

## minutes

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

#### Minutes of the Meeting of the Board of Directors held on 29<sup>th</sup> April 2025

<b>Present:</b>	<p>David Flory James Sumner Joan Matthews Ben Vinter Nick Brooks Manoj Kuduvalli Tom Pharaoh Sarah Barr James Thomson John Doyle Jackie Bird Jonathan Mathews Jay Wright Claudette Elliott Jane Royds</p>	<p>Chair Chief Executive Director of Nursing, Quality &amp; Safety Director of Risk &amp; Corporate Governance Non-Executive Director Medical Director Director of Strategy Chief Digital &amp; Information Officer Chief Finance Officer Non-Executive Director Non-Executive Director Chief Operating Officer Clinical Director of Research Non-Executive Director Chief People Officer</p>
<b>In Attendance:</b>	<p>Ruth Gaunt</p>	<p>Executive Office Manager and Corporate Governance Lead</p>
<b>Observers- Governors/ Staff/ Members of the Public:</b>	<p>Pauline Harrison Darren Buckley Ceri Thomas Helen Martin</p>	<p>RCN Steward and Learning Rep, Staff Side Regional Director, Siemens Healthineers Freedom to Speak Up Guardian Head of Risk Management/Freedom to Speak up Guardian</p>
<b>Apologies for absence:</b>	<p>John Doyle</p>	<p>Non-Executive Director</p>

#### Action

- Welcome and Opening Matters**  

The Chair opened the meeting and introduced those in attendance observing the meeting. DF noted the first meeting as newly appointment Chair and Chief Executive. The Chair also welcomed Jackie Bird, newly appointed Non-Executive Director. DF noted determination to not only maintain the Trusts high standards but improve further.

DF noted thanks to Val Davies, immediate past Chair. Val provided a thorough handover and showed kindness, professionalism and positive

support for the transition. DF also expressed thanks to Ruth Gaunt for supporting DF's arrival to the Trust.

**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 25<sup>th</sup> March 2025 – for approval**

The minutes of the Board of Directors meeting held on the 25<sup>th</sup> March 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.

- Driving strategies behind staff efforts to be included in future board reports to provide a comprehensive view of the excellent work being undertaken in addition to SOF metrics.

The following action was noted as being removed from the action log.

- Research strategy to be brought forward to the meeting in May.

JW noted progress made through LAASP lead by Lynn Greenhalgh. The research strategy will be written by Research Directors in a meeting Chaired by Terry Jones who has specifically requested no Trust develop their own strategy at the present time. JW noted 'business as usual' for the time being. Changes expected in the next year will involve sharing processes within UHLG. Key aims to include Clinical Research Facility and Commercial Research Drugs Centre. It is expected LHCH will lead on Cardiovascular themes. Action removed.

**1.5 Patient Story – Ollie's Story**

Joan Mathews, Director of Nursing, Quality & Safety introduced the patient story. Ollie explained his transition from a child to adulthood needing numerous pacemaker implants from a child. Ollie explained how transition has affected him overtime.

Ollie highlighted the difference of moving from face-to-face appointments once a year technologically enabled care which was represented by a box in his bedroom which monitors his pacemaker daily with alert based follow up.

DF inquired if there is a cohort of patients under the care of LHCH with remote monitoring. JW advised that the entire population of patients are being moved to remote monitoring. There are 3 kinds of pacemaker: simple pacemaker, pacemaker for heart failure (CRT) and defibrillator. Remote monitoring has been used for heart failure and defibrillator patients for many years. Pacemaker patients are the bigger cohort and are being moved gradually to remote follow up, in conjunction with the Trust's Boston Scientific collaboration through the Cath lab.

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

## **1.6 CEO's Report**

James Sumner, CEO provided an update on a range of issues. The report was taken as read and JS highlighted key items of note.

JS noted the great success the Trust has made over the last 12 months. Quality metrics, SOF metrics are all in good order and standards achieved with a financial surplus of £14m. JS noted thanks to the divisions in the delivery of services to patients.

JS explained changes ahead within NHS England, reducing staff numbers by 50% within NHSE, ICB's, provider collaboratives. Cheshire and Merseyside ICB has been noted as one the most at risk financially. The ICB was escalated to a meeting in London last Tuesday with Sir Jim Mackey, new NHS Chief Executive, and Dr Penny Dash, Chair. DF and JS attended the meeting on behalf of LUHFT where concerns around Cheshire & Merseyside were explored and also discussed the future group model and how that would lead to improvements for Liverpool.

The ICB financial plan is still not agreed. Another submission was made yesterday on behalf of all organisations, but the stretch target is immense. Other organisations had already moved to 7% CIPs and have been asked to now go further. On that basis the Turnaround Director for the ICB has now invoked several things, to include vacancy freezes on all non-clinical staff. Letters were received instructing all Trusts to remove jobs that are advertised on NHS jobs portals and Trac, effectively removing all non-clinical posts and to review them. LHCH have been working on this for the last week and a level of consistency is required across the 5 Trusts with quality impact assessments undertaken.

The Turnaround Director is meeting all CEOs, COOs and Finance Directors on fortnightly basis. Discussion will take place around cessation of services and amalgamation of services, bringing some of those together. In addition, a letter was received from NHS England asking all Trusts to significantly reduce corporate services. Within LAASP there is an ask of around £8m less expenditure on corporate services, this is something that individual organisations would not be able to achieve alone.

JS noted urgency on a three-year recovery plan for LAASP and the expectation from Jim Mackey of a three-year financial balanced position across those Trusts being achieved. Therefore, LAASP work has become significant in terms of reaching that. The Trust is in a good place currently which should be sustained from a service perspective.

Consequently, LAASP work is likely to be accelerated and will be discussed during the private part of the meeting. Executive teams from all 5 Trusts met to discuss how this could be possible and NHSE are waiting for confirmation on how that will happen. JS highlighted the LAASP case for change as a good opportunity to drive that forward.

JB noted that the non-clinical vacancy freeze could lead to unintended consequences for patients and inquired about methods used to track this.

JM advised that an EQIA process will be agreed during the private Board meeting. The current vacancy panel will be improved beyond with the increased ask and scrutiny from the region.

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

## **2 Safety and Quality**

### **2.1 \*Guardian of Safe Working-Quarterly Exception Report**

Manoj Kuduvalli, Medical Director presented the Guardian of Safe Working-Quarterly Exception quarter 4 report. 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 during this period.

A new Guardian of Safe Working has taken post this month. Mr Sanjay Ghotkar has some suggestions on how to improve access to reporting. One of his qualifications for the job is his extensive experience in rota management with the North West Deanery, which may allow him to bring valuable ideas and insights to the role.

DF inquired if the Trust have a good, constructive, mutually supportive way of working with the 47 trainees. MK confirmed that trend has identified very little exception reporting in recent years, rotas have been compliant for a long time. All trainees are informed on induction of the process of contacting educational supervisors regarding rota issues and inappropriate demands on their time.

DF suggested Mr Ghotkare and a trainee attend a future meeting to share experiences during quarter 2.

**MK**

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

### **2.2 DIPC Quarterly Report Q4**

Manoj Kuduvalli, Medical Director presented the DIPC report for quarter 4. The report provides a summary and background around surveillance programmes, detailing blood borne infections for which the Trust have internal threshold based on past track. Year to date numbers are either within the threshold or over the threshold by one.

Blood borne infections are reviewed in detail by the IPC team to understand reasons why they may have occurred. Also discussed at IPC quarterly meetings.

The report provides narrative around respiratory viruses and other viruses. MK noted the comprehensive report programme.

The surgical site infections chart positively shows a good trend in the last quarter. It is important to note that these infections are superficial infections which do not have long lasting clinical impact. The deep infections which have serious impact on patients are very low and have continued to be very low for three or four years.

AMS is scrutinised. The Board had previously received a presentation from the AMS lead pharmacist outlining exceptional work they have done in reducing antibiotic usage in several areas.

The sepsis metrics have been good and are reviewed weekly within the quality report presented to Executive meetings.

JB inquired if the pseudomonas case has proven to be satisfactory. MK confirmed that there have been issues with some of the water sources for a while which has been an ongoing project. A lot of work has taken place particularly in critical care to resolve the issue. All discussed at the water and ventilation safety group meeting and IPC. JT advised that the capital programme is prioritised to cover water and ventilation issues which are risk assessed.

MK informed the Board of Directors that the annual report will include the years progress, MK will request the team provide trend data.

**MK**

JS inquired if the decolonisation reaudit which showed improvements is being tracked. MK confirmed this is a regular audit which has gained more momentum recently, presented to IPC quarterly. Almost all elective patients are decolonised, the issue is mainly with inpatients who are transferred late from other organisations. Outreach to referring organisations has taken place and the IPC team has been focused on this to improve.

Joan M advised that the Urgent Care Coordinator reaches out to urgent patients waiting at home, this means their decolonisation is being managed more tightly. One of the issues encountered with transferred patients was that the decolonisation was prescribed but then the list was altered. To address this, the team ensure that decolonisation continues uninterrupted until the patient reaches the operating theatre, preventing any steps from being missed.

DF noted that some months the infection rate is 10%, while other months. 3% and inquired if this is random variation or are there specific factors. MK confirmed random variation with no theme identified. Generally, the trend is level.

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

## **2.3 Excellent, Efficient, Compassionate Safe Assessments (EECS)**

Joan Mathews, Director of Nursing presented the Excellent, Efficient, Compassionate Safe Assessments report.

The EECS assessments have been on-going in the Trust since 2015. The assessments have evolved and changed over time; the areas of attention are driven by patients' positive and negative feedback, from their experiences at the Trust. The content of the assessments are being aligned to CQC five key questions; plus triangulation of other sources of information.

The EECS assessments provide assurance to the Board of Directors on the standards of care and practice across clinical areas and departments. All areas will have been through an assessment by the end of quarter 4 2025.

All areas except 2 have achieved gold status, the 2 areas mentioned received an assessment outcome of Good. On review of this year's results further work is required to add into the assessments known triangulation of improvements to reflect in the overarching scores of assessments. Support Services, Facilities will be performed in April, review meeting for May.

The Tendable app (a tool used to support the audit) will be developed to provide thematic analysis across all specific areas.

JB noted the impressive results, and positive outcomes are clearly seen during walkarounds. JB inquired how the team ensure standards include stretch targets to continually improve the organisation rather than measuring metrics repeatedly. Joan M advised that stretch targets are based on the number of people spoken to, if an increase is required based on negativity, then the target will be stretched. The triangulation of all other information provides accurate results.

JB also asked if governors are involved in walkarounds or in the decision-making process. Joan M confirmed that governors attend NEDs walkabouts which are not correlated into EECS and this will be considered going forward.

DF inquired if there were any surprises identified within the audit. Joan M confirmed that storage within critical care has been noted, the team have been working closely with the estates team to resolve this by involving other services to determine the necessary actions and how to implement them. If something stands out as correlated, then visibility and presence is increased to provide support. This approach involves triangulating various pieces of information to support the assessment process. The results have been excellent, and it is important to continue the Trust continues to push for further improvements.

CE noted the method of triangulating various pieces of information to support the assessment process as unique and found the approach very impressive. The results have been excellent.

SB advised that the Tendable app is used in at least 3 other organisations across the group. SB has requested the Director of Nursing for other organisations discuss some of the good practice at LHCH with support from the data teams with consistency across the group.

The Board of Directors received **assurance** from the EECS assessments on the quality, safety, and standards of practice across the clinical areas and departments and **noted** more in-depth analysis and correlation of information to be added going forward.

### 3 Strategy and Development

#### 3.1 LAASP Case for Change

James Sumner, CEO presented the LAASP Case for Change report. The Chase for Change has been approved by the ICB Board and is now being taken through the 4 Boards. Developing the strategic case will be the next phase.

JS highlighted opportunities within research and innovation, commercial and information around clinical pathways. The most recent update provided by the clinical reference group was that cardiology will start as a major piece of work across the city, lead by LHCH, followed by the development of the broader case lead by Tom Pharaoh.

MK agreed that cardiology deserves attention for many reasons and the CRG are involved in that. Its important that LHCH take the leadership, and the process of the change should ensure engagement providing positives for all.

MK noted the cardiology initiative is progressing rapidly. John Morris, Divisional Medical Director for Medicine, is particularly relevant to this Board due to his experience leading the Liverpool Cardiology Partnership. Calvin Langdon, from LUHFT was also involved in that project and will join John Morris in presenting to the CRG in May.

NB set out an expectation that in the future, all will know whether this initiative has been successful. There are numerous processes and potential financial savings involved, as outlined and it is hoped that in time, a look back and evaluation can be made on what has been achieved, especially if there were any unintended consequences.

DF advised that by collaborating on the research agenda, the commercial opportunities are significant. Focus should be collectively on the potential that can be unlocked by working together on a larger scale in a more coordinated and aligned manner. The Case for Change illustrates opportunities for organisations through the collaboration to realise benefits that could not be achieved separately.

JS suggested is is unlikely there be massive reorganisations of specialties across the city, rather improvements put in place that make clinicians and patients' lives easier and services becoming more seamless. Huge benefits include better use of estate, digital services, research innovation opportunities.

CE questioned interaction with other parts of the system around clinical pathways and how acute providers contribute to the agenda addressing health inequalities. There should be a shift for the population in terms of strategic changes, not just focusing on acute access of provision but broader intervention. JS advised that the UHLG strategy for the next 5 years includes 3 core components to include a different need for a diagnosis treatment pathway being identified. LAASP together with Alder Hey and Mersey Care will take on the challenge of creating an integrated community offer to neighbourhoods.

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

### **3.2 Green Plan update – Net Zero Carbon progress**

Tom Pharoah, Director of Strategy presented the Green Plan update – Net Zero Carbon progress report. All Trusts will be expected to refresh their green plans by June/July with the greener NHS programme. In anticipation of that, TP has requested the team write a single report to provide a synopsis of the green activities within the Trust.

The report is set out in the 10 themes of the green plan. The report not only includes buildings and energy, but also clinical models, for example remote monitoring with clinical and patient benefits of that, to include the reduction of thousands of car journeys returning for episodic follow up.

The report outlines a good degree of progress in the sustainability programme over recent years, despite what has been limited programme management support and governance for that work. Most progress has been around work of clinical teams.

The report sets out challenges to include programme management support with clear potential to work closely within UHLG with governance support, quantifying the impact of some of the interventions in a systematic way.

The Board of Directors **noted** the contents of the report, and the progress made in lessening the Trust's environmental impact and **noted** the intention to refresh the Trust's Green Plan by July 2025.

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

Jane Royds, Chief People Officer presented the People Strategy Progress update. This paper provides assurance update on the delivery of the LHCH People Strategy progressing through year 3 of implementation.

The four pillars underpinning the People Strategy include Recruitment & Retention, Learning & Development, Culture & Wellbeing, Equality, Diversity, Inclusion & Belonging (EDIB).

To support delivery operational action plans are in place for core initiatives, including the EDIB (Equality, Diversity, Inclusion & Belonging) and Culture & Wellbeing Strategy. Additionally, the Retention Plan focuses on mitigating staff turnover and enhancing workforce stability.

Progress and assurance updates are provided to the People Committee on a quarterly basis. Good progress has been made in the last 12 months with continued focus on workforce stability, retention rate which has seen a reduction. The outstanding staff survey results rated best in the country for the people promise themes and highly recommended as a place to work and to receive treatment. Progress has been made around workforce race equality and disability standards.

JR highlighted the most notable developments since the November update. The senior leadership team has made good progress on key deliverables.



JS noted the opportunity of learning within UHLG, when connecting there is huge economy of scale. The sum of all great things across 5 organisations that will be a good offer for staff.

JT inquired what measures are in place whilst navigating through the period of change. JR confirmed that regular pulse checks are carried out and business partners are visible within departments.

NB questioned whether the recent High Court judgement on the trans issue is being addressed within the organisation. JR confirmed that the team are waiting for guidance to ensure a consistent approach. Specific issues relating to LHCH will be worked through.

DF noted the magnificent staff survey results and stated that Boards across the country have increasingly discussed issues of harassment and inquired if LHCH have experienced this. JR advised that there are still staff members who state they encounter harassment from patients or patients' families and staff are aware of how to report that in addition to this being supplemented with the Trust's well embedded and notable FTSU culture.

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

## 4 Targets and Financial Performance

### 4.1 Strategic Oversight Framework Recommendations 25/26

Jonathan Mathews, Chief Operating Officer explained that the SOF report is broken down into 5 segments, Operational Performance, Productivity, Quality of Care, Finance and People. The SOF is summarised by drive and watch metrics agreed at the beginning of the year and subsequently have changed as required. The report summaries the end of year position.

The Trust has seen a significant delivery of activity and quality of care across the year, which is highlighted through the report and several different clinical KPIs.

#### Operational Performance and Productivity

Through operational performance there are 3 areas of concern, long waiters, cancer and DM01 and the Trust is ending the financial year with good position across all of them due the hard work managed by each of the clinical divisions.

In terms of productivity programmes, a period of work started at 6 months during the year, endorsed by IPC around improved productivity across the organisation. Moving into 25-26 it is expected, the Trust will change some of those productivity metrics as well as looking at the transformation resource focusing on annual planning delivery.

#### Quality of Care

Quality is echoed and highlighted across all KPIs. To note, complaints have reduced by 50% year on year highlighting improved quality and standards.

### Finance

The Trust has delivered a £14.1 surplus against a backdrop of non-elective demand in surgery, approximately 25% year to date increase on last year. The Trust has good scrutiny on budget management and delivered 94% CIP in year.

### Workforce

Fluctuations have been noted in sickness rates in specific areas to include ODP, scrub, and anaesthetic support throughout the year. However, the National Staff Survey underscores the Trusts commitment to workforce. The Trust was ranked top in the country for the People Promise and as a great place to work.

Comments and questioned were welcomed and NB inquired if there is resistance to pooled waiting lists for surgeons. MK confirmed that when the need arises, waiting lists are pooled. Tracking the time from referral to clinic visit is a useful metric. As waiting lists are monitored, patients are often reallocated to balance workloads. There is no great resistance.

JS inquired if the sleep DNA rate issue is related to the target or the DNA rate and suggested the target be reviewed. JW noted Aintree as the regional center of excellence for sleep service and identified as an ideal collaboration opportunity. JM confirmed that LHCH only provide the diagnostic element of the sleep service and Aintree provide the treatment. There are elements of respiratory that would lend itself to collaboration. In terms of the DNA rate, there are cohorts of patients who have been difficult to engage with partly due to the text reminder service.

JS noted that radiology alerts have been non-compliant for 2 years and actions around data quality have not yet resolved this. JS questioned the next steps. MK confirmed that data shows underperformance in comparison to reality. A series of meetings have taken place with a solution to fix the issue incorporating episodes on EPR. The team will test the process, backdated for 3 years. Once the data is available, identifying any gap, a risk assessment will take place. Going forward, the audit tool will produce improved data quality. This will be reflected in reporting to the Board when available.

DF questioned whether the increase in size of the waiting list is a predictor of future long waits and whether this is an issue of concern. JM agreed this as a future determination, however based on capacity and demand planning the team understand the increase in waiting list size mainly in the heart rhythm service line, with capacity plans in place. An additional 2 consultants have been recruited with a plan for Cath lab 7 to be able to deliver that increase in demand. When looking at RTT performance overall, medicine is 70% of the waiting list, surgery 30%. There is a small element of risk, and the division is working through plans to hit RTT recovery.

JM noted that the watch and drive metrics were reviewed at the start of the year. While national IPR guidance is expected, the Trust cannot delay planning for next year. All Executives were asked to review their areas and submit recommendations, which are outlined in the report. Notably, from 2025/26, health inequality data will be included together with and a research tool. These additions aim to evolve the metrics and broaden their scope.

The Board of directors **approved** the changes which will be implemented at the May board meeting.

#### 4.2 Finance, Month 12

James Thomson, Chief Finance Officer presented the Finance Report for the period ended 31st March 2025. The financial performance for the 2024/25 financial year was a surplus of £14,185k. This represents a £44k positive variance to plan. The in-month performance continued the improvement that commenced in September, recovering the remaining adverse variance from earlier in the year.

The Trust had capital expenditure of £8,207k, consistent with the funding allocation.

The Trust's income position has remained strong throughout the year. One area of challenge has been unplanned surgical activity, where the surgical division faced recovery issues that impacted income. Fortunately, performance improved in quarter 4, which helped stabilise the overall financial position. Increased activity under the Welsh contract, operating on a Payment by Results (PBR) basis, also contributed positively. Additionally, there were upsides in private patient income and a recovery on the health lung check contracts, which had experienced delays earlier in the year but have since turned around.

Some of the increased activity led to higher costs. Agency spending remained limited and well-controlled, with only minimal use to support areas like radiology during periods of pressure. The Trust delivered 94% of its Cost Improvement Programme (CIP) target, with 73% of that being recurrent. This is a significant achievement given the record size of the CIP.

The Trust's cash position is healthy, with reserves equivalent to 66 days of operating costs, ensuring a strong going concern status heading into the next financial year. Capital expenditure for the year was £8,207k. on key areas such as theatres, digital infrastructure, and other strategic needs.

Looking ahead, NHS England guidance allows Trusts with surpluses in 2024/25 to carry them forward as capital. The Trust has formally notified the ICB and NHS England of its surplus and intention to draw it down, though feedback is still pending. Overall, the revenue position remains solid and supports confident planning for 2025/26.

JS advised that notification has been received from the regional team that a single pay framework for doctors will be introduced. JM advised that a benchmarking exercise took place 2 years ago when pay rates were reviewed, the Trust was below the BMA rate card. There were certain areas where waiting list initiatives are relied upon to deliver to include anaesthetics and radiology.

The Board of Directors **noted** the financial position of the Trust for the year ending 31st March 2025.

## 5 Governance and Assurance

### 5.1 Report of Freedom to Speak Up Guardian Annual Report

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.

With LHCH ranking top in the 2023 Staff Survey for Speaking Up, a case study of the Trust was included in the NGO Annual Report which was laid before Parliament in March 2024.

The 2025 FTSU conference was held in London in March with a theme of Listening Up – Changing Organisational Culture. The LHCH FTSU Guardian attended the conference virtually.

12 new Champions have joined the network this year, bringing the total number to 29. A total of 21 concerns were raised through FTSU in the 2024/25 financial year. The 2 categories which most speakers fell into were elements of bullying or harassment, and elements of worker safety policy or wellbeing.

The FTSU Guardian continues to maintain an active role in engaging with staff to raise the FTSU profile. The FTSU Guardian will continue to engage with the National Office and regional network to ensure LHCH continues to lead the way in relation to best practice.

The Board of Directors **noted** the 2024/25 annual FTSU report and received **assurance** that local FTSU arrangements are in place and continue to meet best practice.

### 5.2 Board Assurance Framework

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

The Board Assurance Framework sets out the risks facing the Trust in delivering its strategic objectives and is a key tool to focus actions and assurance against these risks.

The Board Assurance Framework (BAF) has been fully reviewed with risks updated to reflect the strategic objectives for 2025/26, as well as the operating environment and external factors.

Three risks remain above the Trust maximum tolerance, and these have been evaluated to ensure that the Trust is taking appropriate action to mitigate these risks. It should be noted that they are affected by external factors which are not fully within the Trust's control, but we continue to take actions to reduce the risks.

The Board of Directors **approved** the opening BAF for 2025/26.

### 5.3 Communications Calendar

Jane Royds, Chief People Officer presented the Communications Calendar which describes the progress and high-level activities within the communication team.

Matt Back, Head of Communications is heavily involved with the LAASP work, leading on the drafting of the Trust annual report and supporting the LHCH Matters newsletter, contributed to the “Be Civil, Be Kind” campaign and the Chief Executives monthly video.

Matt is heavily involved with the charity, especially as we prepare for the Grand Awards in November. Social media engagement is strong, with over 20,000 followers, and growing. The Trust is running a photo competition, with nearly 200 entries so far, many of which are displayed around the hospital.

It has been a busy and productive year.

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

#### 5.4 Flu Campaign Report

Helen Martin, Head of Risk Management / Freedom to Speak up Guardian attended the meeting to present the Flu Campaign report. In the 2024 vaccination campaigns, LHCH achieved 37% for flu (50% in 2023) and 10% for covid (16% in 2022) vaccination of staff. While this is the lowest figure achieved for some years, LHCH were not an outlier as other healthcare organisations achieved similar percentages.

In regional network meetings, this was attributed to vaccination fatigue as the request for staff to have several vaccinations per year for covid has been ongoing for three years. The regional network meetings will continue to share learning and ideas for increasing the number of staff who are willing to receive the vaccinations.

Joan M advised that different initiatives are undertaken each year to allay the myths of vaccinations. A&Es were under significant pressure with respiratory illness and flu and a plan to drive that message is required. The impact on the organisation in terms of sickness at the end of quarter 4 is significant. To be discussed during winter planning.

MK advised that the issue is raised within the medical workforce and junior teams.

The Board of Directors **noted** the contents of the report and the continued commitment to achieving higher levels of vaccination.

#### 5.5 High Risk Report (>15)

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

The Trust demonstrates high level of compliance in respect to Emergency Planning Resilience Response (EPRR). Planning is underway for a joint evacuation exercise across the site.

The report provides an update of risks with residual scores of 15 or higher along with the action plans in place to control and/or mitigate them. There are currently 3 risks that have a score of 15 or above.

- There is a risk to the structural integrity of the surgical corridor floor. Funding for works approved on January 25 CMG for completion April 25.
- There is a risk to ISCV clinical data security. SB noted that a new solution has been procured and is in final stages of design.
- There is a significant risk of data loss (patient, clinical and corporate), which could severely impact patient care and clinical operations. SB advised that a solution has been procured through capital funding and national funding and architecture around that is taking place to build that, in line with the UHLG. Systems to be ready to launch prior to socialising with staff.

Risks are reviewed monthly at each Divisional Governance meeting and quarterly by the Risk Management Committee.

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

## 5.6 NHS Constitution Compliance Report

Ben Vinter, Director of Risk and Corporate Governance presented the NHS Constitution Compliance Report. A revised Code of Governance came into place for 2023/24. The Code of Governance continues to operate on a 'comply or explain' basis.

The Trust has undertaken an extensive review of compliance with the Code of Governance, as reviewed by the Audit Committee in March 2025. This report provides confirmation of compliance, highlighting two exceptions of compliance with the Code.

External Well Lead considered not to be a good use of time and recourse. JB inquired how assurance is provided this will not become an issue at a later point. BV confirmed that an internal review was completed together with auditors. Joan M stated that a further review is due aligned to the changes in the framework of CQC and their assessment criteria and scoring.

Points around the independent NEDs and Boards, to think carefully where those terms extend by year. A member of the Board extended beyond that term. Good reasons were welcomed by the board for extending beyond that term.

The Board of Directors **noted** the compliance with the Code of Governance and **approved** the disclosure statement for inclusion in the 2024/25 Annual Report.

## 6 Board Assurance

### 6.1 BAF Key Issues Reports and Approved Minutes

#### 6.1.1 CMAST CiC:

- **Summary report for meeting held on 4<sup>th</sup> April 2025**

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

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

- **Summary Report from meeting held on 20<sup>th</sup> March 2025**

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

#### **6.1.3 Quality Committee**

- **BAF Key Issues for meeting held on 8<sup>th</sup> April 2025**
- **Approved minutes for meeting held on 14<sup>th</sup> January 2024**

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

#### **6.1.4 Audit Committee**

- **BAF key issues for meeting held on 11<sup>th</sup> March 2025**
- **Approved minutes for meeting held on 14<sup>th</sup> January 2025**

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

CE provided an update on behalf of John Doyle. The Audit committee continues to focus on iDigital specific issues identifying the gaps that are currently being worked through and actions to address this.

MIAA internal and external auditors are happy with reviews undertaken, and Grant Thornton were confident they have the resources to carry out the annual reporting accounts.

### **7 Terms of Reference Review**

#### **7.1 Audit Committee Terms of Reference**

The Board of Directors **approved** the Audit committee Terms of Reference.

#### **7.2 Quality Committee Terms of Reference**

The Board of Directors **approved** the Quality Committee Terms of Reference.

#### **7.3 Integrated Performance Terms of Reference**

The Board of Directors **approved** the Integrated Performance Terms of Reference.

#### **7.4 People Committee Terms of Reference**

The Board of Directors **approved** the People Committee Terms of Reference.

### **8 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.

### **9 Evaluation of Board Meeting**

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

**10 Date and Time of Next Meeting**

Tuesday 27<sup>th</sup> May 2025.

**11 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.

DRAFT