

Item 3

Council of Governors (in Public)

minutes

Minutes of the Meeting of the Council of Governors held on Tuesday 6th December 2022 at 1pm (in the Conference Room and via Microsoft Teams)

Present:

Val Davies
Michelle Beaver
Dorothy Burgess
Joan Burgen
Terence Comerford
Megan Cromby
Dr Rebecca Dobson
Dr Neil French
Peter Humphrey
Denis McAllister
Allan Pemberton
Dorothy Price
Stephen Storey
Dusty Rhodes
Trevor Wooding

Chair
Staff Governor – Registered and Non Registered Nurses
Public Governor - Merseyside
Public Governor – North Wales
Public Governor - Merseyside
Staff Governor – Non Clinical
Staff Governor – Registered Medical Practitioners
Nominated Governor – University of Liverpool
Public Governor - Merseyside
Public Governor – Cheshire
Public Governor – Cheshire
Staff Governor – Technical, Scientific and AHP
Public Governor - Cheshire
Public Governor – North Wales
Senior Governor/Public Governor - Merseyside

In attendance:

Nicholas Brooks
Bob Burgoyne
Margaret Carney
Gill Donnelly
Karen Edge
Julian Farmer
Ellis Hayes
David Macmillan
Karen Nightingall
Joan Mathews
Dr Raphael Perry
Jane Tomkinson
Karan Wheatcroft
Kate Warriner

Non Executive Director
Non Executive Director
Non Executive Director
Membership & Communications Officer (minutes)
Chief Finance Officer
Non Executive Director
Divisional Director of Operations - Medicine
Head of Capital Projects and Decontamination (Items 1-6 only)
Chief People Officer
Deputy Director of Nursing, Quality & Safety
Medical Director/Deputy CEO
CEO
Director of Risk & Improvement
Chief Digital Information Officer (Item 10.2 only)

Apologies for absence:

Lynne Addison
David Bromilow
Wendy Caulfield
Cllr Sharon Connor
Ray Davis

Public Governor – Rest of England & Wales
Public Governor - Merseyside
Nominated Governor – Friends of Robert Owen House
Nominated Governor – Liverpool City Council
Public Governor – Cheshire

Sharon Faulkner	Staff Governor – Registered and Non Registered Nurses
Elaine Holme	Public Governor - Merseyside
Karen Higginbotham	Nominated Governor - LJMU
Rachael McDonald	Staff Governor- Non Clinical
Princey Santhosh	Staff Governor – Registered and Non Registered Nurses
Peter Wareham	Public Governor – North Wales

1.

Opening Matters

The Council of Governors meeting was conducted using a hybrid approach where governors could attend in person or via video conferencing to ensure ease of access. In order to conduct this meeting efficiently, the papers were produced as usual and in accordance with the business cycle and distributed on 23rd November 2022 by e-mail, and post to those who had requested this.

A template was circulated in advance for each Governor to complete individually. This gave each participant the opportunity to record comments and questions as they reviewed each paper prior to the meeting. Responses were collated and those questions/comments were raised by the Chair or referred to the Governor to raise during the course of the meeting. This pre-work had been particularly helpful for virtual meetings and enabled the Council of Governors meeting to be conducted efficiently given the number of participants. Governors also received the opportunity to attend a pre meeting for 30 minutes prior to the meeting. The Chair also invited governors to make contributions during the course of the meeting. Governors attending virtually posed questions and made comments using the 'raise hand' or 'chat' functions on the video conferencing facility.

2.

Apologies for absence

Noted above.

3.

Declarations of interest relating to Agenda Items

There were no conflicts of interests declared.

4.

Minutes of the Council of Governors (CoG) held on 26th September 2022

The Council of Governors agreed the minutes were an accurate reflection of the meeting and **approved** these for the meeting held on 26th September 2022.

5.

Action Log

Action 1 – Discussions still ongoing and **open**.

Action 2 – progress had been made but this remained a priority to reduce acronyms and jargon in reports. **Open**.

Action 3 – Completed and **closed**.

Action 4 – Ongoing and **closed**.

Action 5 – Ongoing and **open** as with Action 2.

The Council of Governors **received** the updates.

6.

Patient Story

The Deputy Director of Nursing, Quality and Safety highlighted a story of a recent patient with autism. This was shared by his mother who describe their experience as positive and praised the staff who had looked after them both during this hospital journey. It was added that she had been made to feel very welcome to be a care partner in his care and this had been appreciated.

The Chair thanked the family member for sharing this moving story and the teams that had provided the care for him.

The Deputy Director of Nursing added that there was a Learning Difficulties, Autism and Safeguarding Lead Nurse who would also offer support to the family in advance of their hospital visit in terms of a hospital walkthrough. It was emphasised that the Trust would always support families to be involved in the patient's care.

The Council of Governors **received** the patient story.

7.

Capital and Charitable Funds Projects Update

Dave MacMillan, Head of Capital Projects and Decontamination shared an update to the Council of Governors on a number of capital projects that had been supported by Charitable Funds including the Sir Ken Dodd Knowledge and Education Centre, Electrical Infrastructure, MRI Scanner Replacement, Critical Care Garden and Cath Labs. In addition to this a number of projects to improve staff wellbeing had been facilitated in this way. These included improvements to the staff gym, staff wellbeing hub, Electric Vehicle (EV) charging points and Theatres staff room.

There was a discussion from governors as to if there were any plans to make improvements to the Outpatients and neighbouring diagnostics areas. The Head of Capital Projects and Decontamination confirmed that it was in their remit to look at these projects and these would be considered and prioritised in conjunction with divisional teams and Charitable Funds Committee. There was a request from governors to schedule a walkabout to the Sir Ken Dodd Knowledge and Education Centre to enable governors to see this excellent facility.

The Council of Governors **received** the update.

8.

Chair's Briefing

The Chair offered her congratulations for work well done to the Human Resources team who had received an award for Excellence in Public Service at the Personnel Today Awards. the Trust had been shortlisted in two

NH/GD

national HSJ Awards. The Cheshire and Merseyside Healthcare Partnership (HCP) meeting had taken place and attendance to this was multi sector. Attendees were responsible for developing the Cheshire and Merseyside strategy and five year plan following on from the Marmot report. It was added that this group was closely linked to the Integrated Care Board and this would be responsible, primarily for health, but to deliver a strategy and plan closely aligned to the Cheshire and Merseyside HCP strategy.

The Chair explained that the meeting for Chairs and Non Executive Directors within the Cheshire & Merseyside Acute Specialist Trust Provider Collaborative had taken place and provided good opportunity for collaboration.

The Chair explained that she had a meeting with the Chair from the health board in North Wales to connect and enable updates to be brought to the Council of Governors. Plans were underway to meet with a representative from the Isle of Man too and updates would follow. A meeting had been organised with Liverpool Women's Hospital NHS Foundation Trust to talk through the challenges there were currently in women's health.

The Council of Governors **received** the report.

9.

CEO Report

The Chief Executive Officer (CEO) presented the report and highlighted the outcome of the Liverpool Clinical Services review. The product of this work had been that twelve recommendations had been identified to improve patient pathways and care including emergency treatment. Liverpool Heart and Chest Hospital Foundation Trust had been working collaboratively with partners to improve this and an improved Acute Coronary Syndrome (ACS) pathway was currently being trialled with Liverpool University Hospitals Foundation Trust. This was to ensure swifter treatment and care for affected patients. It was hoped and envisaged that if this was a success that this facility could be expanded and offered across Cheshire and Merseyside. In addition to this the Trust was looking collaboratively at providing a single site Security and Pharmacy services.

It was added that there had been a significant change around the functioning of Liverpool Health Partners. There were currently two work programmes and one focusing on Cardiovascular Disease (CVD) of which the Trust was playing a key role.

It was noted that research continued to be a priority for the Trust and a key role would be played in the Clinical

Research Network which had an extended footprint encompassing North West Coast and Manchester. It was hoped that the Trust would play an important leadership role in hosting of this.

It was explained that industrial action was planned by the Royal College of Nursing (RCN) on the 15th and 20th December and by Unison on 21st December. It was added that the Unison strike would impact many staff groups as the union covered many disciplines. Planning was ongoing to ensure the Trust was well prepared and patient safety was paramount.

The Council of Governors **received** the update.

10.

Strategy and Service Improvement

10.1 CoG Objectives

The Director of Risk and Improvement presented the report highlighting the proposed Council of Governor objectives for 2023.

It was discussed that an addition to the objectives could be made within Objective 5 to highlight the importance of governors also being aware of the work of other Integrated Care Systems.

The Council of Governors **received** the report and **approved** the Council of Governor objectives for 2023.

10.2 Digital Excellence Update

The Chief Digital Information Officer presented the report and noted that there was a new Chief Information Officer within the Cheshire and Merseyside Integrated Care System (ICS) and strong links were formed between him and iDigital with a visit to the Trust scheduled shortly. It was noted that good progress had been made in the delivery of digital excellence and digital clinical improvement. In addition to this the Trust had been awarded the Level 3 accreditation for Excellence in Informatics and this was the highest level that could be attained. The iDigital service were also recognised nationally through the Health Tech News (HTN) Awards winning the 'Partnership of the Year' category.

There was a question from governors around if patients that were digitally excluded were supported. The Chief Digital Officer confirmed that many of these patients were known to the relevant service and reasonable adjustments made accordingly. It was added that IT tools were also helpful in this regard and if a patient letter hadn't been accessed virtually then a paper copy of this could be triggered as an alternative.

Following another question around the level of security in place currently regarding IT system access. The Chief Digital Officer confirmed access was role based to ensure access was appropriate and required for each system to their specific role within the organisation. It was confirmed that national funding was expected shortly to fund this digital excellence work.

The Council of Governors **received** the report.

10.3 Ockenden Update

The Deputy Director of Nursing presented the Ockenden Update. It was noted that each Trust had been requested to review the findings from the report and to identify from their own structures and processes if consideration should be given to improve or change. It was explained that the Trust could not compare maternity services however, when aligning the themes generated from this review some key areas had been identified as opportunities for learning.

The Deputy Director of Nursing provided assurance that good progress had been made against the Ockenden action plan detailed within the report.

The Council of Governors thanked the Director of Nursing and team for this report and noted that this enforced the ethos of the Trust that never missed an opportunity to learn and make improvements. It was discussed and concluded that patients, their families and carers should always be at the centre of what we do.

There was a question from governors around mandatory training and if their training detailed within the report was mandatory. The Chief People Officer explained that the Trust was close to 95% target and good progress was being made. The main challenge had been on delivering face to face training and ensuring staff had been able to attend this whilst maintaining safe and appropriate staffing.

The Chair highlighted the Trust was always keen to take every opportunity for learning.

The Council of Governors **received** the report.

10.4 Quality and Safety of Mental Health, Learning Disability and Autism

The Deputy Director of Nursing presented the report on Quality and Safety of Mental Health, Learning Disability and Autism Inpatient Services. It was explained that the review of services and the robust processes in place within the Trust provided assurance that the events observed within Edenfield High Security would not occur

here at Liverpool Heart and Chest Hospital. It was added that any areas of concern regarding poor clinical practice would be identified through the many observations by senior nurses Trust wide, audits, walkrounds and the quality and safety assessments.

The Council of Governors **received** the report and assurance.

11.

Performance and Operations

11.1 Strategic and Performance Dashboard

The Divisional Director of Operations – Medicine presented the report on Trust performance for the period ending 31st October 2022. It was noted that the Trust continued to operate in an environment that was focused on safely restoring high levels of elective activity as an output of the Covid 19 pandemic.

It was highlighted that there were 19 Red indicators on the dashboard and these were detailed within the report by exception. The Trust continued to perform well against agreed trajectories and was in line with regional and national expectations.

In terms of the Trust's Referral to Treatment 18 week position. There was a slightly improved position from last month reported, with continued work ongoing with the service teams to look at validating the patient waiting lists.

It was explained that CT (computered tomography) Guided Biopsy and EBUS (endobronchial ultrasound) capacity had increased in Quarter 2 with additional sessions and therefore improvements made. Staff turnover remained an area of concern and the Human Resources (HR) team were working hard on focusing on hot spot areas. Action plans for 2021 staff survey were being managed by the divisional teams. New staff survey data was expected in March 2022. It was explained there had been a spike in cancelled operations during October 2022 mainly in the surgical division. There had been multiple reasons for this however overruns and urgent substitutions had been a significant contributor.

The financial performance for the period ending 31st October 2022 was a £1,976k surplus against a £1,357k surplus plan, therefore £619k better than plan.

There was a question from governors around the actual implications of cancelled operations and how significant this would be. The Divisional Director of Operations – Medicine explained there were a number of factors impacting this and figures explaining this would be shared. The Council of Governors **received** the report.

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11.2 Finance Report

The Chief Finance Officer presented the report and added the Trust's financial position was strong. Further funding had been made available nationally and increased non-recurrent cost improvement programmes (CIP) had been required of all providers in the Integrated Care System (ICS). It was added that the Trust's revised plan was to deliver a surplus of £2,328k.

The Trust was progressing with the capital programme including the major Cath Lab Re-development programme. The cash stood at £41.1 million which was higher than plan associated with the changes to the original capital programme and working capital movements.

There was a question from governors as to what risk is posed to the Trust if other Trusts were not achieving their targets financially. It was explained that moving forward the Trust may have to grow its own income to ensure some of the same additional levels of innovation and quality could be introduced. There was a discussion from governors around agency staff spending and if there was a cap in place for this. The Chief Finance Officer confirmed that the Trust had lower levels of agency staff expenditure than pre covid and a procedure was in place to ensure that all other opportunities for recruitment were explored first before using this channel. This would reduce the cost pressures.

The Council of Governors **received** the report.

11.3 Patient & Family Support Team – Quarterly Report

The Deputy Director of Nursing presented the quarterly report from the Patient and Family Support Team. It was explained that the Patient and Family Support Manager worked very closely with divisional teams to ensure any concerns were dealt with promptly.

It was highlighted that 4 formal complaints, 71 contacts were made, 43 informal concerns and 28 requests for information or advice were made in quarter 2. On the whole it was noted that the number of formal complaints had reduced with 21 received year to date and 30 being recorded the year previous.

It was noted that a theme of administrative errors had reoccurred as an informal concern. Improvement works was underway with the divisional teams on this and there had not been any concerns raised since this work. There was a request from governors if there could be an Administrative column incorporated on the report.

It was added that a lot of work was being done at wards

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and departmental level to resolve any concerns at this level before it reached formal stage.

The Council of Governors **received** the report.

11.4 Winter Preparedness

The Divisional Director of Operations – Medicine presented the report on Winter Preparedness Plan for 2022/23.

It was explained that the Trust leadership team had been engaged with system partners to offer mutual aid options and collaborative proposals for services during winter. This included a support for Broadgreen Hospital orthopaedic patients undergoing surgery onsite but require Critical Care support post operatively.

The Trust would also be providing a number of respiratory schemes including Respiratory Virtual Ward, Respiratory North West Ambulance Service and Knowsley Community Respiratory Service rapid response. An Acute Coronary Syndrome (ACS) Early Transfer Policy will be in place again during the winter. The Private ambulances will be utilised to facilitate the transfer of patients to the Trust for procedures as well as expediting discharges.

There was a question from governors as to what the uptake from staff had been for flu and covid vaccinations. The Divisional Director of Operations – Medicine confirmed that it was 49% for flu and covid 31%. The Deputy Director of Nursing added that other Trusts were also experiencing lower than usual uptake for these vaccinations. However the Trust was doing all it could to improve this. Governors also asked if the impending industrial action would be factored into these plans. The Divisional Director of Operations- Medicine confirmed that this was being considered and any postponed operations were being rescheduled and factored in as soon as possible.

The Council of Governors **received** the report.

11.5 National Inpatient Survey Results

The Deputy Director of Nursing presented the report providing an overview of the National Inpatient Survey Results. Overall, the Trust was rated the top hospital in the North West for overall care and fourth nationally. The Trust was listed as one of the four trusts who had been rated as 'much better than expected' from the survey results. The Trust also had the best response rate from patients which was really positive as it meant greater feedback was sought.

The Deputy Director of Nursing added that patient feedback was collated in a number of ways when they had been discharged in addition to inpatient survey results. This feedback was monitored and improvement implemented. It was added that patients would be invited to engage and shape the Trust's quality priorities early 2023.

The Council of Governors **received** the report.

12.

Governance & Assurance

12.1 Regulatory Updates: Addendum for Governors

The Director of Risk and Improvement presented the report detailing the revised Addendum on system working and collaboration: The role of foundation trust councils of governors was published by NHS England (NHSE) in October 2022 following consultation in June 2022. It was noted that there was no change to the statutory duties for council of governors and NHS England expected Council of Governors to act in line with the principles in the addendum.

It was noted that the report provided clarity as to where the Trust was in achieving each of the requirements and there was an action plan incorporated to outline the next steps. A workshop would be organised for governors in the future to further outline the addendum implications and development.

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The Council of Governors **received** the update.

13.

Governor Issues

13.1 Feedback from Network/Engagement Events

There were no items raised for discussion.

13.2 Governor Induction Day Feedback

The Chair discussed the annual Governor Induction Day which had been hosted by the Trust virtually and facilitated by Ann Utley, Luscent. 17 governors had attended from Liverpool Heart and Chest Hospital, The Walton Centre, Liverpool Womens and Liverpool University Hospitals Foundation Trust. Feedback from the session was that it had been very informative and helpful. The Chair confirmed the Trust intended to continue to hold this induction day on an annual basis.

The Council of Governors **received** the report.

13.3 Joint Board/CoG Development Day

The Director of Risk and Improvement presented the report from the Joint Board and Council of Governors Development Day which provided a summary from the day.

The Council of Governors **received** the report.

14.

Working Groups

14.1 Membership and Communications

Dorothy Burgess, Public Governor – Merseyside and Deputy Chair of Membership and Communications Sub Committee presented the report and welcomed Michelle Beaver, Staff Governor – Registered and Non Registered Nurses to the sub committee. It was noted that there had been a successful recruitment event at Liverpool John Moores University (LJMU) and thanks was offered to Michelle Laing from LJMU for organising this and to Governors, Elaine Holme and Trevor Wooding for supporting this event. In addition to this, it was added that Marine Football Club had requested the support from the Trust in delivering a CPR (cardiopulmonary resuscitation) /how to use a defibrillator education session for their volunteers, stewards and local businesses. Thanks was offered to Sharon Faulkner, Staff Governor – Registered and Non Registered Nurses for supporting this event.

The Council of Governors **received** the report.

14.2 Feedback from Development Groups

There were no items raised for discussion.

14.3 Staff Governor Group

The Chair thanked the staff governors for the important role they plan in representing their colleagues and bringing their first hand knowledge and perspective of the challenges faced in delivering outstanding patient care.

It was added that staff governors were all welcome to attend the quarterly Staff Governor virtual drop in sessions and that it was hoped that more would be able to attend them moving forward.

The Council of Governors **received** the update.

15.

Committee Updates

- **Audit Committee**

Julian Farmer, Audit Committee Chair presented the update from the Audit Committee which had been held on 11th October 2022. It was added that it was a positive picture and that where risks were identified by

Assurance Committees that these were escalated and well managed. The Trust performed well in terms of data quality and this was supported by a sound governance structure. Cyber security was also noted to have remained very strong at the Trust.

The Council of Governors **received** the report.

- **People Committee**

Margaret Carney, Chair of the People Committee presented the report from the committee and explained the most recent meeting had taken place earlier that day. It was noted that good progress had been made and improvement plans implemented following GMC (General Medical Council) Survey had progressed. It was added that a new Director of Medical Education had made this a key area of focus. This was important to ensure job satisfaction of this group of staff but also to ensure the reputation of the Trust as a training centre. It was added that significant work was ongoing to implement improvement plans in recruitment and retention. In addition to this it was noted the Staff Survey response rate had closed at 64% which was really positive.

The Council of Governors **received** the report.

- **Quality Committee**

Nick Brooks, Chair of Quality Committee presented the report from the Quality Committee and explained the Clinical Quality Dashboard had been considered. On the whole assurance was found on all areas with the exception of ongoing concern over pre hospital delays in the treatment of heart attacks (primary angioplasty). It was added that e-consent was to be rolled out to ensure compliance for consent to procedures. It was added that the Pharmacy aseptic unit audit had identified areas of concern and action plans were in place for completion by December. It was added that there were no immediate operational risk.

There was a discussion from governors around the implications if the Pharmacy Aseptic Unit became unavailable. The Chair of the Quality Committee there were plans in place to resolve these concerns and the Operational Board had oversight of this.

The Council of Governors **received** the report.

- **Integrated Performance Committee**

Bob Burgoyne, Non Executive Director presented the update from the Integrated Performance Committee and explained financial performance was better than plan and capital programmes were on track. Key performance risks had been reviewed and mitigations considered. It was added that improvement plans were in place for Admin, Surgery long waiters and Cancer. It was highlighted that Dr Rebecca Dobson had been appointed as Trust Cancer Lead and would help drive improvements forward. It was added that consideration had been given to cost improvements.

The Council of Governors **received** the report.

- **Charitable Funds Committee**

Bob Burgoyne, Charitable Funds Committee Chair presented the report from the most recent meeting held on 5th October 2022. It was explained that donations were 22% ahead of target and income of £97k from legacy had been received. It was added that the Robert Owen House facility is now offering full capacity accommodation to the relatives of patients. This facility was limited throughout the covid pandemic.

The Council of Governors **received** the report.

The Chair explained that the Trust would be introducing a Research and Innovation Committee to provide strategic oversight and raise the profile of this work. Bob Burgoyne would be chairing this committee and further updates would follow.

16.

Non Executive Director (NED) Walkabouts

Julian Farmer, Non Executive Director (NED) presented the report on NED walkabouts and noted that a series of walkabouts had taken place as outlined in the paper. It was added that the walkabouts had been extremely positive.

There was a discussion from governors which confirmed how useful and informative these sessions were and governors were welcomed to book to attend these. Governors requested that an addition be made to the NED Walkabout Guidance to outline that NEDs should be willing share details of walkabouts with the Council of Governors. It was also requested that some of the walkabouts were held on the same day as Council of Governor meetings to enable governors to maximise their time onsite.

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17.

Schedule of Meeting Dates 2023/24

The Chair presented the schedule of meeting dates.

18.

Date and Time of Next Meeting

Tuesday 7th March 2023, 1pm