

minutes

Board of Directors (in Public) Item 1.3

Minutes of the Meeting of the Board of Directors held on 26th November 2024

Present:	Val Davies	Chair
	Liz Bishop	Chief Executive
	Joan Matthews	Director of Nursing, Quality & Safety
	Margaret Carney	Non-Executive Director
	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
	James Thomson	Chief Finance Officer (left meeting at 11am)
	John Doyle	Non-Executive Director
	Lucy Currie	Divisional Director of Operations, Surgery
	Bob Burgoyne	Non-Executive Director
In Attendance:	Ruth Gaunt	Executive Office Manager and Corporate Governance Lead
	Noor Anjum	Lead Antimicrobial Pharmacist
	Jonathan Folb	Consultant Microbiologist, LUHFT
	Felicity Kempson	Critical Care, Infection Prevention Specialist Nurse
Observers- Governors/ Staff/ Members of the Public:	Ray Davies	Public Governor - Cheshire
	Keith Wilson	Staff Governor
	Margaret Roberts	Governor - Public Constituency, North Wales
	Kim Crowe	Public Governor - Merseyside
	Gordon Lorimer	Altera Health
	Laura Brodie	Cardiac Diagnostics
	Dawn Dhillon	Strategic Account Manager, Abott Medical UK Ltd
Apologies for absence:	Jonathan Mathews	Chief Operating Officer
	Jay Wright	Clinical Director of Research
	Claudette Elliot	Non-Executive Director

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 24th September 2024 – for approval

The minutes of the Board of Directors meeting held on the 24th September 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 agenda items and removed from the action log.

- MC suggested RAG rating be included to provide additional assurance and emerging risks to be included in reports.
- Internal and external financial BAF positions to be explored at IPC in October followed by presentation to the Board.

All other actions were due for review at future dates.

1.5 Department presentation – Antimicrobial Stewardship Group.

Manoj Kuduvali, Medical Director introduced Noor Anjum, Felicity Kempson and Jonathan Folb who attended the meeting to present the antimicrobial stewardship group department presentation. NA and FK provided an overview of the service.

MK noted the importance of antimicrobial stewardship is increasingly recognised by health organisations and systems worldwide. Implementation is crucial to prevent both short-term and long-term consequences in morbidity and mortality. Over the past several months, the team has made significant progress in antimicrobial stewardship, as highlighted in the Infection Prevention Committee meetings. The team's efforts to enhance antimicrobial stewardship have been commendable, showcasing substantial improvements in their workstream.

Discussion took place around intravenous-to-oral switch (IVOS). The CQUIN was not mandated, however the Trust took the decision to continue monitoring due to the importance of correct antibiotics being prescribed.

JM noted higher AMR mortality rates in primary care for the very young and elderly, and questioned how this could influence GP prescribing and community healthcare. NA to discuss at the North West AMS pharmacist group meeting.

BB inquired about the significance of adverse effects associated with Gentamicin and the availability of alternative antibiotics. NA advised that

there had been no patients at LHCH with adverse effects of Gentamicin, however there have been cases in the region and requires careful monitoring.

BB also sought clarification on the rationale behind the different dosing requirements for overweight patients. FK noted that many antibiotics require weight based calculations however the team advise on ideal body weight rather than actual body weight with a maximum dose of 500mg.

VD noted the excellent work of the team with a pioneering approach which is making a big difference. JF agreed that the FK and NA deserve special recognition for the improvements made and also noted the valuable support of the medical director. MK noted the increased microbiologist support and interaction from LUHFT which is much appreciated.

LB suggested the work of the LHCH AMS team be shared and replicated more widely across the hospitals of Liverpool.

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

1.6 Patient Story - Target Healthy Lung check patient

Joan Mathews, Director of Nursing, Quality & Safety introduced the patient story. The patient attended the Target Health Check Programme and highlighted the care he received and the unexpected early diagnosis he faced despite being a healthy individual and the subsequent outcomes. A procedure took place via laparoscope, the patient was discharged and was pleased to be able to return to his cycling hobby. The patient noted the excellent care received.

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

1.7 Staff Story

Jane Royds, Chief People Officer presented the LHCH staff video story. Sarah O'Leary has worked for the Trust for 30 years, starting as a Support Secretary after a two-year medical secretary course and summer work experience. Sarah then advanced to a permanent role. Sarah supported Mr Rashid's aortic team, developing the aortic service and organising aortic symposiums. After maternity leave, she continued as a PA, briefly working as an Executive PA, and then focused on the aortic team. Sarah progressed to Senior Operational Manager for aortic, vascular, and ACHD services, managing an admin team and streamlining processes. Sarah values the supportive environment of the Trust and has received positive feedback from consultants and staff. The team works well together, making it a great place to work.

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

1.8 Chair's Briefing

The Chair informed the Board that Alan Pemberton ex-Governor sadly passed away following a long battle with cancer. Alan served the Trust as a Governor for 9 years, a period, which he described as the best years of his life and career. Alan will be sadly missed.

Since the previous Board meeting, the Government, in collaboration with Lord Darzi, have been consulting on a 10-year plan for the future of healthcare for the NHS. VD and LB attended two related events; the future of health care hosted by the University of Liverpool and a 10 year healthcare plan session with the North West Leadership Team. An opportunity has been provided for ideas to be submitted on the change NHS portal.

VD attended the NHS Providers conference where discussions took place regarding NHS investment, reform, and productivity. VD and LB participated in Liverpool Acute Specialist Provider (LAASP) meetings, with two reports on the agenda and further updates to be provided privately.

Internally, the Board strategy day was held and a Board and CoG Development Day, focusing on change and transformation. Outputs will be circulated. A governor induction day was conducted and the Trust celebrated the Grand Awards, congratulating all winners and nominees.

VD thanked those who supported visits around the Trust, including observing a coronary artery bypass operation and attending various events. Special thanks was recorded to Ruth Worthington for her work with the staff networks.

LB has announced her retirement, and VD will be leaving the Trust at the end of March. Despite these changes, there are many opportunities ahead for new ways of working.

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 and LB highlighted key highlights.

LB noted movement of CEO's within the system. Louise Shepherd, CEO Alder Hey Hospital, has been appointed as the North West Regional Director. John Grinnell has been appointed as Alder Hey CEO. Rob Cooper has been appointed as the CEO of Mersey & West Lancashire Trust, following the retirement of Ann Marr. Nikhil Khashu has been appointed as the interim joint CEO of Warrington & Halton Hospital and Bridgewater Community Health Foundation Trust. Janelle Holmes, CEO at Wirral University Hospital is now joint CEO with Wirral Community Trust.

LB advised that the Grand Awards were well attended. The Lifetime Achievement award presented to Richard Paige was well received by all, resulting in a standing ovation. The video made for the occasion has been successfully shared. The communications team did an excellent job organising the evening.

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

2

Safety and Quality

2.1 **IPC BAF Update***

Manoj Kuduvalli, Medical Director presented the DIPC (Director of Infection Prevention and control) /HCAI framework Report, quarter 2. Date of the

report to be amended. There were no exceptions to note.

Mandatory reporting of bacteria's is well within target for the year. Detailed investigations have been conducted to ensure lessons are learned. The report includes routine audit details.

Surgical site infections remain a focus. Deep infections remain very low, and early implant infections have been at zero for the past year, which is commendable. The teams' efforts in targeting surgical site infections are yielding positive results.

JM noted the organisations stretched target thresholds had been queried with commissioners during the contract meeting, however as targets are based on previous results there is no leverage and limited reward for previous good performance. The Trust has one of the lowest regional targets.

NB suggested incorporating reportable deep infection rates into the updated SOF for the next year, with data presented as numerical values rather than percentages. MK explained that all deep infections are also recorded on InPhase, due to the small number of infections it would be difficult to identify themes. JM provided assurance that local review of infections take place, learning points are identified and embedded locally and translated into the IPC meeting and report structure. Triangulation takes place and supports reporting through the governance structure.

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

2.2 Learning from Deaths Quarterly Report, Q2

Manoj Kuduvali, Medical Director presented the Learning from Deaths Quarterly Report, quarter 2. Two typographical errors were noted and would be updated in the published record.

There have been 48 deaths in the Trust between July and September 2024. For comparison the total number of deaths in the trust for quarter 2 2023/24 was 49. 44 of these deaths have been through the complete mortality review process. There have been no deaths in patients with an identified learning disability. In quarter 2 24/25 no death had been classified as avoidable.

Cumulative data for the main cause of death is presented for both quarter 1 and quarter 2. A significant number of deaths fall under the 'other' category. Further work is required to determine if further cause of death categories should be created to allow more accuracy in recording data.

The report highlighted key learnings from each service line, as detailed in the policy. Issues regarding patient escalation were noted, leading to the development of a new escalation policy to ensure clarity and proper action when clinical issues arise.

The report's format has been improved through contributions from Neil Coulson, Chair of the Mortality Review Group, who will be stepping down after three years of dedicated service. A process to find his replacement will

begin, with Neil Coulson continuing until a successor is appointed, expected by January.

NB noted 2 TAVI deaths from ruptured annular which is a rare complication. MK advised that clusters may occur, there have been no change to operators, the TAVI MDT process continue to manage the same metrics, analysing patients in the same way. Nevertheless this issue is to be discussed at the TAVI meeting later this month and learning will be shared at the next joint audit meeting and via the MRG.

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

2.3 Guardian of Safe Working-Quarterly Exception Report Q2*

Manoj Kuduvalli, Medical Director presented the guardian of safe working-quarterly exception report. 2024/2025 quarter 2 report on safe working hours following introduction of the 2016 contract for Junior Doctors.

At present LHCH has 47 trainees on the new contract currently on rotation at the Trust. All rotas are compliant with the rules within the 2016 Contract. No exception reports received.

There are current gaps in the tier one rota for both Surgery and Cardiology, causing issues with on call cover due to sickness, vacancy gaps and LTFT trainees (Less Than Full Time), less GP trainees rotating and less Doctors rotating causing gaps in the ICU rota. Mitigating actions have been taken.

Due to the lack of attendees at the Junior Doctor forum, the DME is working with GSW champion to find alternative methods. However, no exception reports received.

The guardian of safe working John Holman has requested to step down due to retirement. The process of his replacement is underway.

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

3 Strategy and Development

3.1 People Strategy Progress update (incl EDIB, Recruitment and retention and Wellbeing)

Jane Royds, Chief People Officer presented the report. This paper provides an assurance update on the delivery of the LHCH People Strategy as the Trust progresses through year 3 of implementation. Following feedback from the Board of Directors, this paper addresses the request for additional assurance through the formulation of a RAG-rated action plan.

The four pillars underpinning the People Strategy include; Recruitment & Retention. Learning & Development. Culture & Wellbeing. Equality, Diversity, Inclusion & Belonging (EDIB). To support delivery, the Trust have operational action plans in place. Progress and assurance updates are provided to the People Committee on a quarterly basis.

Since the April update, the senior leadership team has made good progress on key deliverables. Notable developments include; the expansion of various

Staff Networks and awareness events, increasing the visibility of EDIB across the organisation. Looking after our people through the successful delivery and expansion of our 'live well work well' programme held in June 24. Launch of a bespoke Managers Essential Programme to improve confidence and competence of our leaders. Launch of a new Anti-Racism Campaign aimed at fostering inclusivity, civility, and kindness across the organisation. Achievement of the Navajo Accreditation, reflecting our commitment to supporting LGBTQ+ staff. Achievement of GOLD Employee Recognition Scheme (ESR) which demonstrates support for the armed forces communities.

Given the success of the current strategy, it is anticipated that a full replacement is not necessary. Instead, a strategic refresh is proposed that builds upon existing work, integrating new priorities and addressing any areas of development highlighted through evaluation. The shift to a group model across Liverpool could help to leverage opportunities for enhanced collaboration and growth across the group.

MC highlighted the need to include drive metrics in reporting to better capture and demonstrate the strategies behind staff focused initiatives in future board reports to provide a comprehensive view of the excellent work being undertaken in addition to SOF metrics. VD suggested any future expected changes within the Liverpool system be incorporated into the strategy in order to bring workforce through safety, to include shared best practice.

BB queried staff concerns raised, given the changes announced within the Liverpool system. JR advised that colleagues are mindful to communicate to teams as regularly as possible.

The Board of Directors **approved** the refresh approach of the strategy and **noted** the content of this report.

4 Targets and Financial Performance

4.1 Strategic Oversight Framework

VD requested an update on progress around development of the SOF for health inequalities, anchor institutions and research and innovation. TP confirmed that a meeting is arranged with the analytics team regarding a dashboard for health inequalities in order to provide meaningful information. TP to provide an update at the next meeting. It was confirmed that Shirley Pringle is working on meaningful research and innovation information with a target to provide the SOF data at the next Board meeting.

TP

Regarding the clinical trial data, BB advised that this must be submitted to the NIHR for national benchmarking purposes. LHCH performs exceptionally well in these benchmarks. This is an important aspect to consider for maintaining and evaluating benchmarks.

VD emphasised the importance of ensuring data clearly articulates the LHCH brand, especially amidst ongoing regional changes. VD suggested exploring measures for brand awareness, as an area for further consideration.

Operational Performance

Lucy Currie, Divisional Director of Operations for Surgery noted the operational performance. At the end of month 6, 4 standards continue to show below the national KPI or statistical variance, however all of these are expected with mitigation plans in place where possible.

Elective activity in month was below plan, with case mix & non elective demand still being monitored against our financial plan. Cancer Performance is reported a month in arrears. In August faster diagnosis standard and 62 day were non-compliant to the national targets, however the 31 day standard is now compliant with 62 day standard showing a continued positive improvement.

Consistent focus is being placed on long waiters, with the 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, however continue to improve incrementally.

DM01 (Diagnostics) remains fairly static with a focus on waits above 13 weeks, recovery is expected to run on in the financial year with the known risks to performance being Cardiac MRI, with mutual aid in place with LUHFT. A capacity and demand working group is in place with regional colleagues to look at closing the MRI capacity gap.

Quality of Care

Joan Matthews, Director of Nursing, Quality & Safety highlighted key areas of note and overall good performance for quality. Excellent performance continues in dementia and delirium. 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.

Numbers of formal complaints continue to be low, it is expected this is due to ward managers and matrons speaking to patients and families each day and tackling queries they have. Laura Allwood, Patient and Family Support Manager will review data to ensure no themes are missed, however the team respond to complaints quickly.

A trend in the surgery division's waiting times was noted over the past year. Consequently, regular calls to patients who have been waiting for over six months were implemented, resulting in a reduction in the number of complaints.

MC inquired about the Board's method of obtaining assurance regarding the positive trajectory of low complaint numbers. JM to request Laura Allwood add this narrative into quarter 3 and 4 reports. JM highlighted the work of the PAS team that takes place in the background. The triangulation of good communication, visibility and walkabouts is having a positive impact.

JM

Finance

James Thomson, Chief Finance Officer noted the month 6 year to date position as a £5,698k surplus. This is £943k lower than plan but reflects an improvement from the previous months.

There is some uncertainty over the income associated with elective activity due to uncertainty in the elective recovery target from commissioners, and a delay in the reporting of year-to-date activity / income figures from NHSE. On a positive note, 23/24 ERF has now been finalised, and additional income has been recognised in the month 6 position, supporting an improved financial position in month.

The contract with Wales will follow a cost per case arrangement, and the over-performance has now been reflected in the financial position, leading to improved financial performance in September. The Medicine Division continues to achieve the planned levels of activity agreed at the start of the year. The Surgery Division has a significant 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. The roll-out has now started, but the income slippage in the opening months remains. This is partly offset by lower than planned costs for this service (net shortfall - £695k).

Pay costs are largely in line with budget for the year to date, but costs have risen in the last few months associated with additional session 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.

There remains slippage against the CIP target, although divisions continue to identify and transact, 72% achieved with 92% identified. A further annual value of £0.5m transacted in month 6.

People

Jane Royds, Chief People Officer noted month 6 position. The Trust has exceeded the appraisal target and ended the 2024/25 appraisal window with a completion rate of 86.8% with 96% expected following the completion of all ongoing appraisals and the resolution of technical issues ESR presented in the end of the window.

Mandatory training has dipped slightly to 94.9% against a target of 95%. Turnover was static in September at 10.3% with target of 10%. Sickness target was amended to 4.5%, September 4.35% compliance with several stage 4 cases coming to an end. The NHS Staff Survey launched on Monday 14th October, LHCH top performing Specialist Trust for completion so far, 22.75%.

The current response rate for the staff survey is just under 57%, with the survey closing on Friday. This is slightly behind the position, at the same time, last year. All managers are requested to encourage their teams to complete the survey, with the aim of reaching at least a 60% response rate. Historically, 60% response rate has been met or exceeded in previous years.

5 Governance and Assurance

5.1 Report of Freedom to Speak Up Guardian Q2

Ceri Thomas, Freedom to Speak Up Guardian and Helen Martin, Head of Risk Management/Freedom to Speak up Guardian attended the meeting to present the Report of Freedom to Speak Up Guardian.

The report provides an overview of quarter 2 issues and concerns, with updates from previous quarters and the National Guardians Office. There was a slight increase in issues from quarter 1, similar to quarter 2 last year, with bullying and inappropriate behaviour being common themes. One of the speak ups this quarter raised concerns about staff speaking their native language, causing discomfort among others. This issue has been referred to HR for further discussion and consideration.

Guardians participate in various steering groups and workshops, advocating for proactive team work. Four new Freedom to Speak Up champions joined in quarter 2.

The National Guardians Office has developed a supportive film and announced a refreshed vision. LHCH Freedom to Speak Up was featured in their annual report. The Champions Network is growing, and a positive peer visit from North Tees and Hartlepool Trust was noted.

VD noted that it is helpful to assess how well-informed individuals are and their comfort level in speaking up. Additionally, it was highlighted that the team's reputation is widely recognised, and there appears to be a significant understanding among individuals regarding the necessary steps to voice their concerns.

MC encouraged NEDs to watch the film created by the National Guardian's Office for its valuable insights. Secondly, the team was commended for their continuous efforts to enhance the profile of FTSU, demonstrating a commitment to improvement and collaboration between guardians and champions, even as high performers.

The Board of Directors **noted** the quarter 2 report and received **assurance** that local FTSU arrangements are in place and to the best of our knowledge continue to meet best practice.

5.2 Mortality Review Annual Report

Manoj Kuduvali, Medical Director provided a summary of the mortality review annual report. The Trust has a comprehensive multi-faceted mortality improvement plan in place to manage the factors that contribute to mortality. All mortality related metrics are within target.

Several areas of performance have been enhanced over the last year including compliance with sepsis management metrics and VTE prophylaxis metrics. The MRG process has been further streamlined, is now incorporated into the InPhase system, with a focus on thematic organisational learning. SSI rates continue to be monitored, and rates of deep infection remain low.

NB noted the slight upward trend in SMR and HSMR, however remain within the expected range and noted the good achievement considering the complexity. MK advised that overall target for raw mortality is set at 1.5% which may not be constantly achievable. Raw mortality does not take into account the case mix, complexity and risk profile.

It was inquired about the methods used to express appreciation for the commendable work being done, particularly in this instance. VD highlighted that such communication is addressed during the Team Brief.

The Board of Directors **noted** the contents and progress with mortality review and improvement.

5.3 **Emergency Preparedness Resilience Response (EPRR) Core Standards Assessment 2024**

Ben Vinter, Director of Risk and Corporate Governance presented the report. The 2023 self-assessment of the EPRR core standards and subsequent NHSE assurance exercise highlighted a number of actions required to enhance our EPRR compliance.

An action plan was developed and a task and finish group established to ensure delivery and improved compliance with the EPRR core standards.

Over the past year, much work has been undertaken to ensure increased compliance with the EPRR programme, with new policies being developed, more tabletop exercises to test responses and new audits established to measure compliance with policies/procedures.

The 2024 self-assessment has been completed and determined a final result of partial compliance with the standards (following review and assessment by the EPRR Leads at C&M ICB). Work with the programme continues to ensure improved compliance over time.

Areas of focus for the expected 2025 standards and assessment (moving from partially compliant to compliant) include; Board reporting, Evidencing EPRR learning, EPRR training needs analysis, Training approaches and evidence, Leadership attendance at LHRP, Environmentally appropriate HAZMAT arrangements.

VD noted the broader element where partners have not progressed their part in some areas, and questioned LHCH resilience if there was a major incident that didn't effect LHCH only. BV noted this as an area of attention from the ICB with regular engagement. and partners will be taking this through their Boards. Engagement takes place on site specific basis with Broadgreen and LUHFT who are open and engaged. JM noted that the table top exercise incorporated multi-agencies to include information of how the site responds. A high level of assurance was provided that the Trust is prepared to react and respond.

The Board of Directors **noted** the work undertaken to improve compliance and the result of the self-assessment for 2024.

5.4 Board Assurance Framework

Ben Vinter, Director of Risk and Corporate Governance presented the Board Assurance Framework. The Board reviewed the BAF in respect of the principal risks and the circumstances that give rise to the risks (causes) and the likely consequences. Controls, assurances, control/assurance gaps, and progress in implementing the actions to address these. Application of the risk appetite maximum tolerance; and residual risk ratings in relation to tolerance and distance to target risk level.

There are three risks reporting above the target residual score which relate to iDigital, activity and performance recovery backlog and capital, two of which have been consistent for some time.

Following a discussion at the Audit Committee and further discussions led by the Audit Chair it has been proposed that LHCH adopt MIAA assurance descriptions and definitions for use within the BAF.

The Board of Directors **reviewed** and **approved** the report noting the enhancements made to descriptions and definitions of assurance statements contained within the BAF.

5.5 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.

There are 2 high rated risks relating to MRI diagnostic capacity and Digital storage. Risks are reviewed monthly at each Divisional Board 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.

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.

6 Board Assurance

6.1 BAF Key Issues Reports and Approved Minutes

6.1.1 CMAST CiC:

- Summary report for meeting held in October and November 2024.

LB noted the continued focus on activity and pressures in urgent care pathways. Discussion took place around integration projects. The Board received updates on ICB commissioned organisational integration projects from the relevant acute Trusts involved, and Janelle Holmes on a regionally based peer improvement role focused on elective recovery.

The Board was oriented and reminded on the milestones for delivery of a Cheshire & Merseyside (C&M) Pathology operating model and associated design making with the Laboratory Information Management Systems (LIMs).

A fuller update will be provided to the November meeting of the Leadership Board.

The Leadership Board was provided with an analysis of the aggregate C&M position in respect of NHS corporate services benchmarking (previously referred to as Model Hospital data) for 23/4 following recently released data.

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

6.1.2 LAASP Joint Committee

- **Summary Report from meeting held on 19th September 2024**

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

- **Summary Report from meeting held on 7th October 2024**

The Board of Directors **noted** the summary reports. Reports will continue to be presented to Board.

6.1.3 Audit Committee

- **BAF Key Issues for meeting held on 8th October 2024**
- **Approved minutes for meeting held on 9th July 2024**

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

The Audit committee met on 8th October. Assurance was provided regarding the Trust compliance with the licence. A new iDigital service report was presented which provided the audit committee with additional information. Further updates have been requested regarding joint committees and governance arrangements and how this will effect LHCH.

6.1.4 Quality Committee

- **BAF key issues for meeting held on 8th October 2024**
- **Approved minutes for meeting held on 9th July 2024**

The Board of Directors noted the BAF key issues and approved minutes. Dr James Greenwood joined the Quality Committee to provide an update of the work he is leading on waiting list deaths.

An update was provided against the learning and actions highlighted by the Patient Safety Incident Investigation (PSII) relating to EPRO and Digital Communications, which had resulted in a cohort of letters not being sent to the intended recipients. Assurance was provided that actions were in place.

Dr Clare Quarterman, Consultant Anaesthetist joined the Quality Committee to present a summary of the recommendations of the Infected Blood Inquiry and to explain the implications for the Trust. Assurance was provided that the majority of recommendations are fulfilled for the Trust.

6.1.5 Integrated Performance

- **BAF key issues for meeting held on 21st October 2024**
- **Approved minutes for meeting held on 17th June 2024**

The Board of Directors noted the BAF key issues and approved minutes. BB advised that issues have been addressed through the SOF such as long waiters and CIP. Ben Davies, Associate Director of Strategy presented a productivity improvement plan which will be presented to the Board.

6.1.6 Board Calendar - 2025/26

Board calendar was circulated in order for colleagues to plan and will be subject to review in the Autumn.

The Board of Directors **approved** the Board Calendar, 2025-26.

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.

It was noted that the Microsoft Teams sound quality could be improved.

9 Date and Time of Next Meeting

Tuesday 28th January 2025.

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.