

Board of Directors (in Public)
Item 1.3

minutes

**Minutes of the Meeting of the Board of Directors
held on 30th July 2024**

Present:	Val Davies	Chair
	Liz Bishop	Chief Executive
	Joan Mathews	Director of Nursing, Quality & Safety
	Ben Vinter	Director of Risk & Corporate Governance
	Nick Brooks	Non-Executive Director
	Manoj Kuduvali	Medical Director
	Tom Pharaoh	Director of Strategy
	Sarah Barr	Chief Digital & Information Officer
	Jonathan Mathews	Chief Operating Officer
	Jane Royds	Chief People Officer
	Jay Wright	Director of Research
Present via Microsoft Teams:	Claudette Elliot	Non-Executive Director
	Anne Marie Davies	Associate Non-Executive Director
Present via Microsoft Teams:	James Thomson	Chief Finance Officer
	Bob Burgoyne	Non-Executive Director
In Attendance:	Ruth Gaunt	Executive Office Manager & Corporate Governance Lead
Observers- Governors/ Staff/ Members of the Public:	Princey Santosh	Staff Governor
	Ray Davies	Staff Governor (joined at 10:50)
Apologies for absence:	Margaret Carney	Non-Executive Director
	John Doyle	Non-Executive Director

Action

- Welcome and Opening Matters**
The Chair opened the meeting and introduced those attending to observe the meeting.

The Chair acknowledged this would be the final Board meeting for Anne Marie Davies, Associate Non-Executive Director and welcomed Sarah Barr, Chief Digital and Information officer to her first Board meeting.

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. All participants confirmed that they had no interests to declare beyond those that may already be known and on Trust registers.

1.3 Minutes of the Board of Directors Meeting held (in public) on 28th May 2024 – for approval

The minutes of the Board of Directors meeting held on the 28th May 2024 (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, and the following actions were noted as complete and removed from the action log:

- VD requested a quantitative breakdown of the safeguarding data Update - To be discussed as agenda item.
- Margaret Carney to discuss the NHS England letter regarding improvement of working conditions for junior doctors, at the People Committee.
- Diagnostic performance and impact of mutual aid to LUHFT to be reported to Integrated Performance Committee (IPC) as part of the CT biopsy review.
Update – Discussed with IPC Chair.
- The Executive team to review indicators in order to agree and refine against the national expectations and targets together with appropriateness of targets. To include research metrics.
Update - Amendment to the SOF for month 1 has been made. Under development for research and health inequality metrics.
It was noted that the Trust 'door to balloon time' metric does not align to the national metric of 75% achievement of 60 minutes. The Trust has been measuring against 60 minutes however, this was not reflected in the SOF. The change will be discussed at Quality Committee and updated in the SOF to reflect the national metric.
- DIPC Annual Report - Decontamination collaboration to be discussed at the joint operational group.
Update – To be monitored within the joint operational group meeting.
- Neil Coulson, Consultant Anaesthetist to attend Quality Committee to provide a presentation around the MRG process together with a focus report regarding deaths on the waiting list.

An update was provided for the following actions and the actions were carried forward:

- WRES and WDES to be included in the dashboard presented at the People Committee in September.
- It was agreed to present the draft Innovation Strategy at the next Research and Innovation Committee for review and feedback.
Update - Position paper presented at the last committee meeting outlining the historical position, current position and the way forward. Considerations were made around investment in clinical leadership

and programme management within the proposed coordinated programme to support the Trust which will be explored with the Executive team. Proposal to be presented at the next committee meeting with an update to the Board.

All other actions were due for review at future dates.

1.5 Department presentation – Volunteer

Laura Allwood, Patient and Family Support Manager and Gemma Moore, Fundraising and Volunteer Officer attended the meeting to provide a volunteer presentation.

There are currently 63 active volunteers at LHCH. Since July 2022, 119 volunteers have attended over 3 recruitment days. During Covid the volunteer service was halted. 10 volunteers returned into service. NHSE provided funding to supporting bringing volunteers back on NHS sites. The funding was used for the Fundraising and Volunteer Officer post in order to boost recruitment.

Volunteers keep regular contact with patients on the ward to provide company for those patients who may be a long way from family/friends. Hydration and nutrition is vital whilst in hospital and volunteers help by refilling water jugs and providing regular snack rounds. Sitting with patients at mealtimes to encourage intake.

Falls prevention is included in the volunteer induction day and volunteers help escort low risk patients around the ward, check patient's footwear, declutter bed space, ensure the nurse call bell is to hand, utilise reminiscence techniques to occupy patients and provide emotional support.

Volunteers also support families who are waiting to visit their loved ones and liaise with the staff to make sure the patient is ready.

Working in collaboration with Broadgreen the snack trolley will be launched during autumn 2024 which will benefit patients, visitors, families, friends of patients and staff. The team have also attended universities to promote volunteering at LHCH.

VD encouraged all to thank the volunteers when the opportunity arises.

The Board of Directors **noted** the presentation as an outstanding example of the positive culture at LHCH.

1.6 Patient Story

Joan Mathews, Director of Nursing, Quality & Safety presented the positive patient video story. The patient was extremely grateful of the care and treatment he received at LHCH, however, described the physical and mental effect of having surgery cancelled twice due to emergency procedures taking priority, preventing him from going home for a prolonged period of time.

Learnings have taken place around managing patients who have cancelled surgery. Communication has since been strengthened considerably. Cardiologists of the week and surgeon of the week meet on a daily basis, providing patients with explanations should procedures be cancelled. The

Trust is in the process of recruiting an urgent surgery pathway coordinator with the exception if making further improvements.

MK advised that measures have been implemented to address the national goal of completing surgeries within 7 days, to include urgent at home projects for lower risk ACS patients being sent home and returning for a specified surgery date. Patients with ongoing chest pain will be prioritised. The Trust has increased capacity for urgent cases over time. The cardiac surgical lists previously had 35% capacity reserved for inhouse urgent patients which has now increased to 50% to include common surgeon waiting lists. However this ratio was acknowledged to have an impact on capacity for planned cases.

Improvements have been made in providing various foods for patients with extended length of stay. Communication has commenced with the physiotherapy department regarding physical exercise for patients waiting surgery.

Discussion took place around the effects of delirium following surgery and it was noted that patient leaflets are provided to patients when in theatre.

The Board of Directors **noted** the patient story.

1.7 Staff Story

Jane Royds, Chief People Officer presented the LHCH staff video story which highlighted Tiffany's experience as an overseas nurse working at LHCH. Tiffany explained that she enjoys working in the Cath lab, she had been welcomed to the Trust, arriving from the Caribbean in 2021. Tiffany highlighted that international nurses come from various cultures and have different experiences.

The Board of Directors **noted** the staff story.

1.8 Chair's Briefing

The Chair noted that following internal communications all will be aware of the work taking place around the joint committee for the 5 adult and acute specialist Liverpool Trusts. The focus remains on financial challenges nationally.

There is an understanding of the significant challenges facing the NHS, and the executive team is being open, transparent, and providing clear updates.

The shadow Board will be in place in 5 weeks' time, to be a fully constituted committee by April 2025 with its own delegations. This does not replace the Trust Board but does offer more speed and simplicity to bigger decisions to be made across Liverpool.

In additional JT, Chief Finance Officer will provide an update regarding PwC requests.

The Chair attended the CMAST Chairs group where finance discussion took place. A presentation was also provided by Dr Jonathan Griffiths.

Since the strategy day, the Chair has completed nine visits across the Trust where compassion and commitment were observed. The Chair attended several events to include; 'Live Well, Work Well' which was well attended, sharing and learning, gender space Afta-Thought training. The Chair encouraged all to attend sessions going forward. The Chair also attended the aortic symposium event and observed the respect from others towards colleagues at LHCH.

The governors Quality, NED led session took place on 29th July which was well received.

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

1.9 CEO's Report

Liz Bishop, CEO report provided an update on a range of issues. The report was taken as read.

In addition, The last meeting on the National CVD-R Board happened on 23rd May. LHCH represents providers nationally and the meeting was attended by Manoj Kuduvalli, Medical Director. Matters discussed included a potential to redesign the Cardiovascular Disease and Respiratory (CVD-R) Board, along with other similar Boards, to align with the Prevention and Long Term Conditions (PLTC Program). It is likely there will be separate Cardiac, Respiratory, Stroke and Diabetes Boards. Decisions will follow and will be communicated in due course.

The Board continues to support in expanding the number of virtual wards delivering effective care to patients with heart failure and atrial fibrillation, plans around future funding to be confirmed. LB noted clinical leadership in place within the networks.

LB advised that prior to the formal announcement regarding the Liverpool joint committee, a number of open face to face and MS Teams meetings took place, where several questions were raised, however generally positive feedback with good understanding of rationale and good engagement. Further open meetings are scheduled. Staff Side could see rationale and benefits of collaborative work and raised no issues. The Council of Governors was also briefed. Two consultant engagement meetings took place and MK advised that anxieties were noted from groups that may be effected more than others. All have taken the message well and understand the drivers.

Following clinical observation within the Cath Lab, LB noted improved team work and a healthy working environment.

CMAST briefing was taken as read. LB noted the work across all providers with focus on productivity and efficiency.

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

2 Safety and Quality

2.1 Guardian of Safe Working-Quarterly Exception Report Q1*

Manoj Kuduvalli, Medical Director presented the 2024/2025 quarter 1 report

for safe working hours following introduction of the 2016 contract for Junior Doctors.

At present LHCH has 50 trainees on the new contract currently on rotation at the Trust. All rotas are compliant with the rules within the 2016 contract. There have been no exception reports received.

Due to the lack of attendees at the Junior Doctor forum, the Director of Medical Education is working with the Guardian of Safe Working (GSW) champion in finding alternative methods to ensure there are appropriate ways to engage with clinical supervisors and other avenues to raise concerns.

The GSW has indicated a desire to step down, so recruitment is necessary.

The Board of Directors **noted** the safe working hours compliance.

2.2 Director of Infection Prevention & Control (DIPC) Quarterly Report Q1

Manoj Kuduvalli, Medical Director presented the DIPC quarter 1 report. The report provides information and an update on infection prevention and control issues for the 1st quarter of the financial year.

This report provides assurances that surveillance systems, audit and governance programmes are in place to monitor and prevent healthcare associated infections. The rates of reportable infections remain relatively low. A number of audits have been performed across the Trust which have identified some issues which have been fed back to the relevant managers to address.

Working groups are in place to monitor and improve specific issues related to the prevention or management of infection including cleanliness, sepsis management, antimicrobial stewardship and surgical site infections.

NB noted good performance with specific reference to sepsis and questioned whether hospital acquired Covid cases were in clusters and whether this was a failure of isolation. MK confirmed that Covid is no longer tested routinely, only when symptoms are apparent and patients are isolated on that premise to prevent transmission. Joan M confirmed that outbreaks are reported to IPC.

The Board of Directors **noted** the contents of the report, the ongoing work and the continued low incidence of reportable infections.

2.3 Safeguarding Annual Report

Joan Mathews, Director of Nursing, Quality and Safety presented the Safeguarding annual report. Whilst Safeguarding, Prevent, Mental Capacity and Mental Health agendas continue to be a challenging area for all health agencies and multi-agency partners, the Trust continues to actively respond and contribute to regional and national developments.

The annual report demonstrates that safeguarding vulnerable people remains a significant priority for the Trust and offers assurance that the annual work KPI programme has been delivered. As part of the quality schedule, the Trust reports to the ICB.

Investment has been made into the safeguarding team to reflect the number of referrals received to ensure all appropriate measures are considered and put into place to ensure patients are safe. There were 707 safeguarding referrals. Input from the team regarding each referral can take a number of hours. Referrals are mostly related to confusion, delirium, autism and mental health concerns and the safeguarding team work closely with the mental health liaison team.

Patients with a Learning Disability and / or Autism receive outstanding care at LHCH. The Safeguarding team are integral to this.

Safeguarding mandatory training is consistent at 96%.

CE inquired about the difficulties involved in collaborating with 26 different local authorities. Joan M mentioned that the process is integrated, it poses few difficulties for LHCH processing. No referrals are objected to were, indicating that the referral process and review are functioning correctly. However, it needs to be recognised that Trust referrals are not always acknowledged by partners.

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.

2.4 Quality Report incorporating Quality Account

Joan Mathews, Director of Nursing, Quality and Safety presented the Quality report incorporating the quality account. The Quality report has been developed and has been published before the deadline date of 30th June 2024 as the agreed timescale by NHSE/I. The document describes the quality of services given to patients and their families. The report focuses on a look back of performance of quality priorities for 2023/24 and a look forward of quality priorities for 2024/25.

The report details key achievements by individuals in the organisation and details around system working and collaborative working. The report provides assurance that LHCH commit to deliver the very best in healthcare and on recovery of services, whilst the offer of mutual aid to other NHS health care systems continues.

Each year the Trust is required to produce a Quality Report that is agreed by the ICB before publication on its website. For the third year the Quality report remains a separate document from its Annual Account and does not require external auditing of its quality priorities. Due to the timeframe for publication the draft document was circulated to all Board members for their suggestions and comments.

CE noted that the report illustrates the positive element of the Trust and looking forward in terms of priorities for the coming year notes a direct correlation to the patient's story to include the psychology support for patients and families.

The Board of Directors to **noted** the Quality Report.

3 Strategy and Development

3.1 Strategic Objective KPIs Quarterly Update

Tom Pharaoh, Director of Strategy presented the Strategic Objective KPIs Quarterly update. The format and frequency of reporting against the Trust's strategic objectives will be reviewed in the current financial year. Proposals will be developed in line with the development of the new five-year strategy.

It was proposed that the development of the new five-year strategy does not take place until early 2025. This is to allow the Trust to take full account of the changing NHS landscape, both nationally and in Cheshire & Merseyside, before setting its direction for the next five years.

VD emphasised the importance of balancing the need for a new strategy with clearly understanding the needs of LHCH, while also considering the current situation. VD stated that health inequalities should continue as an area of focus in the new strategy.

The Board of Directors **noted** the progress that continues to be made in 2024/25 against the priorities identified in 2023/24 to deliver the strategic objectives in the current five-year strategy.

3.2 Research and Innovation Strategy Progress reviews

Jay Wright, Director of Research provided a verbal update and noted that the research department is currently in transition. The operational director post is currently unfilled with a new member starting in post in September. The staffing model has been restructured over the last 2 years. Financial controls have been tightened to ensure the department breaks even each month.

JW suggested that it would be the perfect opportunity to thoroughly refresh the strategy, incorporating both research and innovation. Changes within the region should be addressed moving forward. Research Directors meet monthly, aligned through the JRO with LHP which supports and is developing a good collaborative approach.

An agreement should be established on the necessary reports and their reporting locations, ensuring a single set of data meets the requirements of various committees.

JW provide assurance that the studies are progressing as planned for the year, with an emphasis on performance quality and meeting recruitment targets, with 23% successful grant applications which is standard across the country. SOF performance metrics to be reported through committees going forward.

JW

BB reported that, from the perspective of the research and innovation committee, there have been no significant performance issues. Draft refreshed strategy to be presented at the next meeting.

3.3 Digital Excellence Report

Sarah Barr, Chief Digital and Information Officer presented the Digital Excellent report. Since the previous reporting period, there have been several developments and progress delivered at pace.

In addition, results of national benchmarking regarding the Digital Maturity Assessment is expected by the end of July. The digital committee will review and ensure adequate plans are in place to make required improvements, to be self-assessed and peer reviewed covering 7 success measures of the framework to include supporting people, empowering systems which aligns to the current strategy.

SB informed the Board that there had been two recent cyber events during June and July. Synovis cyber-attack took place in June in South East London. A pathology lab partnership which suffered an attack with significantly impacted services in South East London and multiple organisations. A global cloud strike incident took place in July, which impacted on services and LHCH affecting E-Roster and EMIS services. Despite the existing infrastructure and necessary processes, national and global events can lead to system outages lasting for months.

The organisation should ensure robust cyber processes and business continuity processes are in place and up to date. An assessment will be taken through Audit Committee and will be managed for LHCH.

4 The Board of Directors **received** the report and **noted** progress to date.

4.1 **Targets and Financial Performance**

Strategic Oversight Framework

Jonathan Mathews, Chief Operating Officer presented the Strategic Oversight Framework. BV developed a framework focused on updating KPIs to better support the committees.

Operational Performance

Jonathan Mathews, Chief Operating Officer noted the operational performance. At the end of quarter 1, 6 standards were showing below the national KPI or variance from plan, however all of these are expected against historic trends and workforce pressures. Recovery plans and mitigations are in place across all of these indicators and being monitored closely against any clinical risk.

Although elective activity in month was above plan, in patient numbers for the Trust and year to date, there has been a variation in case mix, mainly in the surgery area. The divisions highlighted they had lost 50 elective sessions to convert into non-elective pressures. Overall performance impacts trajectories.

Consistent focus is being placed on long waiters, with 65 and 52 week waiters being monitored weekly by the Divisional teams. The Surgery long waiter position remains a risk across the pressured cardiac service lines. Currently 9 patients over 65 weeks.

Mini-mitral work continues to be explored through outsourcing through Spire as well as mutual aid through Middlesbrough. Mini-Mitral service line have had workforce sickness impacting overall activity. Capacity & demand is being reviewed in line with September expectation.

Cancer Performance is reported a month in arrears and all cancer standards continued to be challenged by workforce pressures. In May saw an improving position for both 31 day and 62 day standard which ties back to surgical capacity. The division have put a lot of additional sessions on to recover the position and expect be compliant for 31 days in June, sustainable into quarter 2. The 62 day position is multifactorial between faster diagnosis and surgical capacity and is an area of focus, working with the cancer alliance to get sustained improvement.

DM01 (Diagnostics) remains fairly static with a focus on waits above 13 weeks, recovery is expected to run on in to the financial year with known risks to performance being Cardiac MRI. JM acknowledges that this will be a system recovery project, combining both skill mix and scanner capacity.

There were questions about when the Trust will catch up and what has caused delays in some activities. JM advised that in terms of non-elective pressures, all core capacity is utilised and consideration is being made in terms of additional sessions and weekends. The underlying financial position includes two parts of income, targeted lung has a separate income stream. Targeted lung phase 4 was delayed by approximately 3 months, hopeful this will recovery in year. Place director feedback had been received in terms of population data size that may increase the opportunity to recover income.

Quality of Care

Joan Mathews, Director of Nursing, Quality & Safety noted the area of risk around delirium risk assessment with patients with a new onset of delirium. The digital team have worked with the matrons to develop a dashboard and data is corrected in real time, therefore validation is ongoing providing accurate data.

Finance

James Thomson, Chief Finance Officer noted the month 3 position. The Month 3 year to date position is a £2,188k surplus, which is £1,129k lower than plan. There is some uncertainty over the income associated with elective activity due to uncertainty in the elective recovery target from commissioners. The Medicine Division continues to achieve the planned levels of activity agreed at the start of the year. The Surgery Division has a £410k under-performance against its elective plan, driven by significant levels of emergency demand. Delays in the phase 4 expansion of the Targeted Lung Health Check programme have resulted in an income shortfall. This is partly offset by lower than planned costs for this service (net shortfall - £545k). Pay costs are largely in line with budget, albeit with a rise in nursing bank costs in June.

There are non-pay budgetary pressures driven by overspends in theatres and cath labs, driven in part by emergency surgery activity and higher prices. Drugs price inflation is also contributing to the overspend. These budgetary pressures are being analysed, with mitigations being reviewed. CIP delivery

improved in June, but there remains slippage against the target. The Trust has transacted 50.9% of the annual CIP target so far this year, with 82.5% identified.

External review process is taking place across Cheshire and Merseyside for which LHCH are part of. LHCH have started to engage with PwC who the ICB have engaged to lead that process. Data has been submitted with an initial interview. Feedback is expected next week.

People

Jane Royds, Chief People Officer noted that 71.2% compliance for appraisals, currently half way through the timeframe. Mandatory training has slipped to 94.6%, previously 95.2%. Work is taking place around role specific mandatory training and whether it is appropriate for certain groups of staff. It was highlighted that basic life support is not required if advanced life support is completed.

Turnover has increased to 10.4% with a 10% target. Sickness absence has increased to 5.39%. Each case is reviewed, however a whole scale review will take place around supporting people back to work. The vast majority of sickness absence is due to stress and anxiety external to work linked to family bereavement and caring responsibilities. Benchmarking work has taken place. 3.4% sickness and absence target is by far the lowest of any Trust in the region.

5 Governance and Assurance

5.1 Report of Freedom to Speak Up Guardian, Q1

Helen Martin, Head of Risk Management/Freedom to Speak up Guardian and Ceri Thomas, Freedom to Speak Up Guardian presented the Freedom to Speak Up Guardian quarter 1 report.

The paper provides the Trust Board with an update of the work of the Freedom to Speak Up (FTSU) Guardian and Champions in supporting the safety culture within the Trust, reflect on the progress made by the FTSU Network in empowering staff to speak up freely and encouraging ongoing positive cultural change. The paper provides an overview of issues and concerns raised during quarter 1 in comparison to figures for previous quarters.

Updates from the National Guardians Office for Freedom to Speak Up are provided, with the aim of providing assurance that the local arrangements in place continue to meet best practice and support staff to raise concerns. This is done in the context of an evolving and maturing national agenda, that is learning from the collective experiences of FTSU Guardians, their champion networks and those at the National Guardian Office. Good progress is being made against the delivery of the strategic priorities set for 2024/25 with increased walkabouts and FTSU training for managers arranged for July.

Last year, LHCH was ranked in the top 5 Trusts in the country for FTSU, and in the previous FTSU index (2021) were at number 10. In the latest Staff Survey, LHCH have been ranked as top in the country for the FTSU sub score.

The Board of Directors **noted** the quarter 1 report and received **assurance** that local FTSU arrangements are in place and continue to meet best practice.

5.2 Governance Manual Annual Review

Ben Vinter, Director of Risk and Corporate Governance presented the Governance manual annual review. A comprehensive review of the Trusts Corporate Governance Manual (CGM) has been undertaken supported by Mersey Internal Audit Agency. This review takes place annually to ensure that the CGM remains comprehensive and consistent with best practice. The Audit Committee met on 9th July 2024 and considered and supported the proposed updates. This included a more detailed review of some of the key policies, aligned to the committees responsibilities.

There were changes in respect of credit card limits and bringing partner organisations into line with delegations.

The Board of Directors **approved** the updates to the Corporate Governance Manual as recommended by the Audit Committee.

5.3 Communications Strategy Update

Jane Royds, Chief People Officer presented the communications strategy update. The report highlights continued progress on delivery of Trust's communication strategy. High quality social media output with positive engagement from patients and staff, and growth across social media channels, especially LinkedIn. Extensive divisional support delivered between Jan-June 2024. Further progress required in quarter 3 and quarter 4 to focus on public relations opportunities, brand building, where possible within team's limited resources.

CE noted the high volume of work produced by a small team which is an illustration of engagement of staff with a range of activities.

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

5.4 Health & Safety Annual Assurance Report

Jonathan Mathews, Chief Operating Officer presented the Health and Safety annual assurance report. During the reporting period, no external audits were conducted. The health and safety team made substantial progress in addressing all actions from the MIAA 22/23 audit. The team have continued to support the Trust in achieving compliance with legislation and regulations. Additionally, the team expanded its responsibilities to include COSHH management and various new policies, such as those on mobile phone use and latex safety. No negative cultural issues or trends were identified.

The health and safety team believes the Trust is in a strong and compliant position.

The 2024/2025 objectives document the key pieces of work required to improve upon the identified issues and forms the work plans for various departments within the Trust. Progress against these objectives will be reviewed at LHCH Health and Safety Committee and forwarded to the Risk Management Committee and Board for information.

The Board of Directors received **assurance**.

5.5 Complaints Process Annual Review

Joan Mathews, Director of Nursing, Quality and Safety presented the complaints process annual review. The report outlines the complaints, informal concerns and compliments received during 1st April 2023 – 31st March 2024. In this time frame 40 formal complaints were received. All 40 formal complaints were acknowledged within 3 working days and 27 were responded to within the negotiated timeframe.

In addition, the Patient & Family Support Team received 453 contacts, of which 260 were informal concerns and 193 were requests for information or advice. There have been 68 compliments received in total this year.

All action plans identified through the investigatory process are presented by the responsible lead, at the Divisional Governance meetings until complete.

It was agreed that the team are small and efficient in terms of significant number of informal concerns that do not reach formal complaint. The team provide efficient support in terms of quality and safety. JW remarked that the team has provided clinicians with excellent information, providing an objective position in the early phase of complaints.

The Board of Directors **received assurance** that the complaints process, management and procedure is robust and monitored for effectiveness and is based upon the Trust policy, Making Experiences Count – NHS and Adult Social Care Complaints Process, with the sharing of learning from each complaint review, being disseminated within the appropriate divisions and teams.

5.6 Board Assurance Framework

Ben Vinter, Director of Risk and Corporate Governance presented the Board Assurance Framework. The Executive Team have undertaken a full review and update of the Board Assurance Framework (BAF). In summary; there are two residual risk scores that continue to be above the agreed risk appetite tolerance. The delivery of planned activity, performance activity and backlog recovery (BAF 2) and the 5-year capital programme (BAF 3) remain above appetite as in previous months. It should be noted that the BAF 3 risk is mitigated in year (2024/25) but the challenge remains in terms of clarity of longer term system funding. BAF 2 continues to be impacted by a range of factors including in year industrial action, staffing shortages and cancellations all impacting on activity.

The Board will note and be aware that in addition to regular reviews of the BAF, the Trust's risk appetite, per risk domain, was undertaken and signed off on 30th April.

There has been one change to residual risk scores – BAF 9 Digital. Which has increased from 9 to 12. This movement owes to the occurrence and impact of cyber-attacks within the wider NHS and the potential for local incidences.

The Board is expected to receive a report on the actions, sources of assurance and gaps in control as may exist, related to safer waiting list management at its next meeting. Actions related to this area are covered in BAF 2 but may also be assessed to impact on BAF 1 Quality.

There remains a broadly consistent position in respect of the recorded assurance levels in the current period.

The quarter 1 BAF review has explored the wider environmental context the Trust is operating within and the likelihood that as the potential impact and influences of this environment become clearer that this is likely to shape the framing of both the organisations objectives and risk profiles.

Actions are progressing across all risks.

NB questioned BAF2 rating around delays causing harm. JM advised that the Trust is performing well for elective recovery against national and regional targets. The Trust are doing everything possible to address the waiting list size and harm processes are refined through safer waiting list. The Board agreed the rating is appropriate in the current climate across the regional and national position. It was agreed that the risk should not be normalised.

JM

Safer waiting list management report to be presented to the Board in September. Risk to be reassessed if required.

The Board **approved** the opening BAF for 2024/25.

5.7 High Risk Report (>15)

Ben Vinter, Director of Risk and Corporate Governance presented the High Risk Report. The Risk Registers contain significant risks identified as having potential impact on Trust objectives. These include risks identified and escalated by the Clinical Divisions.

Risks are reviewed monthly at each Divisional Governance meeting and quarterly by the Risk Management Committee. The 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 two risks with a score of 15 or above. The first relates to the timeliness of patients receiving MR diagnostic scans and the second relates to the timeliness of clinical letters being sent.

BV noted a healthy appetite within the Trust of recording and using the mechanisms to report risks. The risk team work with colleagues to ensure risks are triaged and appropriately scored.

The Board of Directors **noted** the content of the report and received **assurance** that the Trust has systems and processes in place for the identification, management and escalation of risks.

5.8 Ratification of Trust Seal

Ben Vinter, Director of Risk and Corporate Governance presented the ratification of Trust seal report. On 9th April 2024, the Board of Directors

approved the four year extension to the Health Innovation North West Coast, (HINWC), previously the Innovation Agency, Hosting SLA to 31st March 2028 following the formal review of the arrangements and aligned to the HINWC license period.

The Board of Directors were asked to ratify application of the Trust's seal to documentation relating to the lease agreement. Office S03, Vanguard House, Keckwick Lane, Daresbury and Lease agreement. Office S04, Vanguard House, Keckwick Lane, Daresbury. Audit committee were satisfied with the approach.

The Board of Directors **ratified** the application Trust seal in respect of the transaction and received **assurance** that financial and legal advice has been sought with no risks identified.

6 Board Assurance

6.1 BAF Key Issues Reports and Approved Minutes

6.1.1 CMAST CiC:

- Summary report for meeting held on 7th June 2024.

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

6.1.2 Audit Committee

- BAF Key Issues for meeting held on 9th July 2024.
- Approved minutes for EO accounts approval meeting held on 25th June 2024.
- Approved minutes for meeting held on 12th March 2024.

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

6.1.3 People Committee

- BAF Key Issues for meeting held on 3rd June 2024.
- Approved minutes for meeting held on 11th March 2024.

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

6.1.4 Integrated Performance Committee

BAF Key Issues for meeting held on 17th June 2024.
Approved minutes for meeting held on 22nd April 2024.

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

6.1.5 Quality Committee

- BAF Key Issues for meeting held on 9th July 2024.
- Approved minutes for meeting held on 16th April 2024.

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

6.1.6 Strategic R&I Committee

BAF key issues for meeting held on 16th July 2024.
Approved minutes for meeting held on 14th May 2024.

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

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.

9 Date and Time of Next Meeting

Tuesday 24th September 2024

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.