

Board of Directors (in Public)
Item 1.3

minutes

**Minutes of the Meeting of the Board of Directors
held on 24th September 2024**

Present:	Margaret Carney	Non-Executive Director (Vice 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
	Claudette Elliot	Non-Executive Director
	Anne Marie Davies	Associate Non-Executive Director
	James Thomson	Chief Finance Officer
	John Doyle	Non-Executive Director
Present via Microsoft Teams:	Bob Burgoyne	Non-Executive Director
In Attendance:	Megan Underwood	Senior Executive Assistant
	Ian Curle	Perfusion Lead
	Sarah Shirley	Senior Perfusionist
Observers- Governors/ Staff/ Members of the Public:	Princey Santosh	Staff Governor
	Ray Davies	Staff Governor
	Keith Wilson	Staff Governor
	Dorothy Price	Divisional Director of Operations, Surgery
	Lucy Currie	
Apologies for absence:	Val Davies	Chair
Minutes typed by:	Ruth Gaunt	Executive Office Manager & Corporate Governance Lead

Action

1 Welcome and Opening Matters

The Chair opened the meeting and introduced those in attendance observing the 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 30th July 2024 – for approval

The minutes of the Board of Directors meeting held on the 30th July 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, the following actions were noted as complete and removed from the action log.

- 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. BB explained that timescales have changed and currently waiting from the Executive team regarding potential for clinical lead for innovation. TP advised that a range of innovations will be coordinated around the Trust, some working with external partners. Action closed. Output of the process to be presented to the Board in 6 months. **TP**
- Safer waiting list management report to be presented to the Board in September. - To be presented at private Board

All other actions were due for review at future dates.

1.5 Department presentation – Perfusion

Ian Curle, Perfusion Lead and Sarah Shirley, Senior Perfusionist attended the meeting to provide a perfusion presentation.

Perfusionists work as part of a multi-disciplinary team, they are highly skilled, autonomous professionals who perform cardiopulmonary bypass using a heart-lung machine and other associated technology during cardiac surgery.

Perfusion staffing at LHCH has been historically stable, staffing level set at 12 whole time equivalent, currently at full complement. However, evidence suggests higher case-per-perfusionist than most other UK centres, indicating service is efficient but may be vulnerable, approximately 40% of staff are over 55 years. Workforce planning is essential to ensure the clinical service continues to meet the demands placed upon it without resulting in staff burnout.

MK highlighted the ongoing research activities within the LHCH perfusion team. LB inquired about potential support that could be offered by the organisation or through the network concerning regulatory matters. SS informed that the society approaches the Department of Health every ten years, and planning for this engagement has begun, with initial contacts already established.

JM emphasised the need to make collective Trust decisions on various workforce areas. There is a need to ensure sufficient contingency within the budget to allow for innovation. Without this, the organisation risks falling behind and may struggle to recruit and retain the necessary staff. The focus remains on promptly replacing broken equipment, but there is also a need to invest in new initiatives to retain and promote clinical excellence.

IC welcomed the Board to visit perfusionists for further information or insights.

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

1.6 Patient Story - Hyperlipidemia

Joan Mathews, Director of Nursing, Quality & Safety presented the patient video story which was centered on the narrative of a family's tragic event, their subsequent discovery of hyperlipidemia, and the associated treatment plans.

The patient's brother suffered a heart attack while playing football, which was later linked to high cholesterol. Despite receiving stents, he passed away a few days later. This led to the entire family undergoing health checks, revealing that the patient also had high cholesterol.

He was under the care of the lipid clinic who introduced him to the Familial Hypercholesterolemia (FH) service, leading to genetic testing, where it was confirmed he had FH diagnosis, enabling family to get tested as well.

The diagnosis provided reassurance and prompted further checks for the family, identifying high cholesterol in several members.

JW noted the gap in NHS screening for adults aged 18-39. JW works closely with the Tim Cogley Foundation, who aim to raise awareness and support screening initiatives to fill this gap. MK noted this remains a priority for the Cardiovascular Disease and Respiratory (CVDR) Networks however, the progress has not met expectations. The evidence supporting the initiative is clear and undisputed; however, the implementation has been lacking, resulting in minimal progress.

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

1.7 Staff Story

Jane Royds, Chief People Officer presented the LHCH staff video story. Holly has worked in the Trust for four years. During Holly's second-year placement at LHCH, she found the staff supportive and the environment friendly, which made her want to work at LHCH after qualifying. Holly started on Maple suite, which transitioned from a Covid ward to a pre-op ward, providing a great learning experience.

Seeking a change, Holly moved into research nursing. This role allows her to care for patients differently and offers many learning opportunities. Holly currently works on respiratory studies, including COPD and cystic fibrosis, and other studies involving AF post-thoracic surgery. Research nursing is rewarding, as it often provides the option to improve patients' quality of life.

BB questioned how keen patients are to be involved in trials. JW explained that patients need frequent face-to-face follow-ups, which involves new drugs and requires physical visits for tests. The geographic area complicates patient returns, but efforts are ongoing to address this. Local recruitment is strong, the main challenge is the logistical difficulty of covering a wide geographic area.

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

1.8 Chair's Briefing

The Vice-Chair explained that the Chair, Val Davies attended a CMAST meeting where a Federated Data Platform was presented. This platform aims to link datasets through a shared and common language. This initiative aligns with previous strategy discussions, with an initial focus on population health. Claire Wilson delivered a strategic finance presentation, highlighting the challenging financial context. This topic is expected to be a recurring agenda item, given its importance.

VD attended the inaugural meeting of the Liverpool Trust Joint Committee, which aims to improve collaboration across the five Liverpool Trusts. This topic will be revisited in the private part of the meeting.

LB and VD met with the Chair and the Chief Executive of Betsi Cadwaladr Hospital in Wales, to explore opportunities for shared learning and ideas. The target of lung health checks was noted as an area of interest, with teams expected to work on this going forward.

It was announced that Louise Shepherd, CEO of Alder Hey, has been appointed to replace Richard Barker as the new NHS Regional Director for the North West.

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

BB, DP, RD and KW left 1 hour, 14 minutes into the meeting due to Microsoft Teams issues.

BB returned at 1 hour, 32 minutes.

RD returned at 2 hours and 50 minutes.

KW returned at 2 hours, 2 minutes.

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 Board was asked to note the positive conclusion on pay between junior doctors, the BMA and the Government. The Board also noted an indicative vote from nurses rejecting the AfC pay award.

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

2 Safety and Quality

2.1 IPC BAF Update*

Manoj Kuduvalli, Medical Director presented the IPC BAF Update. The IPC BAF is being managed proactively and the relevant standards are included in the annual programme for 2024/25 to ensure there is evidence available to demonstrate compliance. There is good compliance with the majority of the standards and where any areas of non-compliance have been recognised actions to address these have been identified.

The Board of Directors **noted** the contents of the report and the accompanying IPC BAF.

2.2 Learning from Deaths Quarterly Report, Q1

Manoj Kuduvalli, Medical Director presented the Learning from Deaths Quarterly Report, Q1. The Trust complies with national guidance and populates the mortality dashboard. There is a rigorous review process for all deaths within the Trust. Learning from deaths is shared widely through Divisional Boards, clinical audit meetings and also by uploading relevant presentations to a mortality SharePoint page which can be accessed at any time.

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

2.3 Winter Preparedness Plan

Jonathan Mathews, Chief Operating Officer presented the winter preparedness plan. The Trust has prepared its winter plan based on experiences from previous years and up to date knowledge of the regional pressures. With established command and control processes, LHCH will manage expected and unexpected situations as and when they occur, by ensuring good communications, detailed reporting of staffing, skill mix and capacity and ensure appropriate and timely escalation to the Executive Lead as appropriate. LHCH representatives engage with the Liverpool system wide winter plans and the Cheshire and Merseyside Hospital Cell to ensure partnership working is maximised to support the wider healthcare system.

The Board of Directors **supported** the actions proposed within the plan providing a robust plan for the 2024/25 winter period.

2.4 National Inpatient Survey Report

Joan Mathews, Director of Nursing, Quality and Safety presented National Inpatient Survey Report. LHCH has always been rated highly by its patients in the national inpatient survey, results for 2023 reflect positively overall of patients experience whilst under LHCH care – as in previous years LHCH responses from patients have remained statistically very good. Some reporting anomalies had been identified and explored with the Picker Institute and CQC which when validated showed LHCH results remained consistent.

Actions arising from patients' feedback on the Trust from review of the early release results have supported identification of preliminary actions. When National Benchmarking data is received this will be further reviewed.

Monitoring of actions will be via divisional governance meetings. FFT feedback is monitored by the matrons for their specific area with involvement from ward and departmental managers.

The Board of Directors received **assurance** that patient and family experience is closely monitored and where improvements are required, based on feedback received, actions are implemented.

3 Strategy and Development

3.1 Health Inequalities Update

Tom Pharaoh, Director of Strategy presented Health Inequalities update. The report set out the background and policy context to the health inequalities agenda as well as clarifying the role of NHS trusts. It has set out that work has begun in developing the leadership and culture to tackle health inequalities, and that there has also been initial work to assess the equitability of our services. The work to develop as an anchor institution has had more focus historically and is therefore more developed.

The task now is to build on these foundations and ramp up work on health inequalities. The overall work programme should be rebalanced to bring equal focus to the different elements of the agenda. To be clear about how this work programme is monitored, overseen, and coordinated, and also make sure that it is understood and acknowledged more widely across the Trust.

It is proposed that a new governance forum, the Health Inequalities and Anchor Institution Group, is formed to drive forward all parts of the health inequalities agenda. This new group will meet for the first time in October 2024. It is proposed that this group has executive leadership (through the Director of Strategy), has a membership drawn from across the Trust's relevant teams, including workforce, estates and facilities, procurement, digital, and transformation, meets every two months and reports to Operational Board through minutes and/or a Chair's report. Work plans will be developed reflecting all aspects of health inequalities and refining existing areas of work plans.

JD noted that primary care have a host of information around inequalities and asked if collaborative work will take place. TP explained that the effectiveness of the Federated Data Platform and the quality of information it provides for patients and population will be integral to this.

CE suggested the opportunity to evaluate current activities and their impacts on individuals and families. The inclusion of staff, who are primarily from the local communities served, is valuable. Involving staff networks in the new group to incorporate their insights into the efforts to address health inequalities could be considered.

BB suggested that digital exclusion be included in future plans and considerations, acknowledging it as a broader issue beyond the Trust's primary responsibilities.

JM noted that Trust's response must focus on evaluating the accuracy and quality of data, which will inform the development of a comprehensive system message. Additionally, identify the elements that demonstrate effectiveness in reaching diverse populations. It is crucial to communicate these insights effectively during ICB commissioning discussions.

MC recommended that the matter continues to be addressed by the Board. Once the programme is established and relevant data and performance metrics have been reviewed, the most appropriate subcommittee to focus on this issue will be determined.

The Board of Directors **noted** the background and policy context and the work carried out to-date. The Board of Directors **noted** the proposal to develop clear programme governance and associated work plans.

3.2 **NHSE Annual Self-Assessment**

Jane Royds, Chief People Officer presented the NHSE SAR report. There were no areas of concern when completing the quality evaluation questionnaire within the report, however three areas identified as challenges to include simulation facility, temporary educator for simulation post and additional educational supervisors' time.

The Board of Directors reviewed and **approved** the report prior to final submission.

4 **Targets and Financial Performance**

4.1 **Strategic Oversight Framework**

Jonathan Mathews, Chief Operating Officer presented the Strategic Oversight Framework.

Operational Performance

Jonathan Mathews, Chief Operating Officer noted the operational performance. Five standards are currently below the national KPI or statistical significance, due to historic trends and workforce issues highlighted previously.

Elective capacity shows good delivery, but financial nuances pose a risk for the rest of the year. Higher throughput is noted in both surgery and medicine. Delivering more elective procedures amidst non-elective demand is crucial.

Improvements are seen in the 31 and 62-day cancer performance standards, however ability to achieve the faster diagnosis target remains challenged. A breach analysis will be reviewed next month. There is no evidence of harm coming to patients and the Trust is moving in the right direction.

DMO1 compliance has improved, but cardiac MRI is still an area of concern. Further planning may involve mutual aid. Support has been agreed to enhance cardiac MRI capacity.

Efforts continue to meet the end of September target for elective capacity and surgery long waiters. Currently, ten patients may exceed the 65-week position, with two potentially over 78-weeks, mainly in cardiac surgery.

The ICB, and NHS England are aware of the situation. The focus will be on reducing cardiac waiting lists from October to March, potentially outsourcing to the independent sector.

CE noted improvements in the 31-day and 62-day cancer targets and stressed the importance of ongoing monitoring. CE recommended continuing current diagnostic approaches and expressed interest in potential outsourcing solutions, which are to be discussed at the next IPC meeting.

NB questioned whether outsourcing would be exclusively to the private sector. JM explained that the North West region is an outlier for cardiac waiting lists. For patient experience and providing a local service, the independent sector within the area will be considered.

JM noted that non-elective surgeries have increased by 20-30% year-to-date. These are included in the block, and therefore increased throughout it not reflected in a financial benefit. Lower non-elective demand would allow increased elective capacity.

Quality of Care

Joan Mathews, Director of Nursing, Quality & Safety highlighted key areas of note.

The Sepsis target for 1 hour antibiotics has continued to consistently perform at or above the 90% target, with performance above target for 3 consecutive months. This indicator shows sustained special cause variation of an improving trend.

There were no serious incidents, never events or Grade 2 or above pressure ulcers observed due to lapses in care in the month. One occurrence of a Grade 3 pressure ulcer acquired at LHCH was reported in March 2024. Excellent performance continues in Dementia and Delirium.

Discharge summary on the day of discharge metric continues to perform below target of 95%. Discussions ongoing with Divisions to understand reasons for this and put plans in place for improvement.

Referrals to a dietician for patients scoring high risk did not meet target of 90% in month and shows common cause variation of passing or failing target albeit with a slightly improving trend in month.

Good performance against the range of watch metrics with the majority achieving target and remaining in expected parameters.

Number of falls continues to be within the expected variation. As previously reported additional measures have been taken with an aim to reduce this consistently (e.g. increased Rambleguard equipment across all ward areas and continued bathroom watch).

Numbers of formal complaints continue to be low. The improvement plans for VTE performance have demonstrated sustained performance over the last few months.

A slight recovery in Family and Friends Test (FFT) metric performance could be seen. The data continues to be reviewed with the analytics team as there have been changes to the FFT and the granular level results look positive.

Manoj Kuduvalli, Medical Director noted that Radiological alerts with a response document continues to perform below the target, but remains consistent with previous months displaying common cause variation. Plans ongoing for improving the data for this using a new source, potential for completion by September 2024.

Call to balloon time continues to consistently fail it's target due to national and regional issues. This includes categorisation of chest pain as a category 2 call, leading to delays in ambulance arrival and transfer times (including self-presenters to A&E requiring transfer to LHCH). There has however been consistent improved performance since Dec 2023. The Trust continues to perform well on the Door to Balloon watch metric of 75% within 60 minutes (national target).

Number of falls increased in December and January remained higher than usual albeit still low numbers. All falls are subject to an MDT review. The impact of change in stocking supplies, that are used to prevent falls was reviewed with stores. A more consistent rate of falls has been seen in February, March and April, nevertheless this will be kept under close review

Finance

James Thomson, Chief Finance Officer noted the month 4 position, £2,936k surplus, which is £1,490k lower than plan. It has been confirmed that elective recovery overperformance for last year has been transacted providing a benefit to the current financial year, de-risking the position.

The Medicine Division continues to achieve the planned levels of activity agreed at the start of the year. The Surgery Division has a £681k 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 - £658k). Pay costs are largely in line with budget for the year to date, but costs have risen in June and July with higher bank nurse costs and additionality payments for consultants.

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.

The most significant expenditure pressure is undelivered CIP. The Divisions have a 3% target which is added to undelivered CIP from previous years giving a total Divisional CIP of £4,811k for the year. Other central schemes (both recurrent and non-recurrent) have also been added to the CIP target, giving a Trust total of £10,644k.

The Trust has transacted 56% of the annual CIP target so far this year, with 90.1% identified. Confirm and Challenge sessions have been held with each division and milestones for delivery are in place. The rising costs of clinical

consumables and drugs is an area of concern, with overspends in Cath labs, theatres and drugs identified as a key pressure in the first four months of the year. The delay in the roll out of Targeted Lung into new areas is a temporary financial pressure, but this is expected to improve from August.

The significant over-performance in emergency surgery has resulted in reduced elective activity and increased non-pay costs. An outpatient coding review is underway to ensure consistency and accuracy of coding. The financial impact is being assessed.

People

Jane Royds, Chief People Officer noted that the appraisal window is set to close next Monday. As of September, 78.8% has been achieved against a target of 90%. To improve this, direct reminders have been sent to managers, and all necessary support is being offered to ensure increased compliance. Last year, the Trust reached 89.47%, and it is hoped to surpass this figure this year.

Mandatory training, currently 94.93% compliance against a target of 95%, which is commendable. However, there has been a slight drop from June. Trainees from lead employer, currently at 90.28%. Corporate Services, Surgery, and Medicine divisions are all above 95% compliance for mandatory training.

The monthly target for turnover is 10%, currently at 10.36%, which is a slight decrease from June. Sickness remains a significant focus, with a rate of 5.75% in July, split between long-term (3.6%) and short-term (1.8%) absences. There has been an increase in sickness over the past few months. To address this, a deep dive with the HR team is scheduled to review each case, ensure plans are in place, identify hotspots, and confirm adequate support for managers. This session will also include a review of return-to-work data, with the aim of achieving significant improvements.

JT noted sickness and bank usage as an area of scrutiny for NHSE variable costs.

MC acknowledged the high quality of the submitted papers. Despite the current challenges, overall the report is highly encouraging.

5 Governance and Assurance

5.1 Governor Election Report

Ben Vinter, Director of Risk and Corporate Governance presented the Governor Election report. The paper highlights the outcome of the recent Governor elections. Following a communications campaign, the Trust was pleased to fill five out of the seven vacant seats.

Kim Crowe (Merseyside) and Margaret Roberts (North Wales) will join the Council of Governors and commenced in their roles at the end of the Annual Members' Meeting on 17th September 2024. In addition to this, David Bromilow (Merseyside), Ray Davis (Cheshire) and Denis McAllister (Cheshire) have been re-elected for a further three-year term.

Councillor Richard McLean has also been appointed by Liverpool City Council as their Nominated Governor representative. Councillor McLean joined the Council of Governors on 29th July 2024. Joan Burgen (North Wales) concluded her term at the AMM.

An election process will take place later this year to fill the two vacant positions in rest of England & Wales and Cheshire geographical areas.

The Board of Directors noted receipt of the results from the recent governor elections and **supported** the process commencing later this year.

5.2 System working

Ben Vinter, Director of Risk and Corporate Governance presented the system working report. The paper included substantial supported paperwork, specifically relating to the Liverpool Joint Committee and the Broadgreen Site Committee, Liverpool Adult and Specialist Trust Committee and updates to CMAST governance.

The first proposal acknowledges correspondence from the ICB. It is recommended that the Board agrees to the standing down of the original Liverpool Joint Committee and the Broadgreen Site Committee. It is recognised that discussions regarding the Broadgreen operational site continue under JM's leadership, with updates provided to the Board, through the Chief Executive's report.

Paperwork distributed on Thursday pertained to the first meeting of the Shadow Joint Committee held last Thursday. This was communicated to the Board promptly. The aim is to enact a joint working agreement and terms of reference for the Shadow Joint Committee in response to ICB correspondence. The ICB has requested that adult Trusts within Liverpool collaborate to enhance efficiency and address financial and outcome challenges.

The paperwork outlines the proposed rules of operating and approach to respond to the agenda, suggesting representation from each Trust by their Chair and Chief Executive. It is important to note that this is a shadow arrangement, with the potential to evolve into a joint committee with delegated responsibilities by March or April. Further work is required to develop this arrangement. The apparatus described will facilitate the development of a work plan, which will be reported to the Board as progress is made.

MC noted that there are currently no specific powers delegated to this committee, this action is undertaken within the existing powers of the Chief Executive and Chair.

The Board of Directors **agreed** to the dissolution of the established Liverpool Trusts Joint Committee as per system discussions and therefore cease LHCH participation in the committee it established on 26/07/23.

The Board of Directors **agreed** to the dissolution of the Broadgreen 'site' committee originally established as a Joint Committee between LUHFT and

LHCH (April 2023) but later established as a sub-committee of the LTJC with new TOR to be approved through the LTJC.

Approximately two years ago, the Trust entered into a CMAST joint working agreement and adopted a committee-in-common approach. After two years of operation, it was deemed appropriate to review the relevant documentation. A report has been provided, outlining the issues considered and detailing some of the changes implemented, along with the rationale for areas where changes were not made.

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

5.3 **GMC Survey Results**

Manoj Kuduvalli presented the GMC survey results. The results of the 2024 GMC National Training Survey and the LHCH Local Training survey are largely encouraging regarding the current position of postgraduate training at LHCH. Responses have allowed teams to develop action plans to take forward over the coming months and progress against them will be reviewed regularly and tested with an ongoing program of internal surveys.

LB thanked Clarie Quarterman as Director of Medical Education and noted the journey of improvement.

The Board **noted** the report and the planned actions to support under and postgraduate training at LHCH.

5.4 **GIRFT Annual Report**

Manoj Kuduvalli, Medical Director presented the GIRFT annual report which was written by Mike Filek, Head of Improvement and Transformation.

The GIRFT programme is a clinically led programme aimed at improving patient care and treatment. It is underpinned by data that highlights variation, and through an extensive process of peer-to-peer conversations, GIRFT identifies best practice.

LHCH supports adoption of best practice identified by GIRFT and has in place a programme to support development and monitoring of improvement plans based on the GIRFT benchmarking and best practice recommendations. The programme is clinically led and supported operationally.

There are four open GIRFT programmes applicable to LHCH: Stroke, Lung Cancer, Anaesthesia and Perioperative Medicine, and Radiology. Stroke is considered a peripheral issue, as it is a complication that occurs in patients during their stay. While not treated primarily, efforts are made to improve outcomes for these patients.

Significant progress has been made for stroke and anaesthesia mainly around diagnostics. An improved stroke management policy has been implemented, and there is increased engagement with the Speech and Language Therapies team. Efforts are ongoing to establish seven-day-a-week services, with substantial progress noted.

The primary gap identified is in day-of-surgery admissions. Progress was made prior to Covid, but setbacks occurred due to the pandemic. Teams remain focused on addressing this issue.

JMa noted that senior nurses and the divisional nursing team, along with the matron for surgery, have been closely reviewing patient pathways. Four beds have been allocated on Cedar to improve discharge and admission processes. Ongoing efforts include forming focus groups to enhance pathway efficiency. Ongoing work includes rehabilitation and enhanced recovery protocols.

The CAMRIN review recommendations are being monitored. A gap analysis will be completed in quarter 2, quarter 3 of this year. Whereas no significant issues have been reported in lung cancer. The specialist nurse ratio, is below standard. A risk assessment has been conducted.

Cardiology, Respiratory Medicine, and Anaesthesia and Perioperative Care are working on completing the handbook checklists. Updates will be provided to the Board and Quality Committee at appropriate times.

Overall, good progress has been made through GIRFT. Action plans have been written at required levels.

5.5 Board Assurance Framework

Ben Vinter, Director of Risk and Corporate Governance presented the Board Assurance Framework.

The Board were reminded that the BAF is regularly reviewed together with the controls associated with processes. It was noted that there had been a discussion regarding the changing environment currently experienced. The paperwork presented aims to address these changes.

Three changes to scoring were highlighted. These changes are related to system work and are linked to discussion earlier in the meeting. The changes involve the reprofiling of certain aspects in respect of standing down the Broadgreen Site committee and the introduction of an Adult Liverpool Joint Committee. Updates were also provided on controls related to CVD and cardiac leadership. There is an update on the digital BAF, which pertains to staffing structures and national cyber experiences. There was also a marginal change to the innovation BAF, with scoring adjusted from 4 to 6.

A question was raised in a previous meeting regarding the interplay between LHCH and controls concerning finances and workforce. The aim is to address this interplay in the report. It was noted that while there is a high degree of confidence in control over the LHCH plan, the aggregate position presents a different dimension when viewed through various lenses. The Board's views are sought on how to report this, considering the potential for an additional BAF risk or continuing with the current reporting method.

There are a couple of BAF areas that remain above the individual risk target but are consistent with in year reporting. These areas relate to capital and performance management. The Board were invited to provide reflections and questions on the increased scores and the aggregate system impact.

JT noted that the BAF score is viewed as two-dimensional, while the current focus could be considered three dimensions within a system considerations. The organisation, as a Trust, focuses on controllable factors, confidence levels, historical data, and actions. System risks are also managed, which may impact the Trust. The Board should be aware of both positions to avoid dual scores.

A series of letters were received about expectation, this expectation will fluctuate based on system developments over the next two quarters. It is crucial to anchor this understanding within the BAF score, especially concerning higher risks. An auditor's view on individual organisational risk might yield a different score.

The Board of Directors noted value in considering the two aspects separately given the current increased risk in the system. The internal and external position could be communicated within system. Further discussions on the way finances are being managed at a system level will take place at IPC in October followed by presentation to the Board.

JT

The Board **approved** the current BAF view.

5.6 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.

Since July, there have been several changes. The risk to the timeliness of patients receiving an MR diagnostic scan across pressured service lines has been an ongoing issue. Concerns related to patient letters has now been removed. A risk to ISCV clinical data security has been added to the report.

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.

5.7 Anti-microbial stewardship Annual Report

Manoj Kuduvalli, Medical Director presented the anti-microbial stewardship annual Report. There has been great success in the AMS programme at LHCH, as demonstrated in audit data performance and development of policies. Future initiatives contributing to LHCH AMS practice include the use of phage therapy to treat patients, which is currently being explored by the respiratory consultant team.

The report reflects the significant work carried out by the team, with appreciation extended for their efforts.

The Antimicrobial Stewardship Group, meets quarterly and covers all IPC-related matters. This is their first annual report, highlighting work to reduce antibiotic use and ensure appropriate switching from intravenous to oral antibiotics.

Significant improvements were noted in the 2023-2024 period, with the IV to oral switch (IVOS) criteria improving from 10% to 1%. The report also shows substantial improvements in antimicrobial prescribing.

Improvements are driven by audits, surveys, and data collection on the healthcare-associated infections platform, supported by policies and protocols. The AMS Group, led by Noor, has conducted numerous face-to-face sessions on antimicrobial stewardship, emphasising education as the key driver.

The AMS group will provide the department presentation to the Board of Directors in November with an opportunity for the Board to ask detailed questioned.

The Board of Directors received **assurance**.

6 Board Assurance

6.1 BAF Key Issues Reports and Approved Minutes

6.1.1 CMAST CiC:

- Summary report for meeting held on 2nd August 2024.

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

6.1.2 People Committee

- BAF Key Issues for meeting held on 9th September 2024.
- Approved minutes for meeting held on 3rd June 2024.

MC noted that within the BAF key issues, included sickness KPI review and although the BAF key issues noted this as approved, this was not within the gift of People committee. The People Committee endorsed this, however agreement is required from the Board that the sickness target is reviewed.

The Board **approved** to adopt a new sickness KPI of 4.5% to replace the current target, supporting alignment with the joint Board comparator Trust. The Trust will implement a monitoring and review mechanism to assess the effectiveness of this KPI annually and continue to enhance HWB programmes aimed at reducing absenteeism, with a focus on early intervention and mental health support.

It was agreed that future changes to KPIs should be recommended by Committees to the Board for approval.

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

6.1.3 Strategic R&I Committee

- BAF Key Issues for meeting held on 10th September 2024.

- Approved minutes for meeting held on 16th July 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.

JW informed the committee that the International Cardio-Oncology Society (ICOS) has recognised LHCH cardio-oncology centre as a Global Centre of Excellence. Among the 20 centres worldwide, two are in the UK: at the Royal Brompton and Barts. LHCH oncology team, led by Rebecca Dobson, has achieved this status, highlighting high standards and collaboration with Clatterbridge. This accolade brings significant prestige to the Trust.

9 Date and Time of Next Meeting

Strategy Day, 29th October 2024
Tuesday 26th November 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.

DR