstreams. The service is covered 5 days a week and out of hours with cover from The Royal Hospital

over the weekend. The service continuously strives to meet the 6 key workstreams of the strategy.

A national Audit of Care at the End of Life (EOL) is carried out annually. SO shared feedback from a staff survey, the end of life dashboard data and EOL flowsheets. It was noted that there has been a number of Category 2 (unexpected) deaths and that patients appeared to be dying symptomatically. This led to in depth review and analysis which revealed this conclusion was related to the incorrect recording of documents. The documentation standard is being reinforced to staff.

Overall, there are strong structures and processes in place, there is excellent feedback from families, the audits have revealed learning and led to improvements and development and teams continue to work collaboratively across the network nationally.

NB complimented Sue's outstanding leadership of the service. He asked if the palliative team had any input into the Heart Failure (HF) Service. SO confirmed that the team work closely with HF and ensure they have undergone training to support patients with an uncertain prognosis. The HF services are also co-located with palliative care so they are able to provide support where needed. SO recognised that the palliative care team could support across multiple service but that they are a small team with limited resources. JD shared that HF also has an outreach service which is led by a group of consultants and that palliative care is integrated into this delivery.

MC asked if the flow analysis documentation is now resolved. SO said that this remains under constant review and staff are constantly reminded. The compliance with completing the forms varies but this is strongly embedded in all training.

SP commented that documentation is a widespread issue which needs to be reviewed regularly. It would be important to streamline where possible and use digital solution where appropriate.

**Action: Digital and nursing to work together regarding end of life dashboard and support with streamlining forms.**

KW/SP

IG shared that speech recognition software is being implemented in 2024. This could offer potential solutions in a number of areas but Digital were certainly keen to support streamlining processes.

VD questioned the team's resilience considering it was a small team. SP confirmed that staff are being upskilled and that a Band 6 is being recruited. It was also recognised that the team also relied on other small teams such as Rapid Discharge.

There were no further questions and the Chair thanked SO for presenting today.

The Board **noted** the presentation.

## 1.6

### Patient Story

Deanna Smith, Senior Sister from Critical Care shared a thank you letter from a patient's daughter. She expressed the family's gratitude for the remarkable care her father had received. She described the

patient's journey in the hospital and how the staff had put them all at ease at a time she described as the 'worst time of our lives'.

SP said this story exemplified how compassionate and caring LHCH staff are and personally thanked Deanna and her team.

The Board **noted** the patient story.

### 1.7 **Chair's Briefing**

The Chair shared that this is the last Board for JT, SP, KE and RAP. She expressed her gratitude for the impact they had had on the Trust and for helping it achieve two Outstanding CQC inspections. The Trust was in a financial surplus, maintained exemplary quality of care, and consistently achieved excellent inpatient and staff survey results. VD reiterated that the remaining and incoming Board members would do their best to uphold the standards that had been achieved.

On behalf of the Board, The Chair expressed her sincere gratitude to those leaving and wished them the best in either retirement or their new at the Countess of Chester Hospital NHS Foundation Trust.

The Board **noted** the update.

### 1.8 **CEO's Report**

JT thanked The Chair and shared that it had been an honour to be a part of and lead LHCH.

The CEO report provided an update on a range of issues. The report was taken as read and the following points were highlighted:

- Intense pressure continues from the ongoing industrial action. There has been notification of a British Medical Association ballot for a further consultant strike.
- LHCH continues work to enhance the Acute Coronary Syndrome pathway and support the system with mutual aid.
- There is a challenging system financial position for 2024/25. Definitive planning guidance has not yet been received.
- National guidance has been shared on managing patients in corridors, which reflects the challenges that acute services are facing.
- National mandate shared on how we procure utilities and energy as part of collaborative efficiency at scale work.

The Board **noted** the update.

## 2 **Safety and Quality**

### 2.1 **Learning from Deaths Q3 Report**

In Q3 there had been a total of 60 deaths and 45 of the deaths have been through the mortality review process. No deaths were

identified in those with learning disabilities. One death was classed as avoidable and currently awaiting RCA outcomes. This will be reviewed further in the Private Board meeting.

The Board felt assured by the processes in place and had no further questions.

The Board **noted** the update.

## 2.2\*

### ***Guardian of Safe Working-Q3 Exception Report\****

The 2023/24 Q3 report on safe working hours following introduction of the 2016 contract for Junior Doctors was shared with the Board. At present LHCH has 52 trainees on the new contract currently on rotation at the Trust. All rotas are compliant with the rules within the 2016 Contract.

Guidance has been released advising that non-deanery trainees should be offered the Ts & Cs of the 2016 contract and transferred across. This will have a financial impact and business case will return to the Executive Group and People Committee within the next 6 months.

The Chair asked what the expected cost would be. RAP confirmed that this varies year to year and therefore an average of the last 3 years will be used to estimate the cost.

The Board **noted** the report.

## 2.3

### **DIPC Quarterly Report**

The DIPC Q3 report provided an update on infection prevention and control issues from 1<sup>st</sup> October until 31<sup>st</sup> December 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.

There have been 2 Covid cases and 4 influenza cases. It was noted that there has also been a national outbreak of measles due to decreased uptake of the vaccine. The Trust are working with Occupational Health to obtain staff vaccination data. It was recognised that measles does have an impact on mortality.

SP asked if OH have been involved in testing measles immunity. RAP and JR shared they have tried but not all data is on the electronic record and therefore they are exploring the option to ask staff directly for immunisation records.

AMD raised that Liverpool was an outlier for autism and therefore communication and engagement with challenged families would be essential.

BB asked if there were any new trends with Covid infections. RAP shared that a new variant had resulted in the slight surge infection but overall, the population immunity was holding up against this.

NB asked if routine Covid screening should be reintroduced as this is a major risk factor in cardiac surgery. RAP reflected that guidance stipulates testing should only be carried out in symptomatic patients. Patients are encouraged to report any symptoms if listed for surgery. NB further questioned if this data can be displayed on a dashboard. It was confirmed that this data is tracked over 30 days.

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 Q3 2023/24. This provided assurance to the Board that good progress is being made against all objectives.

AMD asked if the innovation and health inequality objectives were ambitious enough. JD confirmed that although there is not a specific strategy related to this, there are objectives that encapsulate this. He referred to Goal 6 – improving population health which covers this objective.

The Chair confirmed that JD would be providing an update on Healthy Inequalities work at the next strategy day. This would help inform whether a more ambitious set of actions is required.

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

#### 3.2 Digital Excellence Report

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

- CMAST had held a regional digital workshop and identified areas of collaboration including work on artificial intelligence.
- The Digital Aspirant programme is progressing well.
- Digital remain on track from a financial and delivery perspective.
- Priorities for 2024 include digital anaesthetic perfusion and critical care system.
- Excellent feedback received on the new website and staff intranet.
- Received 300k funding for patient portal.
- Operational and governance performance remains good.

BB asked if each Trust should have a person dedicated to overseeing AI developments. IG confirmed that there is currently no dedicated lead, but this could be explored as part of the strategy refresh. The Chair asked when we could expect to see the strategy refresh and IG shared that this is being developed over the coming year.

The Board **noted** the report.

### 3.3 **People Strategy Progress update (including EDIB, Recruitment and retention and Wellbeing)**

The paper set out to provide assurance against the People Strategy. Updates were also received by the People Committee on a quarterly basis. JR shared the highlights of the report:

- Turnover rates have decreased.
- Nursing and workforce plan has been delivered.
- Reduced Bank and agency use
- Appraisal compliance is above 90%
- Teams have access to funding for team development activities.
- LHCH continue to lead on the Mary Seacole programme.
- Continued focus on apprenticeship placements.

The next Live Well Work Well event is due to take place tomorrow. The last event was attended by 172 staff members. The EDIB team are working on the anti-racism framework and looking to develop several staff networks. Work is progressing well on the workforce plan despite risks and challenges; and psychological support is being provided to staff.

MC commented on the importance of building resilience within teams and not just recruitment. JT reinforced this point considering the impact this had on smaller teams in the Trust. This would form a key part of collaborative working. Understanding our vulnerabilities would enable us to understand how resources are best shared.

The Chair asked if support is being implemented to those entering new leadership roles. JR confirmed that this is a work in progress. KE also shared that resilience is built into annual planning and Divisions are also addressing this.

The Board **noted** the progress update.

### 3.4 **Suicide Prevention**

Following the National Suicide Prevention Strategy released by the government in September 2023, the paper set out the work that LHCH is doing to support the pledge. The pledge aims to reduce the number of suicides within the next 2 years.

LHCH are taking a proactive approach and currently employs a dedicated psychologist 1 day a week to lead on staff support. There will be a business case to support increased psychological support. The appendix of report also sets out a detailed response to the National Toolkit.

AMD commented that this was a brilliant paper and asked if there was work that could be done with MerseyCare. JR agreed that it would be useful to work with the experts in these areas. The Chair also felt that this is work that could be progressed via the Broadgreen Joint Site Committee.

The Board **noted** the update.

### 3.5 **Annual Fire Report**

As set out in the report, there have been significant improvements in fire safety arrangements over the last few years. There are set KPIs and an increase in compliance rates. All actions are being addressed. There has been an ongoing issue with unwarranted fire alarms which should abate now that fire systems are being updated. Liam Telford, Fire and Safety Manager and his team are involved in all capital works and work closely with contractors on all safety matters.

The trust is pleased with the comprehensive level of assurance received from the recent External Audit conducted by DRLC. The report, outlined in Appendix B, highlights the commitment to enhancing fire safety arrangements in 2024 and closing outstanding actions. Additionally, the positive feedback from the local authority fire service's full site audit, detailed in Appendix C, commends the trust's management of fire safety. The significant progress made in addressing audit-generated actions will be communicated to the fire safety group and health & safety committee, underscoring the dedication to maintaining high compliance levels.

KWh confirmed that the Risk Management Committee also receive a regular fire safety report which provides assurance that actions are progressing.

The Board **noted** the update.

## 4 **Targets and Financial Performance**

### 4.1 **Board SOF Dashboard**

EH updated the Board on operational performance. Elective activity in month was above plan and has continued to support the Trust's financial position. Cancer performance continues to be challenged by workforce pressures. DM01 (Diagnostics) has continued to deteriorate in December and is expected to take a number of months to recover due to issues with provider to provider scan times. Areas of concern and actions were noted as per the report.

SP updated the Board on Quality of Care metrics. There were no serious incidents, never events and Grade 2 or above pressure ulcers observed due to lapses in care. Good performance against the range of watch metrics with the majority achieving target and remaining in expected parameters. Numbers of formal complaints continue to be low. Areas of concern and actions were noted as per the report.

KE presented a finance overview. The Month 9 position is a £1,166k surplus, which is £348k better than plan in month. The YTD surplus is £8,472k which is £1,104k better than plan. The single largest



adverse variance year to date is undelivered CIP. Income associated with elective activity was broadly in line with the plan in December but is still being affected by the continuation of staffing pressures in theatres. All staffing groups were within or below budget YTD with a small overspend on non-clinical in month.

JF recognised the ongoing challenge that is CIP and asked what percentage of CIP identified was recurrent. KE confirmed that only recurrent savings could be identified as CIP. The Trust are also trying to leverage some crosscutting and wider system efficiencies going forward.

BB asked how the Trust's surplus was declared and used. KE confirmed that the surplus must be declared to the system however the cash remains within the organisation and will earn interest. There was discussion about additional capital allocation within the system and how reserves are used.

There was further discussion regarding partnership work with Isle of Mn and it was confirmed that this was also being considered through annual planning,

JR presented a workforce overview. Appraisals and mandatory training show good compliance and turnover rates remain below the 10% target. Sickness is at 5.19% and anxiety remains the biggest reason for absence. Managers are being supported with this and continue to conduct return to work interviews. It was noted that the BMA are balloting again, and the consultant offer has been declined. A national consultancy regarding nursing and midwifery pay is commencing. The People Agenda is picking up pace. CMAST is looking at four key areas for collaboration: employment, recruitment, occupational health and EDIB. Next steps could include scaling up of bank services, leadership and governance.

The Board **noted** the performance dashboard.

## 5 Governance and Assurance

### 5.1 High Risk Report (>15)

The high risk report provided 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 were currently 4 risks as per the last Board, with a residual score of 16, each of these have actions which are progressing. The Trust maintains a good oversight of risk.

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 reviewed and updated for Q3.

Two risks remain above agreed risk appetite, one related to capital programme (BAF 3) which has been mitigated in year and one related to the performance activity backlog (BAF 2).

The workforce risk (BAF 4) continues to be scored at 16 with actions progressing in respect of leadership and succession planning. Actions are progressing against all other risks.

The Chair commented on the risk of the executive changes and the gaps this will cause. She requested a paper setting out assurance on how risk can be mitigated and ensuring full cover for the Executive team.

**Action: share paper which sets out executive and leadership changes**

LB

The Board **noted** the BAF.

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

HM, FTSU Guardian presented the report. In Q3 the Trust had seen 8 Speak ups and the themes raised included patient safety or worker safety, policies or wellbeing, bullying or harassment and safeguarding. Many of these had been resolved by speaking to the managers. The majority of the speak ups from the previous quarter had also now been closed.

There continues to be good engagement with champions and the champion network continues to expand. Champions engage in walkarounds, there are FTSU screensavers and Ceri Thomas, Freedom to Speak up Guardian is participating in introduction meetings with managers and is part of the EDI steering group.

KWh also shared that a self-assessment was progressing against the National Guardians Office (NGO) toolkit and this would be reported to Board in April 2024.

**Action: FTSU Self-assessment to be reported to the Board**

KWh

The Board thanked the FTSU Guardians and **noted** the update.

## 5.4 **Comms Strategy Update**

Excellent progress has been made on the delivery of the Trust's communication strategy within the first 12 months. The major focus of 2023 was on delivery of the Trust's new website/intranet project which has been a great achievement to complete on time, in budget,

and with positive feedback. High quality patient videos across the year have generated positive feedback. There has been positive engagement and increases across all social media channels in line, thanks to the focus provided by the joint digital comms role (Trust/Charity). Extensive divisional support was required and delivered, always to the highest of standards. More work is required in 2024 to focus on positive PR and brand awareness, and an understanding of what can reasonably be delivered with limited team resources.

NB asked about the team driving this work. JR confirmed that his was a small team of two people who had managed to achieve an impressive amount of work. The Chair commented on the need for stability and positive messaging in a time of change and uncertainty. JR confirmed that the incoming CEO was working very closely with Matt Back, Head of Communications on this.

The Board **noted** the update.

#### **5.5 Medical Revalidation Annual Report**

RAP provided an overview of the Medical Revalidation process which takes place on a 5 year cycle. There are no significant risks with the revalidation process within the Trust. The outstanding appraisals are being monitored and will be completed within the time window and within the recommended time frame for annual appraisal. The Trust's online appraisal and revalidation system is functioning satisfactorily and has improved the process, the systems are in line with the job planning software. This allows better tracking of the status of appraisal and easier access to supporting evidence.

#### **5.6 SORD Update**

With the transfer of procurement and IT staff to other NHS Trusts, it is required to amend the SORD to ensure that the controls in place for procurement and financial approval limits are adequately documented. The SORD has also been amended to reflect the change to the Quality Committee's Terms of Reference in respect of research.

The Board **approved** the SORD 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 9<sup>th</sup> January 2024***
- ***Approved minutes for meeting held on 3<sup>rd</sup> October 2023***

NB highlighted that the stroke service was supported by a small team and raised some of the issues and risks they were facing.

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

6.1.2\*

**Audit Committee:**

- **BAF Key issues for meeting held on 9<sup>th</sup> January 2024**
- **Approved minutes for 10<sup>th</sup> October 2023**

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

6.1.3\*

**People Committee:**

- **BAF Key issues for meeting held on 5<sup>th</sup> December 2023**
- **Approved minutes for 5<sup>th</sup> September 2023**

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

6.1.4\*

**Strategic Research and Innovation Committee:**

- **BAF Key issues for meeting held on 12<sup>th</sup> December 2023**
- **Approved minutes for 11<sup>th</sup> September 2023**

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

6.1.5

**Liverpool Trust Joint Committee:**

- **Assurance report from meeting held on 21<sup>st</sup> December 2023**

The report included updates from The Walton Centre, Liverpool Heart and Chest Hospital, Clatterbridge Cancer Centre and Liverpool Women's Hospital. No decisions had been made at the meeting.

The Board **noted** the update.

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.

8

**Evaluation of Board Meeting**

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

AMD shared that she had struggled to understand the acronyms used in the Quality section of the SOF Dashboard.

9

**Date and Time of Next Meeting**

Wednesday 6<sup>th</sup> March 2024, Strategy Day

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.