

## minutes

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

#### Minutes of the Meeting of the Board of Directors held on 25<sup>th</sup> March 2025

<b>Present:</b>	<b>Val Davies</b>	<b>Chair</b>
	<b>Liz Bishop</b>	<b>Chief Executive</b>
	<b>Joan Matthews</b>	<b>Director of Nursing, Quality &amp; Safety</b>
	<b>Ben Vinter</b>	<b>Director of Risk &amp; Corporate Governance</b>
	<b>Nick Brooks</b>	<b>Non-Executive Director</b>
	<b>Manoj Kuduvali</b>	<b>Medical Director</b>
	<b>Tom Pharaoh</b>	<b>Director of Strategy</b>
	<b>Sarah Barr</b>	<b>Chief Digital &amp; Information Officer</b>
	<b>James Thomson</b>	<b>Chief Finance Officer (left meeting at 11am)</b>
	<b>John Doyle</b>	<b>Non-Executive Director</b>
	<b>Bob Burgoyne</b>	<b>Non-Executive Director</b>
	<b>Jonathan Mathews</b>	<b>Chief Operating Officer</b>
	<b>Jay Wright</b>	<b>Clinical Director of Research</b>
	<b>Claudette Elliott</b>	<b>Non-Executive Director</b>
<b>In Attendance:</b>	<b>Ruth Gaunt</b>	<b>Executive Office Manager and Corporate Governance Lead</b>
<b>Observers- Governors/ Staff/ Members of the Public:</b>	<b>Keith Wilson</b>	<b>Staff Governor – Non Clinical</b>
	<b>Ray Davies</b>	<b>Governor – Cheshire</b>
	<b>Richard McLean</b>	<b>Nominated Governor – Liverpool City Council</b>
	<b>Margaret Roberts</b>	<b>Public Governor – North Wales</b>
	<b>David Flory</b>	<b>Group Chair</b>
	<b>James Sumner</b>	<b>Group Chief Executive,</b>
<b>Apologies for absence:</b>	<b>Margaret Carney</b>	<b>Non-Executive Director</b>
	<b>Jay Wright</b>	<b>Director of Research</b>

#### 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 28<sup>th</sup> January 2025 – for approval**

The minutes of the Board of Directors meeting held on the 28<sup>th</sup> January 2025 (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 action was noted as complete and removed from the action log.

- TP - Range of innovations will be coordinated around the Trust, some working with external partners. Output of the process to be presented to the Board in 6 months.  
Update – Update paper to be presented at the Private Board meeting.

All other actions were due for review at future dates.

## **1.5 Department Presentation – Community Defib**

Manoj Kuduvalli, Medical Director introduced Sharon Faulkner, Lead Nurse for Community services who provided a presentation highlighting the importance of defibrillators in the community.

Out of hospital cardiac arrest (OOHCA) is one of the trusts Quality priorities - with approximately 10 patients per month presenting to Cath lab. The physical and psychological impact on event on an individual, their family and staff can be traumatic.

Immediate initiation of cardiopulmonary resuscitation (CPR) can double or quadruple survival from out of hospital cardiac arrest, and defibrillation within 3–5 minutes of collapse can produce survival rates up to 50–70%.

The LHCH Community CVD team have worked in partnership with the Oliver King Foundation supporting their campaign to have defibrillators in every school and children's centre in the borough, along with Volair leisure centres and publicly accessible buildings.

Thanks to years of tireless campaigning alongside other organisations to get first aid and CPR onto the school curriculum, first aid and CPR were added to the secondary school curriculum in England in September 2020 and over 71 lives have been saved so far.

Joan referred the Board to an instance where a defibrillator was utilised in the hospital car park. A visitor suffered a cardiac event and subsequently underwent surgery, which they survived. This incident underscores the profound importance of having defibrillators readily available. Joan M thanked Sharon and the team.

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

#### **1.6 Patient Story - Ian & Joanna's story**

Joan Mathews, Director of Nursing, Quality & Safety introduced the patient story. Ian collapsed whilst at the gym, a defibrillator was used, and Ian was resuscitated. Ian underwent a quadruple bypass operation. Ian later returned to theatre due to a cardiac tamponade. Ian recovered well and thanked all staff at LHCH for the care provided during a stressful time.

Ian and his wife mentioned that having a direct contact number to the hospital saved his life. VD stated that the story demonstrates how crucial that connection is. The Trust make a contact call for every patient who leaves the Trust which can be a lifeline for many.

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

#### **1.7 Staff Story**

Jane Royds, Chief People Officer presented the LHCH staff video story. Baily Deane, Medical Engineer in service for 5 years, who completed a 4-year apprenticeship. Baily enjoys the role and thanked the team for support along the way. Baily explained that every day is different, varying from calls to the workshop requesting equipment to be fixed, servicing equipment on the wards, writing up reports. Baily is now responsible for servicing patient beds. Baily is happy in his role.

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

#### **1.8 Chair's Briefing**

The Chair updated the Board of a number of personnel changes taken place at national level. Amanda Pritchard has stepped down as NHSE Chief Executive and has been replaced by Jim Mackey. Cathy Elliott will replace Graham Irwin as Chief Executive of Cheshire and Merseyside ICB.

The NHS Confederation made a visit to LHCH and were keen to learn about LHCH and what makes the organisation special.

The LAASP committee continue their work with the Case for Change issued, outlining huge opportunities to be gained for patients and populations. The next stage will include moving on to the development of the LAASP strategy 2030, a process being led by Tom Pharoah. It is expected the strategy will be developed and informed by conversations providing opportunities for staff to engage in shaping the future of services across Liverpool and beyond. The process of selecting a provider for the new Liverpool EPR will commence with engagement from clinicians across the Trusts of Liverpool.

The staff survey and PLACE survey have resulted in fantastic results VD thanked the teams.

VD thanked Liz Bishop, Chief Executive who will leave the Trust on 31<sup>st</sup> March, Liz has completed a tremendous job, taking the time to understand the hospital, putting together a competent and effective Executive team and stabilising the Board. Liz has supported LHCH maintaining its culture and values and has advocated in the best interests of patients and populations in

all decisions, helping the Trust come together with a broader set of Trusts. On behalf of the Board, VD wished Liz the best for the future.

VD also thanked Bob Burgoyne who will leave the Trust on 31<sup>st</sup> March. Bob has brought academic expertise and rigour to the Board, being Chair of Research and Innovation Committee and Charitable Funds Committee. Bob has supported the new research strategy and primed the opportunity for innovation. Bob has been a tremendous champion for the LHCH charity. VD thanked Bob and wished him the very best for the future. VD noted that she the Board had already bid fond farewells to Margaret Carney who wasn't at today's Board meeting.

VD expressed gratitude to the Board of Directors for the support and challenge during time at Chair.

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

## **1.9 CEO's Report**

Liz Bishop, CEO provided an update on a range of issues. The report was taken as read and LB highlighted key items of note.

The LAASP group has been meeting monthly since July. The Case for Change has now been published and will be presented to the ICB Board on 27<sup>th</sup> March. The portfolio Board has a clear work plan with clear roadmap in addition to the strategy work.

LB noted the interim NHSE Chair and Chief Executive for 2 years. NHSE is being abolished with governance of NHS moving to the Department of Health and Social Care (DHSC). The team is being developed with a focus on productivity, financial sustainability whilst maintaining the quality the NHS delivers.

LB thanked VD for the work undertaken as Chair of LHCH over the past 3 years. VD has remained a constant and visible Chair during a time as Chair.

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

## **2 Safety and Quality**

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

Manoj Kuduvalli, Medical Director presented the learning from deaths quarterly 3 update.

There have been 45 deaths in the Trust during quarter 3. 43 have completed either a full review or screening to assess avoidability, underlying cause of death, and to identify any learning. The outcomes of the remaining 2 reviews are still awaited, therefore their finalised avoidability is yet to be determined.

There were 3 deaths assessed to be more than 50% avoidable, which are subject to a PSII process within the PSIRF framework.

The report highlights thematic learning points, main causes of classification from the mortality and different themes and learning shared with each of the divisions.

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 these 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.

JD asked what support is provided to staff involved in avoidable deaths. MK explained that avoidability is not determined until the process has been undertaken, therefore support cannot be provided immediately, however routine support is provided by team leadership when dealing with difficult clinical circumstances. Psychology support has often proved helpful. Avoidable deaths are often system related, providing organisational learning.

Joan M noted that hot debriefs take place, managed by either psychology colleagues or a resuscitation officer. A cold debrief will often also take place. Multiple methods are offered to support staff to include links with HR and counselling services. MK noted SWARM meetings and huddles have benefited teams.

Families are kept informed through PSII and are advised of the outcome of the investigation. Joan M advised that psychology team run clinics for family members providing psychology support for them.

NB inquired about 2 of the death categories, 'other' and 'preexisting pathology'. NB understood there had been previous discussion regarding sub-categorisation. MK explained that the previous Chair of the Mortality Review Group considered alternative or evolved approaches and it was concluded that it would be difficult to break down into multiple, small, sub-sets and would not add value, however all learning is highlighted through thematic learning.

NB questioned the 'pre-existing pathology' category and asked if they are known before procedure. MK explained that risks are known previously and could contribute to the mortality, however risk assessments take place on the understanding of that pre-existing pathology and high-risk patients are discussed at MDT.

NB questioned if there had been more TAVI deaths. MK noted a small number which happened in a cluster but not with one identifiable cause, there were no common themes.

VD noted assurance provided through high screening rates and learning.

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

## **2.2 Patient-Led Assessments of the Care Environment (PLACE)**

Joan Mathews, Director of Nursing, Quality and Safety presented the PLACE report. The annual programme was undertaken on 11th November 2024. The assessment is voluntary, with NHS organisations encouraged to

participate. In total 1,107 assessments were taken following exclusions a total of 1,093 were assessed.

The assessment for LHCH covered 10 clinical departments, 186 beds, 5 outpatient areas, external grounds and 2 food assessments. 14 assessors in total performed the assessment, which included governors, patient safety representatives and volunteers.

The PLACE assessment for 2024 has shown an overall positive and consistent outcome. The disability, privacy and dignity and wellbeing domain although not statistically different from the national average score of 2024 has reduced from the Trust assessment score in 2023. Consideration to be given for a changing room for patients with Disability and adequate seating between the main car park and entrance to LHCH for patients who need to rest.

CE inquired whether an update will be provided for areas of reported reduction before the next annual report. Joan M explained that a mini-PLACE assessment will take place during July/August in preparation for the PLACE assessment. Outputs will be reported through the Quality, Safety, Experience Committee. The Estates manager will review should there be an opportunity to develop further.

Joan M advised that results are triangulated with quality priorities and the quality account.

The Board of Directors **noted** the Trust Patient-Led Assessment scores for 2024, and actions derived from the review of the disability and privacy, dignity and wellbeing domain will be reported through Divisional Governance.

## **2.3 National Staff Survey Results**

Jane Royds, Chief People Officer presented the National Staff Survey results.

Participation for the National Staff Survey 2024 increased by 138,480 nationally. The measures relating to 'Compassionate culture' have remained similar in 2024. This follows 2 years of consecutive improvement, and all measures are at their highest recorded levels. Most elements from the People Promise have remained similar following an improvement in previous years.

The staff survey launched on Monday 7th October 2024 and was open until Friday 29th November 2024. The final LHCH response rate, considering any leavers and ineligible staff, was 62% (1157 respondents). This is a 2% decrease from 2023. LHCH had the second highest response rate benchmarked against all acute specialist trusts. There was strong staff engagement throughout facilitated by the HR team. The 'Have a Break, have a Kit Kat' initiative was in place to encourage completion and support wellbeing  
night shift walk arounds took place to improve visibility and help boost participation.

LHCH is top in the Country when benchmarked against all NHS Trusts: A Place to work. Voice that counts. Safe and Healthy. Staff Engagement. Morale. Place for Treatment. Care is our Top Priority. LHCH was top in all People Promise Themes for Specialist Trusts.

LHCH came 1st in all 4 key indicators across C&M against all NHS Trusts in 2024: Place to work, 82.9%. Place for treatment, 93.23%. Care as a top priority, 91.69%. Staff engagement, 7.7/10.

A communication plan is in place to cascade and celebrate the amazing results across the organisation. HR Business Partners and Managers partnered with divisions and departments to analyse local results and create meaningful and impactful action plans to make positive change in relation to areas of improvement. World Café has been arranged to plan for the next survey to ensure engagement is maximized to ensure a high compliance rate.

NB inquired about the low score 'organisation offers me challenging work'. JR explained that this is a national survey, the same questions are asked to all. This question could mean something different to individual's.

Areas of improvement will be reviewed at People Delivery Group, Operational Board and People Committee. Themes identified through the review of free text will be fed back to the Board.

The Board of Directors received **assurance** that leaders within the organisation help to create values and cultures resulting in the best possible results.

### 3 Strategy and Development

#### 3.1 Health Inequalities Update

Tom Pharoah, Director of Strategy presented the Health Inequalities update which includes the updated position from the report on health inequalities, reviewed by the Board in the autumn, providing a reminder of the three pillars of the Trust's health inequalities work, along with a brief update on each. In the developing leadership and culture section, it is noted that the health inequalities and anchor institution group has been established, with an early review of its functioning reported to the operational board.

Regarding the anchor institution work, the paper includes updates on securing sustained funding for key CVD prevention services hosted by the trust, and on the Trust Green programme. The Board is also informed of a proposal to present a detailed report on environmental sustainability at the April meeting, with a view to refreshing the trust's Green Plan in line with NHS guidance this summer.

The primary focus of the health inequalities work over the past few months has been on understanding data related to the fairness of access to services. The report includes data analysis of long waiters on the RTT waiting list, showing no significant correlation between deprivation, gender, or age and the proportion of people on the waiting list. However, it is noted

that the quality of ethnicity data on the waiting list is currently poor and requires improvement.

Conversely, data on outpatient appointment non-attendance shows a strong correlation with deprivation across all data sources, as highlighted on page four of the report. This indicates a need for further understanding and addressing this issue. Ongoing outpatient transformation work as part of the productivity programme aims to address DNA rates, which are already relatively low across the Board.

Particularly concerning health inequalities, the DNA rate for new appointments in the most deprived decile is highlighted in the report. The Board is also informed of a proposal to include several metrics related to health inequalities in the SOF round, focusing on DNA rates associated with deprivation, long waiters from the most deprived areas, and improving ethnicity status data.

The ongoing challenge of engaging colleagues across the Trust and programme management to drive the work forward is noted, along with the opportunity for collaboration across Liverpool Trusts through the LAASP and UHLG work.

BB inquired if there is consideration about what practical measures can be put into place to address the Deprivation act. TP explained that work should be generic to improve DNA rates for all patients, acknowledging that some patients are hard to reach and pilot certain interventions.

CE noted opportunities to collaborate with the voluntary sector and wider voluntary sector communities to engage with the local population. DNA rates referenced in the report tie back to the declaration and productivity work around outpatients. Understanding these rates and identifying necessary interventions will be crucial. Additionally, findings may resonate with the wider system, offering opportunities to share and learn from each other's approaches.

LB suggested there may be more clarity under the role of ICB in relation to community outreach and population.

The Board of Directors **approved** the recommendation for the addition of the three initial health inequalities metrics to the strategic oversight framework (SOF).

### **3.2 Pensions Recycling**

Jane Royds, Chief People Officer presented the pensions recycling report and requested the Board of Directors consider recommendations to extend the timeframe of the local pensions recycling policy on a short-term and time limited basis up to 31st March 2026, with the right to review, amend or withdraw the policy as necessary. Policy to be updated and aligned to UHLG processes for consistency.

The Board of Directors **approved** the extended timeframe of the local Pensions Recycling policy



## 4 Targets and Financial Performance

### 4.1 Strategic Oversight Framework

Jonathan Mathews, Chief Operating Officer explained that the SOF details Trust performance for the overall position for performance, quality of care, finance, and people metrics. Productivity has been added from March 2025. Metrics are currently being reviewed and recommended changes will be presented to the Board of Directors in May.

#### Operational Performance

Jonathan Mathews, Chief Operating Officer noted the operational performance. The end of the financial year is in line with ambitions for 2024-25. Focused attention on maximising activity, delivering long waiter targets, DM01 compliance and Cancer. Projections and forecasts have been provided by the ICB and the Trust is aware and sited on all risks towards the end of the year.

The waiting list size is currently being reviewed against 2025-26 ambitions and the return towards RTT compliance. This is highlighted as an area of concern within the SOF.

#### Productivity

JM advised that the transformation team are supporting 3 key areas: theatre and Cath lab utilisation, diagnostic delivery and outpatient transformation. 2 of which tie to DNA rates where significant improvements have been made in radiology, MRI based on focused attention on reducing DNA rates. The same approach will take place in other areas. DNA rate to reduce and subsequently improve activity and patient experience. Divisional engagement has been excellent, all schemes are divisionally led, aligned to Model Hospital and GIRFT.

The national focus on productivity, efficiency, and financial sustainability is clear. The Trust will align productivity and transformation strategies for next year based on the final targets.

NB questioned disparity in DNA rates due to the focus on other areas JM explained that cardiac MRI was the biggest waiting list issue, therefore teams concentrated on managing those patients, making a concerted effort to maximise slots. It has been identified that text messaging and letters for the Echo service might not be accurate therefore, attention will be made on that aligning both approaches.

#### Quality of Care

Joan Matthews, Director of Nursing, Quality & Safety highlighted key areas of note. Pressure ulcer performance remains good. Patients who are developing grade 2 and 3 pressure ulcers are low in number. Excellent performance continues in Dementia and Delirium. Discharge summary on the day of discharge metric has improved, however just performance is just below a target of 95%. Numbers of formal complaints continue to be low, reduced from 40 to 20 believed to be due to communication aspects by ward managers, matrons and divisional directors of nursing at the point of anything being escalated from a PALs point of view or within clinical areas. Family and Friends Test (FFT) metric performance remains positive.

NB noted the low infection rate with a peak in September and October. JM explained this as a seasonal trend, on extensive review from the infection prevention team, no issues were highlighted.

#### Finance

James Thomson, Chief Finance Officer noted month 10 year to date position, as a £11,436k surplus. This is £214k lower than plan but continues to show improvement in line with the recovery plan agreed with the Integrated Care Board (ICB).

The contract with Wales follows a cost per case arrangement, and the over-performance is reflected in the financial position. This continues to support the Trust's financial improvement. The Medicine division continue 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 resulted in an income shortfall at the beginning of the year. The programme is now fully operational and is recovering some of the shortfall from the opening months of the year.

The net position at month 10 is an adverse variance of £574k, with a forecast to improve to a £400k adverse variance by the end of the year.

Pay costs are stable, with low levels of agency spend. However, costs for the medical workforce remain higher than budget with additional session payments for consultants the main contributor of the overspend. In addition, the stretch target issued by the ICB remains undelivered, and this is placing pressure on the overall Trust pay budget.

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. Almost 100% of the annual recurrent figure has been identified, with 82% transacted. The position improved in month 11.

Capital commitments are monitored by the Capital Management Group. Plans are in place for £7.8m of capital spend in 24/25, and this remains the forecast level of spend. The last quarter committed funding to improvement in Digital Cyber Security network which will carry forward to the next financial year. Cash position continues to be strong.

CE highlighted that collaboration between divisions and finance colleagues has been encouraging, working together to find solutions. This approach should continue. LB observed close collaboration between clinical directors, medical lead, divisional director and nurse lead. The triumvirate is strong which has helped with the CIP delivery.

#### People

Jane Royds, Chief People Officer noted month 10 position. Sickness absence remains an area of focus but has decreased by 0.37% in January

2025, currently 5.66%, but still exceeding the target of 4.5%. A further reduction is expected in February. The long term/short term split for January was 3.07% and 2.59% respectively, showing an even split.

In the main, stress/anxiety/depression absences are related to non-work issues with a number of cases attributable to bereavement. The second highest reason for absence was cough/cold/influenza which is reflective of seasonal trends, and the third highest reason is musculo-skeletal related illness which is being managed with close monitoring from Occupational Health and where applicable, health & safety risk assessments.

The HR team have recently held a sickness 'deep dive' and looked at each long-term case in detail to ascertain whether there was a return to work plan. This piece of work also helped to identify any trends within areas that may require alternative support where necessary.

Appraisals, 86.2% against a target of 90%, slight reduction from December. Monthly reports are provided to each division and department. Mandatory training, 93% against a target of 95%. Continue to stretch to reach the target. Turnover has remained at 9.4% against a target of 10%.

VD inquired if dashboards will be reviewed for sub-committees. JM explained that in order to ensure all align with the annual planning, there was a suggestion to use a national IPR to translate some of the indicators. However, with the abolishment of NHS England, it is uncertain if this will be feasible. This presents an opportunity to review. A report will be presented to the next Board of Directors with recommended changes. The same applies to the subcommittees, utilising the review process with the analytics team.

## 5 Governance and Assurance

### 5.1 LAASP Joint Committee

- **Delegated Functions to the Joint Committee**
- **LAASP Terms of Reference / Joint Working Agreement**

LB informed the Board of Directors that the last 2 LAASP meetings focused in depth on the delegated functions to the Joint Committee. The report highlights 6 proposed areas. The delegations were presented as final to the LAASP Joint Committee on 20 March 2025, at which approval was given for onward presentation and recommendation to Trust Boards. The LAASP Joint Committee agreed to delegate the areas identified within finance to a LAASP Finance Committee and each Trust Accountable Officer and Chair.

The Joint Working Agreement has been revised to incorporate the delegated functions, with the Terms of Reference being updated to remove the Joint Committee from working in shadow form to a statutory committee from 1<sup>st</sup> April 2025.

The Board of Directors **noted** the work undertaken to develop the LAASP joint committee delegations and **approved** the delegations following review and approval from the LAASP Joint Committee.

VD explained that the process is another step to enable possible change in communities.

The Board of Directors **approved** delegated Functions to the Joint Committee and LAASP Terms of Reference / Joint Working Agreement.

## **5.2 Going Concern Report**

James Thomson, Chief Finance Officer presented the going concern report. As the end of the year approached, the final accounts for 2025 are to be prepared. In this process, the Board of Directors were asked to review the prepared accounts of the Trust. The Trust is in a strong financial position, with adequate resources to continue operations into the foreseeable future. Additionally, there are no material uncertainties that cast doubt on the ability to continue as a going concern.

The financial position is underpinned by a surplus for this year, and plan for a surplus in 2025-26, which will maintain the cash base and support the going concern status.

The report outlines how the Trust provide assurance across key areas, offering an overview of activities ensuring the Trusts going concern status.

JT highlighted the key point, forecasting a surplus for 2025-26 with sufficient cash balances to maintain the going concern profile. This will be tested through the audit process, with external auditors reviewing and the audit committee addressing any issues.

The Board of Directors confirmed that they have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. There are no material uncertainties that cast doubt about the ability to continue as a going concern that require disclosure.

## **5.3 Board Assurance Framework**

Ben Vinter, Director of Risk and Corporate Governance presented the Board Assurance Framework. The report sets out the Trust's objectives and performance against those. A look forward to the year ahead took place at the Board Strategy session in February. The appendix to the report suggested changes to the risk appetite proposed at that session, mainly in respect to increase in appetite in regards to operational performance in view of the planning context and the recognition of anticipated stretch in that area.

The position has remained broadly consistent across the year. Discussions had previously taken place around the need to monitor workforce and finance at LHCH but also through the system, considering how the current planning environment will effect the BAF profile for next year.

The Board of Directors **endorsed** the proposals around changes to risk appetite for the year ahead, subject to Board review in April.

## **5.4 Annual Review of Directors' Disclosures**

Ben Vinter, Director of Risk and Corporate Governance presented the Annual Review of Directors Disclosures report. An amendment was made

to the report regarding JM, JT and TP where the incorrect information was included. The report has been updated.

The purpose of the paper is to request that the Board completes its annual evaluation of interests declared by Directors to determine any potential material conflicts. NED independence and compliance with fit and proper persons regulation.

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

#### **5.5 Gender Pay Gap Disclosure\***

The report was shared for information. There were no comments made.

#### **5.6 High Risk Report (>15)**

Ben Vinter, Director of Risk and Corporate Governance presented the High-Risk Report.

There had been a change in the risk profile compared to recent periods, with some consistency highlighted by JM regarding diagnostic capacity and challenging infrastructure and resilience issues. Some areas have changed, and the Board previously the risk and ongoing work related to the structural integrity of the surgical corridor. Reported here and to be reflected in later discussions, the focus will shift to risks identified around operating theatre ventilation and device issues, which have been clinically triaged by teams and discussed in Operational Board. This represents a change in risk profile since the last time the Board reviewed high rated risks, but the Board can be assured that appropriate reporting and executive oversight are in place to address pressing actions.

SB suggested the 3 Digital high risks can be expected to reduce in the next period due to capital funding that will be available to assist with those risks.

VD questioned if Digital vacancies had been filled and SB explained that this is in progress and expect to be in a position on 1<sup>st</sup> April where positions will be covered by interim positions. Further discussions on iDigital disaggregation are scheduled to take place in private board.

BB asked if there had been further data releases in relation to the cyberattack and asked if the incident is now closed. SB confirmed this as a closed incident for the ICO. Discussion have also taken place with ICB around EPRR. The final report on the incident was received from the National Cyber Operations Centre, which is being agreed by the 3 Trusts involved, this will be discussed at the Audit Committee.

NB inquired about the risk around pacemakers being recalled and the impact on patients. MK explained that a good triage of patients has taken place, the risk has been managed well and the financial risk has been covered by the supplier. JM advised that the supplier has been very responsive. The Trust is managing the future profile of pacemaker devices, considering potential benefits of a split in providers to reduce supply risk. This is an active discussion with the clinical lead to ensure robust and resilient arrangements are optimised for the next financial year. The clinical lead for heart rhythm has reviewed all affected patients, brought their routine care forward when needed, and recovered costs from the supplier. Any impact is managed

through additional sessions. All patients would have been routinely followed up. The clinical risk is being managed and expected to reduce over the next month.

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

## **6 Board Assurance**

### **6.1 BAF Key Issues Reports and Approved Minutes**

#### **6.1.1 CMAST CiC:**

- Summary report for meeting held on 7th February 2025 and 7th March 2025.

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

LB noted that a presentation was provided by John Morris, LHCH Cardiologist who took forward the proposal around cardiac Cath labs in Cheshire and Merseyside. There has been a large piece of work reviewing the configuration of Cath labs PCI capable sites. The only site that currently adheres to practice guidance is LHCH. A piece of work is ongoing, around having a second PCI site with 2 labs across Cheshire and Merseyside, this work is ongoing.

In parallel, work around avoidance of a 2-stop procedure to get to an intervention is taking place. There is currently a cohort of patients who receive 2 procedures to get to intervention.

#### **6.1.2 LAASP Joint Committee**

- **Summary Report from meeting held on 16th January 2025 and 20th February 2025**
- **Requested and recommended amendment to Trust nomination remuneration committee terms of reference.**

BV referenced the proposed amendments, advocated by LAASP, to the Remuneration Committee. Sections 1 and 5 enable the provision for the Remuneration Committee in common across the LAASP and set out the arrangements for that. Details of any LAASP approach will follow in due course.

The Board of Directors **approved** changes to allow Remuneration Committee issues linked to the earlier delegation.

#### **6.1.3 People Committee**

- **BAF Key Issues for meeting held on 3rd March 2025**
- **Approved minutes for meeting held on 2nd December 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 17<sup>th</sup> February 2025**
- **Approved minutes for meeting held on 21<sup>st</sup> October 2024**

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

#### **6.1.5 Strategic Research & Innovation Committee**

- **BAF key issues for meeting held on 18<sup>th</sup> February 2025**
- **Approved minutes for meeting held on 10<sup>th</sup> December 2024**

BB informed the Board that during the meeting held on 18th of February, it was agreed that the draft research strategy would be brought forward to the meeting in May.

Metrics for the research were approved and will be amended into the correct format.

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 29<sup>th</sup> April 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.