

## Council of Governors – Part 1 (in Public)

**Tuesday 1<sup>st</sup> March 2022**  
**1.00 pm**  
**Via Zoom**

### agenda

1. **Apologies for Absence:**
2. **Presentation**
3. **Patient Story**
4. **Declaration of Interests Relating to Agenda Items**
5. **Minutes of the Council of Governors (CoG) meeting held on:**  
Tuesday 7<sup>th</sup> December 2021 NL Item 5.0
6. **Chair's Briefing** NL Verbal
7. **Performance and Operations:**
  - 7.1 ICS and Provider Collaborative Update JD Presentation
  - 7.2 Performance Report for Period JM Item 7.2
  - 7.3 Finance Report for Period KE Item 7.3
  - 7.4 Planning Update KE/JM Presentation
  - 7.5 Patient & Family Support Team Activity Report Q3 JM Item 7.5
  - 7.6 License Condition G4: Fit and Proper Persons Requirements KWh Item 7.6
8. **Governor Issues**
  - 8.1 CoG Objectives KWh Item 8.1
  - 8.2 Corporate Governance Statement KWh Item 8.2, a-b
  - 8.3 Annual Review of Register of Interests KWh Item 8.3
  - 8.4 Membership & Communications Sub Committee EH Item 8.4
  - 8.5 Feedback from Governor development groups All Verbal
9. **Governor Engagement during COVID Pandemic** NL Verbal
10. **Board of Directors**
  - 10.1 Report from the Audit Committee JF Verbal
11. **Update on Appointment from External Auditors** KE/JF Item 11.0
12. **Process for Chair's Appraisal** KWh Item 12.0, a-e
13. **Action Log** NL Item 13.0
14. **Date and Time of Next Meeting:**  
Tuesday 7<sup>th</sup> June 2022 at 1.00 pm

## Item 5

minutes

### Council of Governors

**Minutes of the Meeting of the Council of Governors held on Tuesday 7<sup>th</sup> December 2021 at 1pm (via Zoom)**

#### **Present:**

Neil Large	Chair
Mark Allen	Public Governor - Cheshire
Lynne Addison	Public Governor – Rest of England and Wales
Joan Burgen	Public Governor – North Wales
Dorothy Burgess	Public Governor - Merseyside
Wendy Caulfield	Nominated Governor – Friends of Robert Owen House
Terence Comerford	Public Governor - Merseyside
Charlie Cowburn	Staff Governor – Registered and Non Registered Nurses
Ray Davis	Public Governor - Cheshire
Dr Rebecca Dobson	Staff Governor – Registered Medical Practitioners
Sharon Faulkner	Staff Governor – Registered and Non Registered Nurses
Karen Higginbotham	Nominated Governor - LJMU
Peter Humphrey	Public Governor - Merseyside
Rachael McDonald	Staff Governor – Non Clinical
Roy Page	Public Governor - Cheshire
Allan Pemberton	Public Governor – Cheshire
Dot Price	Staff Governor – Allied Healthcare Professionals, Technical & Scientific
Dusty Rhodes	Public Governor – North Wales
Hollie Swann	Nominated Governor - LJMU
Trevor Wooding	Senior Governor/Public Governor - Merseyside

#### **In attendance:**

Nick Brooks	Non Executive Director
Bob Burgoyne	Non Executive Director
Jonathan Develing	Director of Strategic Partnerships
Gill Donnelly	Membership and Communications Officer (Minutes)
Karen Edge	Chief Finance Officer
Julian Farmer	Deputy Chair/Senior Independent Director
Hayley Kendall	Chief Operating Officer
Joan Mathews	Deputy Director of Nursing
Karen Nightingall	Chief People Officer
Karen O'Hagan	Non Executive Director
Jane Tomkinson	Chief Executive Officer
Kate Warriner	Chief Digital Officer (Left the meeting Item 7.2)
Karan Wheatcroft	Chief Governance Officer
Dr Jay Wright	Interim Director of Research

#### **Apologies for absence:**

Cllr Sharon Connor	Nominated Governor – Liverpool City Council
Megan Cromby	Staff Governor – Non Clinical
Elaine Holme	Public Governor - Merseyside

**1. Opening Matters**

In accordance with the Trust's response to Covid 19, the Council of Governors meeting was conducted remotely via video conferencing to maintain social distancing. In order to conduct this meeting efficiently, the papers were produced as usual and in accordance with the business cycle and distributed on 29th November 2021 by e-mail and post.

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 during the course of the virtual meeting. This pre-work enabled the Council of Governors meeting to be conducted efficiently given the number of participants. The Chair also invited governors to make contributions during the course of the meeting. Governors posed questions and made comments using the 'raise hand' or 'chat' functions on the video conferencing facility.

**2. Apologies for absence**

Noted above.

**3. Patient Story**

The Deputy Director of Nursing shared a patient story which highlighted the experience of a surgical patient who had spoken very highly of the Trust staff and the treatment they had received whilst in hospital.

The Council of Governors received the story.

**4. Declaration of Interests Relating to Agenda Items**

None declared.

**5. Minutes of the Council of Governors (CoG) held on 27th September 2021**

The Council of Governors agreed the minutes were an accurate reflection of the meeting and approved these for the meeting held on 27<sup>th</sup> September 2021.

**6. Chair's Briefing**

The Chair opened his briefing by welcoming Ray Davis, Roy Page and Linda Griffiths to their first Council of Governors meeting since joining at the end of the Annual Members' Meeting 2021.

The Chair thanked Hayley Kendall, Chief Operating Officer who would be leaving the Trust at the end of the month. Hayley had been appointed to a

new role as Chief Operating Officer at Wirral University Teaching Hospitals Foundation Trust and the Chair wished her all the best in her new role.

The Chair added that the new Sir Ken Dodd Knowledge and Education Centre, named after the world-famous Liverpool entertainer, had been formally opened by Lady Anne Dodd on Monday 1<sup>st</sup> November, thanks to their generous ongoing support of the hospital over many years. The centre would help to train and provide ongoing learning to cardiothoracic healthcare staff.

In addition to this, on 19<sup>th</sup> October 2021, the Trust had once again been named one of the best hospitals in the country, and the best in the North West, for inpatient experience. This was according to the Care Quality Commission's 2020 Adult Inpatient Survey, which also recognised LHCH as the TOP trust in Cheshire and Merseyside. The Chair paid tribute to the hard work and dedication of staff who had made these results possible.

It was explained that Christmas can be a challenging time of year for some and particularly for our patients who unfortunately due to the high prevalence of covid in the community would be unable to receive visitors again. Our teams were working hard to look at how patients and families could be supported to keep in touch during the festive period.

The Chair offered his thanks to Dr Rebecca Dobson who provided an informative virtual talk for Ainsdale Patient Participation Group and members on the Cardio Oncology service on 11<sup>th</sup> November. Further thanks were offered to Sharon Faulkner and Karen Dickman from Knowsley Community CVD team for recently providing vital and life-saving CPR and Defibrillator training to stewards, staff and volunteers of Marine FC and the local community.

It was noted that the Non Executive Led Development Session on the People Committee would commence via zoom at 10.30am on 18<sup>th</sup> January 2021 and this would be closely followed by Quality Development Group in February. Details of these would be circulated shortly.

It was explained that a governor mentor scheme had commenced with three pairings initiated containing one new governor with one mentor each. The group had met this morning with Ruth Dawson, Head of Education who had outlined the process. The effectiveness of this scheme would be reviewed in 12 months.

Bob Burgoyne, Non Executive Director highlighted that the LHCH Charity and the Communications team had prepared a 12 Days of Christmas Campaign. Videos had been shared on social media and the Charity website from twelve members of staff highlighting key work that LHCH Charity had supported. Governors had commended the work and added that it had been really enlightening to see some of the work that had been undertaken by the hospital.

The Council of Governors received the update.

## **7. Performance and Operations**

### **7.1 Digital Systems Update**

Kate Warriner, Chief Digital Officer presented a Digital Systems Update and highlighted that from a national point of view that there would be a significant amount of changes to come to streamline digital organisations nationally. The Trust was kept updated and engaged with these developments.

From a Cheshire and Merseyside Integrated Care System perspective, the new Chief Digital and Information Officer for Cheshire and Merseyside had commenced in post in October 2021. It was noted that work was underway in partnership to review the digital strategy, governance and priorities within the ICS. LHCH was playing an active role in these developments with local digital leaders.

It was noted that the Trust would be shortly undertaking the Healthcare Information and Management Systems Society Level 6 accreditation which would be a significant achievement for the Trust. This international accreditation would demonstrate how electronic patient records and technology was used to improve patient care and safety. It was noted that this was a prestigious internationally recognised award. It was explained that there were only three other hospitals in the country currently at Level 6 standard.

It was added that positive progress had been made in delivering the Trust's Digital Excellence strategy which had been supported by the Digital Aspirant Programme. It was also noted the iDigital team would be marking their team and individual successes from the past year with a virtual celebration event later that week.

There was a discussion from governors around if the partnership between Liverpool Heart and Chest Hospital and Alder Hey was consistent with the Integrated Care System. The Chief Digital Officer noted that the collaboration was and that best practice was also shared with other hospitals in the region. It was added that there had been a number of changes made internally in terms of supporting staff with equipment to work remotely, the roll out of Office 365, facilitating more agile working and front line staff with systems required on the wards. It was also added that the connectivity with Wales was being addressed on a national level to bring this in line with England connectivity.

The Chair thanked the Chief Digital Officer and the iDigital team for their work. The Council of Governors received the update.

### **7.2 Performance Report for Period Ended 31<sup>st</sup> October 2021**

The Chief Operating Officer noted that the Trust had made excellent progress against the diagnostic targets in recently month however, the target had unfortunately narrowly underperformed with a position of 97.55% against a target of 99%. This was due to specific challenges on staffing additional sessions and significant work had gone into planning for the rest of the year with the forecast is that of a compliant position.

Referral to treatment waiting times remained below target as expected due to the significant backlog accumulated during the surge however the Trust is making good progress internally. Performance in month stands at 79.21% for

English commissioned activity and 82.32% for Welsh commissioners, a slightly improved position compared to the previous month. This performance is in line with the Trust recovery trajectories.

There were 54 patients waiting longer than 52 weeks at the end of October, an improved position compared to previous months. There were several challenges forecast for November in relation to critical care staffing that may impact on performance against the trajectory next month.

In terms of cancelled operations there were two 28 day breaches of the standard in month that were directly related to the reduced capacity in critical care towards the end of the month. Both patients had been dated for their operation in November.

The Chief Operating Officer highlighted that in relation to the 28-day faster diagnosis standard the performance in month stood at 56%, the main challenges relate to EBUS and CT Guided Biopsy capacity with clear action plans in place to address both aiming for compliance in January 2022.

In addition to this for the 62-day consultant upgrade that the performance had been non-compliant in month due to one patient that breached the target due to them having Covid, and not being able to receive treatment until after the isolation period.

Sickness increased slightly to 5.5% in month, 0.6% higher compared to the same period last year. The Chief People Officer noted that the average in Cheshire and Merseyside for staff absence was 7% and therefore the Trust was doing well comparably.

There was a discussion from governors about the impact the new covid variant may have on trust activity and staff absence. The Chief Operating Officer explained the Trust had been able to maintain high activity during covid due to the commitment of the clinical teams. It was added that they did not anticipate this to change however this would be subject to any changes in national guidance. Governors asked if the trust had been able to maintain the use of low levels of agency staff. It was added that the Trust utilised a small number of agency staff primarily in Critical Care and Radiology however, it was not forecast that the Trust would need to increase this to higher levels. It was added that when compared with other hospitals the Trust utilised low level of agency comparatively.

There was a discussion amongst staff governors who highlighted that it was currently very busy on the front line. It was added that Trust were well supported by the Trust and that the surprise gift voucher received by staff from the trust had been very well received. Governors also requested more Information around the levels of mandatory training currently completed by staff. The Chief People Officer noted that there were currently high levels of completion at 95% of the workforce. It was recognised that this training was crucial to maintain patient and staff safety.

There was a discussion from governors around the never event and serious incidents that had been outlined in the report and what learning had been taken forward from this. The Deputy Director of Nursing provided a high level

overview of these incidents and the learning that had been identified. The Chair noted that he had agreed to provide a development session for governors on the difference between the classification of incidents and this would be arranged and communicated with governors in due course. The Council of Governors received the report.

NL/KWh

### **7.3 Finance Report for Period Ended 30<sup>th</sup> September 2021**

The Chief Finance Officer noted that the Trust had achieved breakeven in the first half of the year April to September 2021 (H1). Trust income was £732k below the year to date plan which was partly due to the total elective recovery fund (ERF) income being £524k below plan. ERF income for English patients was £2,187k behind the original plan. Confirmation of the ERF for quarter 1 has been received and was noted as £4,214k. However, across the ICS, the July to September threshold was expected to not have been met and so no further income has been assumed in the position for quarter 2. To date, the Welsh ERF income is £1,663k which partially offset the English ERF shortfall against plan.

The financial plans for the second half of the year (H2) had now been finalised. The national planning principles for H2 were broadly consistent with the H1 framework, with a continuation of block payment arrangements in place with NHS commissioners. There continued to be a national fund in place to support elective recovery. The Trust had plans in place to achieve a breakeven position in H2.

It was added that performance against the Cost Improvement Programme (CIP) remained a risk, but work continued to identify further recurrent schemes in order to ensure financial sustainability going forward.

In addition to this, capital expenditure was £5,395k against a plan of £7,492k, with much of the variance caused by revisions to the phasing of certain capital projects. The Chief Finance Officer explained that there was a new way of working in terms of seeking agreement for capital projects now from the Integrated Care System. The Trust would have less autonomy around capital funding going forward.

The Council of Governors received the update.

### **7.4 Financial Planning Update**

The Chief Finance Officer presented the financial planning update and noted the Trust was now working closely with the wider healthcare system to develop a set of financial principles to work with. This meant all trusts within the integrated care system (ICS) would be supported to break even on 31<sup>st</sup> March 2022. It was added that differential CIP/QIPP targets would apply reflecting the pre-covid deficits in organisations. It was added that valid System commitments and obligations, including those carried forward from H1, were to be considered as a first charge against the H2 envelope. In addition to this, it was highlighted that Cheshire and Mersey ICS had submitted a break even plan for H2. The Trust had non-recurrent mitigations and was confident in delivering a break-even position for H2. However, system risks included ERF, Winter and Cost Improvement Plan (CIP). It was added that annual planning guidance was due in December 2021 and Cheshire and Mersey was working on an aligned approach 2022/23.

The Council of Governors received the update.

### **7.5 Patient & Family Support Team Activity Report Q2**

The Deputy Director of Nursing presented the Patient & Family Support Team report for Quarter 2. It was noted that during this period there had been a total of 12 formal complaints received by the Trust. In addition, 94 contacts were made, of which 63 were informal concerns and 31 requests for information or advice.

It was added that the Trust were working closely with Liverpool University Foundation Trust (LUFT) on the action plan to ensure appropriate security of the onsite mortuary. The work was currently being led by LUFT and was being considered by their Board of Directors in December 2021.

The Council of Governors were requested to receive assurance that the complaints process, management and procedure was robust and monitored for effectiveness and was based upon the Trust's Complaint Policy.

There was a discussion from governors around the terminology of heart failure currently used and the way that is delivered to patients which can cause distress. The Deputy Director of Nursing explained that the Patient & Family Support Team had a good relationship with clinicians to ensure any learning in regards to this was taking forward. Dr Rebecca Dobson, Consultant Cardiologist added that this was a well known term but it was being reviewed currently on a national level as it was understood that it can often be distressing for patients.

The Council of Governors received the report.

## **8. Governor Issues**

### **8.1 Report of Joint CoG/BoD Development Day – 9<sup>th</sup> November 2021**

Karan Wheatcroft, Chief Governance Officer presented the report from the development day held on 9<sup>th</sup> November 2021 and the proposed Council of Governor objectives for 2022.

Allan Pemberton, Public Governor-Cheshire highlighted there were further proposed amendments to discuss. The Chair suggested that that he meet with governors and Karan Wheatcroft, Chief Governance Officer to take this forward. Allan Pemberton, Trevor Wooding and Dorothy Burgess all volunteered to become involved and it was noted that the date would be set and circulated to governors who were all welcome to attend if they wished.

The Council of Governors received the report.

### **8.2 CoG Meeting Date Schedule 2022/23**

Karan Wheatcroft, Chief Governance Officer presented the meeting schedule which had followed the format of previous years. The Council of Governors received the schedule.

### **8.3 Membership and Communications Sub Committee**

Dorothy Burgess, Public Governor – Merseyside and Deputy Chair of the Sub Committee presented the report from the Membership and Communications

NL/KWh



Sub Committee and noted that all key performance indicators within the Membership Strategy had been achieved year to date.

Dorothy Burgess noted that two examples of the Trust at its best in local communities had recently taken place. This had included an online event, presented by Dr Rebecca Dobson, delivering an overview of Cardio Oncology, including our collaboration with Clatterbridge and other clinical providers. The event had been initiated by Trevor Wooding and hosted by Ainsdale Medical Centre Patient Participation Group. The second event was with Sharon Faulkner and Karen Dickman from the Knowsley Community CVD Team who had delivered essential CPR and Defibrillator training to a very well attended meeting at Marine FC on 28th November 2021. Dorothy Burgess thanked all involved in both these events which had both been hugely successful.

It was added that the Committee would further consider synergy between recruitment and engagement of younger members via colleges, universities and community groups whilst simultaneously using the opportunity for showcasing career pathways within the Trust.

It was requested by governors that all virtual talks be recorded and made available on the trust website after the event. This would be organised by the Communications Team on an ongoing basis.

The Council of Governors received the report.

## **9. Governor Engagement during COVID Pandemic**

The Chair discussed that the current virtual format of meetings for the Council of Governors had been working well over the last eighteen months and it had made the meeting more accessible for those living a distance from the hospital. It was noted that this would be kept under review however this was considered the safest way at this present time. It was added that visiting was still suspended at the hospital and therefore this continued to be the most appropriate method for the Council of Governors to operate.

The Council of Governors noted the update.

## **10. Board of Directors**

### **10.1 Report from the Audit Committee**

The Deputy Chair/Senior Independent Director presented the report from the Audit Committee. It was noted that the Audit Committee had been satisfied with the work of the assurance committees and that actions were being completed as required. It was added that the Audit Committee had also received stakeholder feedback in regards to the internal auditor MIAA and no areas for improvement had been highlighted. It had been noted that although there had been a technical qualification to the External Auditors Final Report for 2020/21 that there were no significant issues raised by the auditor. This had been well received the Audit Committee.

The Council of Governors received the update.

## **11. Action Log**

Action 1 – completed and closed  
Action 2 – completed and closed  
Action 3 – completed and closed

**12. Date and Time of Next Meeting**  
Tuesday 1st March 2022 at 1pm

DRAFT

DRAFT

DRAFT

## Council of Governors (in Public) Item 7.2

**Subject:** Month 10 SOF Performance Report  
**Date of Meeting:** Friday 28<sup>th</sup> January 2022  
**Prepared by:** Executive Directors  
**Presented by:** Jonathan Mathews, Chief Operating Officer  
**Purpose of Report:** For information

### 1. Executive Summary

The purpose of this paper is to present an update on the Trust performance for the period ending 31<sup>st</sup> January 2022 and should be read in conjunction with the performance dashboard that is attached as Appendix 1.

The Trust is operating in an environment that is focused on safely restoring high levels of elective activity to treat the backlog of patients as an output of the COVID-19 pandemic. In terms of the Trust's statutory performance the following exceptions should be noted:

- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during COVID. Performance in month stands at 82.34% for English commissioned activity and 77.79% for Welsh commissioners. This performance is below the Trust recovery trajectories, however, continues to show an improving position.
- There were 52 patients waiting longer than 52 weeks at the end of January, a reduced position compared to the previous month. An increase in staff sickness and urgent pressures has continued to impact on performance against the recovery trajectory
- Cancelled Operation for non clinical reasons was at 2.3% for January.
- Both the Cancer 62 day and 62 day Consultant Upgrade indicators have fallen below compliance at 83.9% and 57.1% respectively. Q4 we expect continued challenges on these standards with faster diagnostic demand continuing to outstrip capacity.
- The 6 week diagnostic position was narrowly below target for January at 98.8%.
- Sickness increased to 8.2% in month, 2.3% higher compared to the same period last year. The teams are focused on clear and early intervention to avoid long term sickness where appropriate.
- Staff turnover has remained above 10% since May 21 and is being reviewed as part of the recruitment & retention strategy.
- Mandatory training compliance has dropped below the 95% since September 21, conscious efforts have been made in the Division to revisit compliance.

Other performance exceptions to note are summarised as follows:

- In Hospital Mortality was high during November & December. This was driven by clustering of a large number of admissions after out of hospital cardiac arrest which carries a high mortality. Reasons and mitigations will be discussed within the Mortality Improvement meetings.
- Bed Occupancy was below 80% in January at 72% but is expected above the target threshold through February & March.

Safely restoring maximum levels of elective activity amongst COVID system support remains the focus for the operational teams, delivering against the ambitious recovery trajectories which the Board will be updated on monthly.

## **2. Financial Position**

The Trust reported a surplus of £343k in the period ending 31st January. The financial position for the second half of the year (H2) has been agreed as a break-even plan. Income from the Integrated Care System (ICS) had been agreed and supports the target position

The 2021/22 financial year has been split into two six month planning periods (H1 and H2). The planning guidance for H2 was released at the end of September and many of the existing contractual arrangements have rolled forward to the second half of the year. ERF will continue into H2, albeit with a revised calculation methodology based on RTT pathways as opposed to activity.

The Trust is planning a break-even position for H2 with expenditure trends remaining stable and no significant risks in terms of income. Non-NHS income was favourable in month leading to the better than anticipated surplus position.

Expenditure in the month of January was in line with expectations with no significant variances to note.

The Trust continues to make progress in the development of its Cost Improvement Plan with slippage from earlier periods covered by non-recurrent mitigations.

Capital expenditure slippage is recovering and the forecast remains in line with the programme value agreed for the financial year with no significant risks identified.

The Trust retains a strong cash position.

## **3. Conclusion**

The Trust has had a challenging start to Q4, but continues to look at actions to meet the suite of statutory KPIs as well as the recovery trajectories that were developed earlier in the year. The Trust continues to experience issues with staffing across Cath Labs, Theatres and Radiology but these are being mitigated as far as possible. The clinical and operational teams are well sighted on the required performance which is managed through the divisional governance structures and Operational Board.

#### **4. Recommendation**

The Council of Governors is asked to note the content of the paper and associated actions detailed within it.

## Council of Governors Item 7.3

**Subject:** Finance Report for the Period Ended 31<sup>st</sup> December 2021  
**Date of Meeting:** 25<sup>th</sup> January 2022  
**Prepared by:** James Bradley, Deputy Chief Finance Officer  
**Presented by:** Karen Edge, Chief Finance Officer  
**Purpose of Report:** To note

BAF Reference	Impact on BAF
BAF 7	The Trust has recorded a year to date (YTD) surplus of £321k.

Level of assurance (please tick one)					
X	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	<b>Low assurance</b> Evidence indicates poor effectiveness of controls

### 1. Executive Summary

The financial performance for the period ending 31<sup>st</sup> December 2021 is a £321k surplus.

The financial plan for the second half of the year (H2) has now been finalised. The Trust plans to deliver a breakeven position. This is reliant on non-recurrent funding, including the Elective Recovery Fund (ERF), Targeted Investment Fund and Integrated Care System (ICS) funding allocations. The plan is profiled flat, with a breakeven position planned for each month until the end of the year.

The summary month 9 position is outlined in the table below;

M9 Financial Position	In Month Plan £'000	In Month Actual £'000	In Month Variance £'000	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000
Total Income	18,723	18,817	94	161,354	161,268	(86)
Total Expenditure	(17,977)	(17,964)	13	(154,829)	(154,570)	259
Depreciation & Technical	(746)	(670)	76	(6,525)	(6,465)	60
Surplus / (Deficit)	(0)	183	183	(0)	232	232
Removal Transactions Relating to Donated Assets	0	6	6	0	89	89
Surplus / (Deficit) on a control total basis	(0)	189	189	(0)	321	321

Key issues to note in the month 9 position are as follows:

- The income position now reflects additional system top up funding and Targeted Investment Funding (TIF) which has been agreed with the ICS.



- The Isle of Man and Private Patients income remains on a cost per case arrangement. The total variance is £423k above plan in the year to date position, with the in-month performance being £237k above plan.
- Research & Development and Education & Training income is £332k and £95k respectively below the year to date plan.
- Expenditure is below plan, with the year to date position being a £259k underspend against budget. Pay costs are marginally lower than budget. An overspend in utilities costs are more than offset by lower drugs and clinical supplies costs.
- Unachieved CIP resulted in a £1,370k budgetary pressure year to date. This is currently offset by the risk reserve. Work continues to identify further recurrent schemes to ensure financial sustainability going forward.
- Elective (incl. daycases) activity is compared to the 2019/20 activity levels, with a strong focus on restoring activity to pre-Covid levels. The Trust delivered elective activity that was 92% of 2019/20 activity in December and 94% of 19/20 levels in the year to date. It should be noted that casemix is higher than pre-Covid.
- Capital expenditure was £7,617k against a plan of £9,121k, with much of the variance caused by revisions to the phasing of certain capital projects.
- Forecast – The Trust is forecasting to achieve a breakeven position in H2 and for the year. The expenditure trends remain stable, and there are no significant income risks predicted for the last quarter. Consistent with the principles of operating within the ICS, any surplus generated by the Trust will be returned to the System through adjustment of the non-recurrent ICS allocations to support those organisations with unmitigated financial pressures.

The Council of Governors is asked to:

- NOTE the financial position of the Trust for the period ending 31<sup>st</sup> December 2021.

## Council of Governors (in Public) Item 7.5

**Subject:** Patient & Family Support Team Activity Report Q2  
**Date of meeting:** Tuesday 1<sup>st</sup> March 2022  
**Prepared by:** Laura Allwood, Patient & Family Support Manager  
**Presented by:** Susan Pemberton Director of Nursing, Safety and Quality  
**Purpose of Report:** To Note

### 1. Executive Summary

This report outlines the informal concerns and complaints captured in Q3, 1st October- 31st December 21. The Trust received a total of 4 formal complaints for Quarter 3. In addition, 49 contacts were made, 35 informal concerns and 14 requests for information or advice.

Of the 4 formal complaints received in Q3, 2 are still under investigation. 1 has been extended and letter sent to complainant. 1 complaint was not upheld and 1 partly upheld.

There was no trend in area or subject of the complaints and some related to different time periods. The Trust has received 21 compliment letters/emails in this quarter-all shared and feedback to appropriate teams and directorates.

### 2. Contacts - Informal Concerns, Advice & Information Table 1

#### Quarter 3 Contacts -Overall Total = 49

##### 35 Informal Concerns – themes

- Missing deceased property- 1 pertaining to 2 rings never recorded at LHCH and the other was a lost ring and mementoes- ring was in another trust.
- Inpatient- Cherry ward- patient post procedure- covid precautions queried.
- Inpatient- cedar ward- lack of communication/updates to the wife
- Inpatient- family unaware of discharge plans for the patient
- OPD- patient didn't have BP check and next day was checked and found to be high
- Lack of cardiac rehab in one area recent changes made- patient was anxious not getting full support. Has been raised with the trust involved.
- Inpatient experience- rowan/oak- Patient cancelled whilst waiting on rowan and worried may have been discharged too soon.
- Long wait for clinic letter
- Home visit experience- complex patient
- Awaiting surgery- felt lacking information from trust
- Dental advice following surgery
- Family issues around pacemaker and MRI scan
- Family describing lack of care package on discharge for patients
- Multiple concerns over surgery cancellations
- SABA - car parking issue- costly charges and poor staff experience
- Experience in OPD- anxious patient
- Lack of follow up appointment

##### 14 Advice & Information - Subjects include:

- Advice about what property to bring in.

<ul style="list-style-type: none"> <li>• Needing clarification about information provided in recent appt</li> <li>• Wait time for surgery</li> <li>• Chasing surgery date/timescales</li> <li>• Ambulance query</li> <li>• Access to records</li> <li>• Relative attending OPD- reasonable adjustments</li> <li>• Charity letter sent inappropriately</li> <li>• Chasing clinic letter</li> </ul>
<b>Informal complaints- requiring more in-depth investigation included:</b> <ul style="list-style-type: none"> <li>• Cath lab incident June 21 - RCA completed. Patient wanted outcome of the incident. Cath lab manager completed letter.</li> <li>• Patient not wanting information being sent to other clinicians on the IOM- written reply sent</li> <li>• Cath lab incident- complex patient felt poor experience- letter completed</li> <li>• Estates issue- lack of lighting on the hospital grounds- review and update provided.</li> <li>• Previous RCA- family wanted outcome and raised concerns about care whilst patient was an inpatient- letter to be completed and sent in January 22.</li> </ul>

### 3.

**3.1 Complaints** - Table 2 below provides details of complaints per month via division year to date

Number of complaints per month/division				
Total/month in brackets	Surgery	Medicine	Corporate	Clinical Services
April 21	1	0	0	0
May 21	0	2	1	0
June 21	1	3	0	0
July 21	2*	4	0	0
Aug 21	4*	0	0	1*
Sept 21	2	0	0	1
Oct 21	1	0	0	0
Nov 21	2	0	0	0
Dec 21	1	0	0	0
Jan 22				
Feb 22				
Mar 22				
<b>Total</b>	<b>14*</b>	<b>9</b>	<b>1</b>	<b>2*</b>

\*joint

**Table 3** below shows the complaints received in Q3 formal complaints and learning outcomes per division.

Ref:	Division	Summary of complaint	Outcome/Learning
<b>Q3</b>	<b>2021/22</b>		
13	Medicine/Surgery	Issues raised around poor patient experience, conversations with doctors and other aspects of care. Patient sadly passed away after cardiac surgery.	Open-under investigation
21	Surgery	Delay to surgery due to covid-19, then when was seen in clinic too unwell to have surgery and sadly passed away. Issues raised phone calls to the secretary.	Closed – Not upheld
22	Surgery	Nursing care issues- had fall 24hrs post op, neglectful care being left wet, water not filled up for hours. Discharge issues.	Closed- partly upheld

23	Surgery	<b>Discharge issues- patient had lobectomy and had a drain insitu. Discharged home with the drain but was leaking a lot, extra dressings applied. Family had to chase district nurse's the next day and he got readmitted to hospital later that day.</b>	<b>Open- under investigation</b>
24	Surgery	<b>Delays in surgery after being prepped, cancelled at the last minute. Then got seen in clinic on the 6th Jan 21 then passed away on the 11th Jan 21 at home.</b>	<b>Open- under investigation</b>
<b>Key: Upheld</b> = complaints considered well founded – requiring action/learning <b>Partly upheld</b> = action may be required for part of the complaint <b>Not upheld</b> = following investigation no evidence found to substantiate complaint, but acknowledgement of disappointment given and apologies where necessary			

### 3.2 Parliamentary Health Service Ombudsman (PHSO)

No new complaint requests.

### 3.3 Complaints Review Panel

This meeting took place on the 12<sup>th</sup> January 2022, Q2 and Q3 complaints were discussed these totalled 13 complaints. The Non-Executive Directors went through in detail each response made to the complainants. No further evidence was requested or meetings with any of the clinical teams involved.

### 3.4 Medical examiners concerns raised

1 received from the MEO at the Countess of Chester Hospital- patient had heart surgery on the 19/11/21 and discharged the 26/11/21. Admitted to the COCH on the 8/12/21 and passed away 10/12/21. Patient has gone for post mortem- report requested, clinical lead is reviewing for MRG.

1 sent from our MEO to medical examiners in Wales. This patient sadly passed away at LHCH after being admitted from outpatient clinic on 1/11/21, for assessment for Aortic Stenosis, Mitral Regurgitation, two vessel coronary artery disease .He was very poorly when he attended and was in severe heart failure that he was immediately admitted.

A referral was received at LHCH on 10/9/21 from cardiology department, Ysbyty Gwynedd.

The Medical examiner here has expressed that a MM should be done as the gentleman was admitted to Bangor in June 21 with heart failure, NSTEMI and severe aortic stenosis that maybe he should have remained in hospital and transferred over to LHCH at that time.

## 4. Recommendations

The Council of Governors are asked to receive the report and the content and receive assurance that the complaints process, management and procedure is robust and monitored for effectiveness and is based upon the Trust's Complaint Policy, with the sharing of learning from each complaint review, being disseminated within the appropriate divisions and teams.

## **Council of Governors (in Public)**

### **Item 7.6**

**Subject:** License Condition G4: Fit and Proper Persons Requirements  
**Date of Meeting:** Tuesday 1st March 2022  
**Prepared by:** Gill Donnelly, Membership & Communications Officer  
**Presented by:** Karan Wheatcroft, Chief Governance Officer

#### **1. Introduction**

The Trust's Provider Licence states that all Governors must be 'fit and proper persons' (as defined in condition G4) and sets out the criteria for compliance. Governors are required to complete a self-declaration on appointment and on an annual basis.

On 6<sup>th</sup> January 2022, Governors were requested to complete a Fit Proper Persons Self Declaration form (as attached at Appendix 1).

21 out of a possible 25 Governors completed the annual self-declaration with no concerns raised. The full list of declarations received can be viewed in the Appendix 2.

#### **2. Recommendations**

The Council of Governors is asked to note that the Governor 'fit and proper persons' self-declarations have been received as noted above, and all confirmed the criteria as met.

The outstanding annual self-declarations are being followed up and need to be completed as soon as possible.

## **Appendix 1 – Fit and Proper Person Self Declaration Form**

### **Council of Governors**

### **Fit and Proper Person's Test**

### **Self-Declaration**

Name:

Designation:

I confirm that I have NOT:

- i) Been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.
- ii) Made a composition or arrangement with, or granted a Trust Deed for, his creditors and has not been discharged in respect of it.
- iii) In the preceding five years have been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on me.
- iv) Been subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

Signed:

Date:

Please return to Gill Donnelly, Membership and Communications Officer, Liverpool Heart and Chest Hospital, Thomas Drive, Liverpool, L14 3PE or by emailing [Gillian.Donnelly@lhch.nhs.uk](mailto:Gillian.Donnelly@lhch.nhs.uk)

## Appendix 2 – Fit and Proper Person Self Declarations Received

Name	Constituency/Class	Annual Declaration Complete & Received
David Bromilow	Merseyside	Yes – no issues declared
Dorothy Burgess	Merseyside	Yes – no issues declared
Terence Comerford	Merseyside	Yes – no issues declared
Elaine Holme	Merseyside	Yes – no issues declared
Peter Humphrey	Merseyside	Yes – no issues declared
Trevor Wooding	Merseyside	Yes – no issues declared
Mark Allen	Cheshire	Yes – no issues declared
Ray Davis	Cheshire	Yes – no issues declared
Denis McAllister	Cheshire	Yes – no issues declared
Allan Pemberton	Cheshire	Yes – no issues declared
Joan Burgen	North Wales	Yes – no issues declared
Dusty Rhodes	North Wales	Yes – no issues declared
Peter Wareham	North Wales	Yes – no issues declared
Lynne Addison	Rest of England & Wales	Yes – no issues declared
Rebecca Dobson	Staff – Registered Medical Practitioners	Yes – no issues declared
Megan Cromby	Staff – Non Clinical	Yes – no issues declared
Rachael McDonald	Staff – Non Clinical	No –not received
Dot Price	Staff – AHP, Technical & Scientific	Yes – no issues declared
Sharon Faulkner	Staff – Registered & Non Registered Nurses	Yes – no issues declared
Charlie Cowburn	Staff – Registered & Non Registered Nurses	No –not received
Princey Santhosh	Staff – Registered & Non Registered Nurses	No –not received
Wendy Caulfield	Nominated Governor – Friends of Robert Owen House	Yes – no issues declared
Hollie Swann	Nominated Governor – University of Liverpool	Yes – no issues declared
Sharon Connor	Liverpool City Council	No –not received
Karen Higginbotham	LJMU	Yes – no issues declared

## Council of Governors (in Public)

### Item 8.1

**Subject:** Council of Governor Objectives 2022  
**Date of meeting:** Tuesday 1<sup>st</sup> March 2022  
**Prepared by:** Gill Donnelly, Membership and Communications Officer  
**Presented by:** Karan Wheatcroft, Chief Governance Officer  
**Purpose of Report:** To Note

#### 1. Executive Summary

At the Council of Governors' meeting on 7<sup>th</sup> December 2021, it was agreed that the Council of Governors Objectives for 2022 needed to be shaped further. A task and finish group incorporating the Chair, Chief Governance Officer, Membership & Communications Officer, Senior Governor and two Public Governors met on 11<sup>th</sup> January 2022 via zoom to finalise the objectives. The objectives were first formulated through discussions held at the Joint Council of Governors and Board of Directors Development Day on 9<sup>th</sup> November 2021.

The purpose of this paper is to present the agreed six objectives and note progress against these so far.

The progress report is set in the context that 2022 is set to continue to be another challenging year due to the continuation of the global pandemic. As with previous years this has meant working differently to ensure compliance with infection prevention measures, social distancing and other safety requirements. However, the Council of Governor infrastructure has adapted well to these national restrictions with the use of virtual meetings.

The Council of Governors is asked to note the agreed objectives and good progress made against these to date.

#### 2. Council of Governors' Objectives 2022 Progress

Objective	Actions	Measures	Progress
<b>Objective 1</b> <b>To successfully induct and integrate new governors into the Council of Governors and support training for all Governors</b>	<ul style="list-style-type: none"> <li>Follow existing induction process, including externally facilitated induction day, internal introductory meetings, and electronic induction pack</li> <li>Ongoing opportunities to engage in training provided externally.</li> </ul>	<ul style="list-style-type: none"> <li>Induction completed by all new Governors</li> <li>Log of Governor training attendance</li> <li>Staff presentation plan and delivery</li> <li>Mentoring scheme implemented and</li> </ul>	<ul style="list-style-type: none"> <li>New governors attended induction meetings in February 2022.</li> <li>Log provided in Council of Governor papers 7/12/21 &amp; 1/3/22.</li> <li>Rolling programme at Chair's Lunch</li> </ul>



	<ul style="list-style-type: none"> <li>• In place of walk-arounds during Covid regulations, arrange a series of presentations by members of staff to explain what is happening on the front line.</li> <li>• Prepare, conduct and evaluate mentoring scheme for new governors.</li> </ul>	evaluation feedback after 12 months.	<p>meetings. Presentation on international nurses 18/1/22 and Support Services 15/2/22.</p> <ul style="list-style-type: none"> <li>• Scheme commenced and progress catch up to take place end of March 2022.</li> </ul>
<b>Objective 2 To ensure effective succession plans are in place for Chair and Non Executive Directors, along with Governor led recruitment processes as required.</b>	<ul style="list-style-type: none"> <li>• Nominations and Remuneration Committee to complete appointment of new chair and NEDs as required.</li> <li>• Council of Governors to ratify appointment of new chair.</li> <li>• Support the arrangements to help facilitate the induction of the chair.</li> <li>• Assist in the transition of new chair.</li> </ul>	<ul style="list-style-type: none"> <li>• Chair appointment completed and ratified</li> <li>• NED recruitment completed</li> <li>• Chair induction programme agreed and delivered</li> <li>• Contribution and support to Chair induction and transition</li> </ul>	<ul style="list-style-type: none"> <li>• Chair recruitment completed.</li> <li>• NED recruitment underway by Nominations &amp; Remuneration Committee (NEDs). Appointment expected April 2022.</li> <li>• Chair induction underway.</li> </ul>
<b>Objective 3 Appointing the external auditor</b>	<ul style="list-style-type: none"> <li>• Consider options and climate for appointment of external auditor.</li> <li>• To receive and ratify recommendations from the Audit Committee to appoint the external auditor.</li> <li>• Involvement in the process for the appointment.</li> </ul>	<ul style="list-style-type: none"> <li>• Decision regarding external audit provision completed</li> </ul>	<ul style="list-style-type: none"> <li>• Audit Committee to discuss and present recommendations later in 2022.</li> </ul>
<b>Objective 4 Hold Non Executive Directors to account for the performance of the Board</b>	<ul style="list-style-type: none"> <li>• Seek assurance in relation to maintaining CQC standards and action plans.</li> <li>• Seek assurance that the Patients, Partnerships and Populations strategy is proceeding as it should in terms of the six enabling strategies.</li> <li>• Arrange a session on research and innovation with the Associate Director of Research &amp; Innovation at the</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence from CoG meeting agendas, papers and minutes</li> <li>• Assurance Committee updates and development sessions provided</li> <li>• Log of Governor attendance at CoG and Board meetings</li> <li>• Annual record of Governor attendance at</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing evidence in minutes as governors hold to account.</li> <li>• Development session held on People Committee on 18/1/22 and Quality Committee 15/2/22.</li> <li>• Log of CoG attendance at CoG meetings , external meetings and training presented at CoG meetings. Governor attendance at BoD meetings recorded in minutes.</li> </ul>

	<p>Council of Governors meeting.</p> <ul style="list-style-type: none"> <li>• Keep well informed of how covid recovery plan is progressing.</li> <li>• Ensure governors receive the right information to enable them to hold to account effectively (CoG agenda/papers and access to Board of Directors meetings held in public).</li> <li>• Governors to attend and observe Board of Directors meetings.</li> <li>• Organise follow on NED Led Development groups to discuss the terms of reference, role and assurances of each Board committee e.g. Audit, Quality, People, Finance/Performance and Charitable Funds *</li> <li>• Produce annual record of governors' attendance at Council of Governor meetings, development groups and training events.</li> </ul>	meetings and training events	Annual update of governors that had attended BoD meetings to be presented at joint Cog and BoD Development Day.
<b>Objective 5 To refresh and deliver our membership strategy</b>	<ul style="list-style-type: none"> <li>• To achieve all key performance indicators of the Membership Strategy.</li> <li>• Delivery of a programme of health events in collaboration with other support groups and local communities.</li> <li>• To attract younger members through a programme of recruitment whilst developing links with universities and colleges.</li> <li>• Take opportunities for partnership work with LHCH Charity in terms of community events when possible.</li> </ul>	<ul style="list-style-type: none"> <li>• Programme of health awareness events (as scheduled by the Membership and Communications Sub Committee).</li> <li>• Partnership work with LHCH charity.</li> <li>• Governor contribution to delivery of membership strategy</li> <li>• Increase/ maintain membership levels</li> <li>• Membership representative of population</li> </ul>	<ul style="list-style-type: none"> <li>• Membership and Communications Sub Committee to meet 22/2/22 to discuss programme of health events, taking forward additional partnership with LHCH Charity/community groups. Quarterly updates on progress presented to the Council of Governors meeting by the Chair of the sub committee.</li> </ul>

	<ul style="list-style-type: none"> <li>• All Governors to support this programme of events bringing in their own contacts/groups where possible.</li> <li>• Monitor the representation of membership and consider recruitment to improve this.</li> </ul>		
<b>Objective 6</b> <b>To engage effectively with the Board of Directors and to support the positioning of LHCH in the Integrated Care Systems such that strategic plans are aligned to the delivery of the best models of care for patients and families.</b>	<ul style="list-style-type: none"> <li>• On-going developmental programme for Governors to participate to fully understand the ICS agenda, local developments and Governor's roles including: <ul style="list-style-type: none"> <li>- Cheshire and Mersey ICS briefings and Governor Events</li> <li>- Opportunities for governors to attend NHSP events and training.</li> <li>- Support Place initiatives and partnerships within Cheshire and Merseyside ICS.</li> <li>- Distribute timely stakeholder briefings for Cheshire and Merseyside ICS.</li> <li>- Chair's briefing.</li> <li>- updates to CoG meetings.</li> </ul> </li> <li>• Joint annual CoG and BoD development session.</li> </ul>	<ul style="list-style-type: none"> <li>• Programme developed and delivered.</li> <li>• CoG meetings, papers and minutes.</li> <li>• Governor attendance and involvement</li> <li>• Joint annual CoG and BoD development session completed and reported.</li> </ul>	<ul style="list-style-type: none"> <li>• Updates on ICS to be presented by Executive Director of Strategic Partnerships at CoG meeting 1/3/2022.</li> <li>• Pan Liverpool Governor Virtual Development Session on ICS in the planning stages (hosted by LUFT). Invitations will be cascaded to LHCH governors.</li> <li>• Updates on ICS provided regularly within Chair's Bulletin and Chair's Lunch meetings.</li> </ul>

### 3. Recommendations

The Council of Governors is asked to note the agreed objectives for 2022 and progress to date.

## Council of Governors (in Public)

### Item 8.2

**Subject:** Corporate Governance Statement 2021/22  
**Date of Meeting:** Tuesday 1<sup>st</sup> March 2022  
**Prepared by:** Karan Wheatcroft, Interim Chief Governance Officer  
**Presented by:** Karan Wheatcroft, Interim Chief Governance Officer

#### 1. Executive Summary

Boards are required to ensure that they have in place effective systems to ensure compliance with the provider licence and to make an annual declaration in respect of the following licence provisions:

- i) Corporate Governance Statement
- ii) General Condition 6 – Systems for compliance with licence conditions
- iii) Continuity of Services Condition 7 – Availability of Resources
- iv) Certification on AHSCs and Governance, and
- v) Training of Governors

Whilst NHS Improvement no longer requires the Board of Directors to submit an annual declaration, the Trust may be selected for audit as part of a sampling exercise conducted by NHSI to check on its review process and compliance with good governance practice.

The Statements that the Board is recommended to certify are attached. In respect of each statement, the Board should respond '*confirmed*' or '*not confirmed*'. Any responses of '*not confirmed*' should include explanatory information which could be an indicator of possible breach of licence, warranting possible further investigation by NHSI.

It should be noted that the global pandemic has had a significant impact on the ability of Trusts to fully comply with the licence.

**The Statements require the Board to have had regard to the views of governors in making the declarations. The Council of Governors (CoG) is asked to consider the statements and provide any views on these for consideration by the Board.**

The remainder of this report provides an overview of the assurances that the Board will review to inform the declaration process.

#### 2. Background

The Single Oversight Framework no longer makes reference to the Corporate Governance Statement required by the Provider Licence. Whilst NHSI no longer requires receipt of Board declarations in respect of the above licence conditions, it expects Boards to maintain effective governance and to be able to demonstrate that they have reviewed their systems for compliance with licence conditions and confirmed compliance, having considered any risks and mitigations.

Since 2017, NHSI has advised that individual Trusts could be selected for audit to demonstrate that their internal governance processes supporting licence compliance are robust.

Provision FT4 of NHS Foundation Trust Code of Governance relates to Licence General Condition 6 and reads:

*The Trust must have effective Board and committee structures, reporting lines and risk management systems; and processes that ensure compliance with CQC and other regulatory standards; and compliance with the duty to operate economically, efficiently and effectively.*

On this basis, the Board will reflect on the certifications it made in 2021 and determine whether or not these are extant.

### **3. Corporate Governance Statement**

The Corporate Governance Statement (Appendix 1) comprises 20 individual statements and through regular review of the Board Assurance Framework and compilation of the Board's business cycle and the work of the Board assurance Committees, the Board has identified and reviewed the evidence required to support these statements.

It is critical that the Board is satisfied with the controls and assurances in place to support the Corporate Governance Statement as the regulator could call into question the self-declaration process, in the event that there is a breach or potential risk of breach of the governance conditions within the provider licence.

The Board will take reasonable assurance from management and the general work of internal audit, Audit Committee and the Board Assurance Committees throughout the year that the controls upon which the organisation relies to manage these areas are suitably designed, consistently applied and effective.

Throughout 2021/22, the governance arrangements have continued to operate including the command and control structures established to support the Trust's response to the coronavirus pandemic. It is in the context of the pandemic that the corporate governance statement has been reviewed and systems to support compliance maintained with adaptations necessitated by the pandemic.

### **4. General Condition 6 – Systems for compliance with licence conditions**

The Audit Committee has undertaken a detailed review of each of the provisions of the provider licence on an annual basis and has in place a system for quarterly review of a checklist of key licence conditions, to ensure that any emerging risks to compliance with the licence are identified and mitigated at an early opportunity.

Throughout 2021/22 the Audit Committee has monitored the checklist, with the following exceptions noted:

- **Diagnostic performance** – the Covid pandemic placed considerable pressure on the diagnostic services with reduced throughput taking account of safe Infection Prevention Control measures. Coming out of the pandemic the Trust responded quickly to restoring diagnostics services to almost pre-pandemic levels. There was a significant backlog of patients waiting longer than 6 weeks, in line with the

majority of NHS organisations, but the Trust was able to achieve compliance with the 6 week target from May 2021. There are still a number of risks associated with achievement of the target, mainly relating to availability of workforce.

- **Referral To Treatment** – Due to reduced operating during the Covid pandemic the Trust accumulated a backlog of patients that are waiting longer than 18 and 52 weeks for treatment, predominantly on the admitted pathway. In line with national standards the Trust approached recovery prioritising the most clinically urgent patients first and then by waiting time on the waiting list. This inevitably means that patients will continue to breach the RTT standards until the backlogs are fully recovered which at present is unknown but is being modelled through the annual planning process for 2022/23. This position and forecast demonstrates strong performance and recovery when benchmarked across the country.
- **Rollover of contracts** - due to the Covid-19 pandemic, the contractual process for 2021/22 has been suspended.

The systems for compliance with the licence conditions are well embedded, and the Board has received regular updates and modelling of financial assumptions, recovery plans and performance. Planning guidance for 2022/23 has been reviewed and planning is progressing in the context of system guidance and timeframes.

## **5. Continuity of Services Condition 7 – Availability of Resources**

LHCH continues to be categorised as Segment 1 under NHSI's Single Oversight Framework.

The Board receives an annual going concern report as evidence to support compliance with this licence condition.

## **6. Certification on AHSCs and Governance**

The Trust has academic / research partnership with LHP (Liverpool Health Partners), a company limited by guarantee. This partnership does not fall within the definition of an AHSC (Academic Health Sciences Centre) or a major joint venture. LHCH became the host for LHP on 1<sup>st</sup> February 2020 and for the Innovation Agency from 1<sup>st</sup> April 2020.

## **7. Training of Governors**

The Health & Social Care Act s151(5) requires Boards to ensure that governors are equipped with the skills and knowledge they need to undertake their role, through the provision of necessary training.

During 2021/22, the Trust has:

- i) Provided a local (electronic) induction pack for every new governor on appointment at an initial induction meeting with Chair and Director of Corporate Affairs. All new governor induction meetings in 2021/22 continued to be conducted via video call.
- ii) Provided an annual induction day for new governors and for existing governors who would like a refresher (externally facilitated) – this event was conducted via Zoom in 2021/22.

- iii) Provided an annual Governor development day, part of which is dedicated to joint work with the Board - this event was conducted via Zoom in 2021/22.
- iv) Provided access to the NHS Providers' *Govern Well* Programme (all events online)
- v) Provided opportunity for governors to attend the NHS Providers Annual Conference which continued to be held online in 2021.
- vi) Provided opportunity for governors to attend Virtual Governor Workshops organised by NHS Providers;
- vii) Provided presentations at CoG meetings to brief governors on aspects of services provided by the Trust as requested.
- viii) Provided resources and supported Governors to deliver a programme of online member engagement events and newsletters. Engagement events continued to be restricted and fewer than had been planned for 2021/22 due to the pandemic.
- ix) Published specific public and staff governor pre-election material for prospective governors clarifying the role and skills and time commitment required.
- x) Held monthly Chair's Lunch meetings to ensure regular contact and discussion with Chair throughout the pandemic whilst face to face meetings were suspended.
- xi) Provided regular written communications bulletins to Governors to update on the COVID status of the hospital, infection prevention measures and other key news.
- xii) Continued to run and support the Membership and Communication Sub Committee which offers governors opportunity to shape and implement the Trust's membership strategy.
- xiii) Supported governor members of the NRC to review the Char and NED succession plan, manage the Chair and NED recruitment and re-appointment in 2021/22.
- xiv) Continued to provide Governor development sessions related to key assurance committees.

## **8. Recommendation**

The Council of Governors is asked to review the paper and attached statements and to provide any views for consideration by the Board of Directors.

Should any exceptional issues arise from the Board's discussion or there is a notified change in regulatory requirements then these matters will be highlighted to governors at the next Council meeting in June 2022.

## Worksheet "G6 &amp; CoS7"

## Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

*The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.*

### 1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

### 3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

- 3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

Please fill details in cell E22

OR

- 3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

- 3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

#### Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Going Concern Report (BoD March 2022); Segment 1 under NHSI Single Oversight Framework.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

**Signature**

**Signature**

Name: Neil Large

Name: Jane Tomkinson

Capacity: Chair

Capacity: Chief Executive

Date:

Date:

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

- A: The Board confirms that it has in place sound systems to ensure compliance. This is in the context that targets as set out in the licence have been breached in 2021/22, as aligned to the national response to the ongoing global coronavirus pandemic.



## Self-Certification Template

FT Name:

NHS Foundation Trusts are required to make the following declarations to Monitor:

- 1 & 2 *Systems for compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence*
- 3 *Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence*
- 4 *Corporate Governance Statement - in accordance with the Risk Assessment Framework*
- 5 *Certification on AHSCs and governance - in accordance with Appendix E of the Risk Assessment Framework*
- 6 *Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act*

Declarations 1 and 2 above are set out in a separate template, which is required to be returned to Monitor by 29 May 2015.

Declaration 3 is included in the APR 2015/16 Final Financial Template, which is required to be returned to Monitor per communications on final operational plan submissions.

Declarations 4, 5 and 6 above are set out in this template, which is required to be returned to Monitor by 30 June 2015.

Templates should be returned via the Trust portal, marked as a Trust Return with the activity type set to Annual Plan Review.

### How to use this template

- 1) Copy this file to your Local Network or Computer.
- 2) Select the name of your organisation from the drop-down box at the top of this worksheet.
- 3) In the Corporate Governance Statement and Other Certifications worksheets, enter responses and information into the yellow data-entry cells as appropriate.
- 4) Once the data has been entered, add signatures to the document, as described below.
- 5) Use the Save File button at the top of this worksheet to save the file to your Network or Computer - note that the name of the saved file is set automatically - please do not change this name.
- 6) Copy the saved file to your outbox in your Monitor Portal.

### **Notes:** *Monitor will accept either:*

- 1) electronic signatures pasted into this worksheet (always use Paste-Special to do this) or*
- 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.*

*In the event than an NHS foundation trust is unable to fully self certify, it should NOT select 'Confirmed' in the relevant box. It must provide commentary (using the section provided at the end of this declaration) explaining the reasons for the absence of a full self certification and the action it proposes to take to address it.*

Item 8.2b

Item 6.4b  
Worksheet "Corporate Governance Statement"

Corporate Governance Statement

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

4	Corporate Governance Statement	Response	Risks and mitigating actions
1	The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	
2	The Board has regard to such guidance on good corporate governance as may be issued by Monitor from time to time	Confirmed	
3	The Board is satisfied that the Trust implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	
4	The Board is satisfied that the Trust effectively implements systems and/or processes:  (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	
5	The Board is satisfied that the systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:  (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	
6	The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	

Signed on behalf of the board of directors, and having regard to the views of the governors

Signature	Signature
<div></div>	<div></div>
Name: Neil Large, Chair	Name: Jane Tomkinson, Chief Executive

The board are unable make one of more of the above confirmations and accordingly declare:

A:

B:

C:

## Worksheet "Other declarations"

### Certification on AHSCs and governance and training of governors

*The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.*

#### 5 Certification on AHSCs and governance

#### Response

For NHS foundation trusts:

- that are part of a major Joint Venture or Academic Health Science Centre (AHSC); or
- whose Boards are considering entering into either a major Joint Venture or an AHSC.

The Board is satisfied it has or continues to:

- ensure that the partnership will not inhibit the trust from remaining at all times compliant with the conditions of its licence;
- have appropriate governance structures in place to maintain the decision making autonomy of the trust;
- conduct an appropriate level of due diligence relating to the partners when required;
- consider implications of the partnership on the trust's financial risk rating having taken full account of any contingent liabilities arising and reasonable downside sensitivities;
- consider implications of the partnership on the trust's governance processes;
- conduct appropriate inquiry about the nature of services provided by the partnership, especially clinical, research and education services, and consider reputational risk;
- comply with any consultation requirements;
- have in place the organisational and management capacity to deliver the benefits of the partnership;
- involve senior clinicians at appropriate levels in the decision-making process and receive assurance from them that there are no material concerns in relation to the partnership, including consideration of any re-configuration of clinical, research or education services;
- address any relevant legal and regulatory issues (including any relevant to staff, intellectual property and compliance of the partners with their own regulatory and legal framework);
- ensure appropriate commercial risks are reviewed;
- maintain the register of interests and no residual material conflicts identified; and
- engage the governors of the trust in the development of plans and give them an opportunity to express a view on these plans.

confirmed

#### 6 Training of Governors

The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

confirmed

Signed on behalf of the Board of directors, and having regard to the views of the governors

Signature

Signature

Name: Neil Large

Name: Jane Tomkinson

Capacity: Chairman

Capacity: Chief Executive

Date:

Date:

*Where boards are unable to self-certify, they should make an alternative declaration by amending the self-certification as necessary, and including any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance*

The Board are unable make one of more of the confirmations on the preceding page and accordingly declare:

A:

B:

C:

## **Council of Governors (in Public)**

### **Item 8.3**

**Subject:** Annual Review of Register of Interests  
**Date of meeting:** Tuesday 1st March 2022  
**Prepared by:** Gill Donnelly, Membership and Communications Officer  
**Presented by:** Karan Wheatcroft, Chief Governance Officer

#### **1. Introduction**

The Standing Orders for the Practice and Procedures of the Council of Governors (constitution Annex 7 para 7) states that Governors are required to comply with the FT's Standards of Business Conduct and declare interests that are (or may be perceived to be) material to the Council. The definition of a 'material interest' is set out at Annex 7 para 7.2 and has been provided to all Governors. If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the Council of Governors as soon as he becomes aware of it.

It is a requirement for each Governor to declare to the Secretary any interests on appointment / election and to declare any new interest or change to existing interests as soon as it arises. The Trust maintains an annual review process to prompt governors to review their declared interests. Where there are no interests to declare, then a nil return is required on an annual basis. A Register of Interests is maintained and will be made available to the public, in accordance with the principles of openness and transparency.

At the start of each formal meeting of the Council of Governors, the Chair will ask members to declare any interests that are relevant to the agenda items being discussed, and this will be minuted. Any new interests, not previously declared will be entered onto the Register of Interests.

Any Governor who has an interest in a matter to be considered by the Council of Governors shall withdraw from the meeting and play no part in discussion on that item and shall not vote on the issue.

If a Governor has doubt about the relevance of an interest s/he should discuss the matter with the Chair and / or Director of Corporate affairs who will advise whether or not the interest should be disclosed.

Governors were prompted to update their declarations on 6<sup>th</sup> January 2022. The updated register of declared interests is attached (Appendix 1) and should be reviewed by the Council of Governors. There are four governors that have not yet responded to this annual declaration and it is requested they do so as soon as possible.

## **2. Recommendations**

The Council of Governors is asked to review the attached updated register of declared interests and confirm that there are no material conflicts.

.

## Appendix 1

### REGISTER OF GOVERNORS – updated 14<sup>th</sup> February 2022

Public Constituency	Name	Start Date	Term	End Date	Interests Declared	Notes
Merseyside	David Bromilow	28/1/22	1st	AMM 2024	Employed in the NHS Business Services Authority	Invited to join CoG as next highest polling candidate in contested election - declaration of results 7 <sup>th</sup> September 2021
Merseyside	Dorothy Burgess	25/9/17	2nd	AMM 2023	<p>Member: Rethink Mental Illness</p> <p>Trained Palliative Care at Home Visitor for Hospice Movement (Marie Curie)</p> <p>Supporter of St Rocco Hospice</p> <p>Freelance Psychological Counsellor (clients include LHCH patients)</p>	<p>Elected in contested election 20<sup>th</sup> July 2017</p> <p>Re-elected 16<sup>th</sup> Sept 2020</p>
Merseyside	Terence Comerford	11/2/20	2nd	AMM 2023	None	Invited to join CoG as next highest polling candidate in contested election 30 <sup>th</sup> July 2018

						<b>Re-elected 16<sup>th</sup> Sept 2020</b>
<b>Merseyside</b>	<b>Elaine Holme</b>	<b>25/9/17</b>	<b>2<sup>nd</sup></b>	<b>AMM 2023</b>	<b>Senior Lecturer Edge Hill University</b>  <b>Charity Trustee – Everton and Anfield Together (EAT)</b>	<b>Elected in contested election 20<sup>th</sup> July 2017 and in contested</b>  <b>Re-elected 16<sup>th</sup> Sept 2020</b>
<b>Merseyside</b>	<b>Peter Humphrey</b>	<b>22/9/20</b>	<b>1<sup>st</sup></b>	<b>AMM 2023</b>	<b>None related to LHCH &amp; Walton Centre NHS Trust.</b>  <b>Dr Humphrey continues to have medico-legal practice but avoids cases linked to the above hospitals.</b>	<b>Elected in contested election 20<sup>th</sup> July 2020 (as next highest polling candidate when vacancy arose)</b>
<b>Merseyside</b>	<b>Trevor Wooding</b>	<b>29/9/14</b>	<b>3<sup>rd</sup></b>	<b>AMM 2023</b>	<b>Hon Secretary Didsbury Toc H Youth Development Fund Registered CIO with Charities Commission No. 1186559)</b>  <b>Public Adviser: NIHR Applied Research Collaboration North West Coast</b>	<b>Elected uncontested 19<sup>th</sup> June 2014.</b>  <b>Re-elected 20<sup>th</sup> July 2017</b>  <b>Re-elected 16<sup>th</sup> Sept 2020</b>
<b>Cheshire</b>	<b>Mark Allen</b>	<b>25/9/17</b>	<b>2<sup>nd</sup></b>	<b>AMM 2023</b>	<b>Employed by Halton Council as Communications Officer</b>	<b>Elected in contested election 20<sup>th</sup> July 2017</b>

						<b>Re-elected 16<sup>th</sup> Sept 2020</b>
<b>Cheshire</b>	<b>Ray Davis</b>	<b>12/10/21</b>	<b>1st</b>	<b>AMM 2024</b>	<b>Member of the Labour Party</b> <b>Member of Patient Participation Group at GP Surgery</b>	<b>Elected in contested election 7<sup>th</sup> September 2021</b>
<b>Cheshire</b>	<b>Denis McAllister</b>	<b>7/2/22</b>	<b>1st</b>	<b>AMM 2024</b>	<b>Works as LHCH Ward Volunteer</b> <b>Runs IT Business part-time mainly doing websites. Business does work for an optician in Urmston (Claire Thomas Carter) and Mirror Box Therapy who focus on stroke rehabilitation. No other clients are medical/NHS related businesses.</b> <b>Member of Liberal Democrats</b>	<b>Invited to join CoG as next highest polling candidate in contested election - declaration of results 7<sup>th</sup> September 2021</b>
<b>Cheshire</b>	<b>Allan Pemberton</b>	<b>05/1/22</b>	<b>3rd</b>	<b>AMM 2024</b>	<b>Member of Cheshire Co Constabulary Scrutiny Team</b>	<b>Elected uncontested 25<sup>th</sup> June 2015</b> <b>Re-elected uncontested 13<sup>th</sup> June 2018</b> <b>Re-elected in contested election 7<sup>th</sup> September 2021</b>



<b>North Wales</b>	<b>Joan Burgen</b>	<b>18/9/18</b>	<b>2nd</b>	<b>AMM 2024</b>	<b>None</b>	<b>Elected uncontested 13<sup>th</sup> June 2018 &amp; 21<sup>st</sup> July 2021</b>
<b>North Wales</b>	<b>Dusty Rhodes</b>	<b>7/6/18</b>	<b>2nd</b>	<b>AMM 2023</b>	<b>None</b>	<b>Elected as next highest polling candidate (Report of Voting 1<sup>st</sup> May 2018)  Re-elected uncontested 30<sup>th</sup> July 2020</b>
<b>North Wales</b>	<b>Peter Wareham</b>	<b>3/2/20</b>	<b>2nd</b>	<b>AMM 2023</b>	<b>None</b>	<b>Elected as next highest polling candidate (Report of Voting 1<sup>st</sup> May 2018)  Re-elected uncontested 30<sup>th</sup> July 2020</b>
<b>Rest of England &amp; Wales</b>	<b>Lynne Addison</b>	<b>8/6/16</b>	<b>3rd</b>	<b>AMM 2024</b>	<b>None</b>	<b>Elected uncontested 8<sup>th</sup> June 2016  Re-elected uncontested 13<sup>th</sup> June 2018 &amp; 21<sup>st</sup> July 2021</b>

<b>Staff Constituency</b>	<b>Name</b>	<b>Start Date</b>	<b>Term</b>	<b>End Date</b>	<b>Interests Declared</b>	<b>Notes</b>
<b>Registered and Non Registered Nurses</b>	<b>Charlie Cowburn</b>	<b>26/9//2016</b>	<b>2nd</b>	<b>AMM 2022</b>	<b>Not responded</b>	<b>Elected in contested election 19<sup>th</sup> July 2016 and re- elected 26<sup>th</sup> July 2019</b>
<b>Registered and Non Registered Nurses</b>	<b>Sharon Faulkner</b>	<b>22/9/19</b>	<b>1st</b>	<b>AMM 2022</b>	<b>None</b>	<b>Elected in contested election 26<sup>th</sup> July</b>
<b>Registered and Non Registered Nurses</b>	<b>Princey Santhosh</b>	<b>22/9/20</b>	<b>1st</b>	<b>AMM 2023</b>	<b>Not responded</b>	<b>Elected in contested election 16<sup>th</sup> Sept 20</b>
<b>Registered Medical Practitioners</b>	<b>Dr Rebecca Dobson</b>	<b>22/9/19</b>	<b>1st</b>	<b>AMM 2022</b>	<b>None</b>	<b>Elected uncontested on 16<sup>th</sup> September 2019</b>
<b>Allied Healthcare Professionals, Technical and Scientific</b>	<b>Dot Price</b>	<b>25/9/17</b>	<b>2nd</b>	<b>AMM 2023</b>	<b>None</b>	<b>Elected uncontested 5<sup>th</sup> June 2017</b>  <b>Re-elected contested</b>

						<b>election 16<sup>th</sup> Sept 2020</b>
<b>Non Clinical</b>	<b>Megan Cromby</b>	<b>22/9/20</b>	<b>1st</b>	<b>AMM 2023</b>	<b>Auntie works for LHCH Knowsley Community Service</b>	<b>Elected in contested election 16<sup>th</sup> Sept 2020</b>
<b>Non Clinical</b>	<b>Rachael McDonald</b>	<b>22/9/20</b>	<b>1st</b>	<b>AMM 2023</b>	<b>Not responded</b>	<b>Elected in contested election 16<sup>th</sup> Sept 2020</b>
<b>Nominated Governors/Partner Organisation</b>	<b>Name</b>	<b>Start Date</b>	<b>Term</b>	<b>End Date (Max 9 years)</b>	<b>Interests Declared</b>	<b>Notes</b>
<b>Liverpool City Council</b>	<b>Councillor Sharon Connor</b>	<b>10/4/2018</b>	<b>1st</b>		<b>Not responded</b>	<b>Appointed 10<sup>th</sup> April 2018</b>
<b>Liverpool John Moore's University</b>	<b>Karen Higginbotham</b>	<b>25/2/2021</b>	<b>1st</b>		<b>None</b>	<b>Appointed 25<sup>th</sup> February 2021</b>
<b>Friends of Robert Owen House</b>	<b>Wendy Caulfield</b>	<b>22/2/2019</b>	<b>1st</b>		<b>None</b>	<b>Appointed 22<sup>nd</sup> February 2019</b>
<b>University of Liverpool</b>	<b>Hollie Swann</b>	<b>20/9/2019</b>	<b>1st</b>		<b>None</b>	<b>Appointed 20<sup>th</sup> September 2019</b>



## **Council of Governors (in Public)**

### **Item 8.4**

**Subject:** Membership and Communications Sub-Committee Hot Topics  
**Date of Meeting:** Tuesday 1<sup>st</sup> March 2022  
**Prepared by:** Gill Donnelly, Membership & Communications Officer  
**Presented by:** Elaine Holme, Public Governor – Merseyside and Chair of Membership and Communications Sub Committee  
**Purpose of Report:** To Note

#### **1. Executive Summary**

The Membership and Communications Sub-Committee met on 22nd February 2022 and the following key points were discussed:

- All key performance indicators within the Membership Strategy had been achieved year to date with the exception of the number of responses to the Members Survey for 2021 which was lower than the last survey in 2018. However, the survey had been of different format to previous surveys and had sought patient stories and experiences. The quality of the responses received had been excellent.
- Mary Liley, Head of Fundraising attended the meeting and highlighted a number of options that governors could support LHCH Charity with and these are highlighted within the report.
- Options for inclusion in the Membership Communications, Recruitment and Engagement Plan for 2022/23 were discussed and outlined below.
- All Governors are invited to share their ideas for collaborative engagement events with Elaine Holme, Chair of the Sub Committee or Gill Donnelly, Membership and Communications Officer. The sub committee are particularly looking for community group contacts who would welcome a health presentation for their meetings. Governor volunteers to support recruitment events were also welcomed.
- The virtual health talk for World Sleep Day is scheduled for Friday 18<sup>th</sup> March, 2pm via zoom with Jennifer Furlong, Deputy Manager of Respiratory Diagnostics and will discuss the symptoms, diagnosis and treatments of Obstructive Sleep Apnoea. All welcome to attend.
- The spring edition of Members Matters would be published in April 2022.

A more detailed note of the discussion and the 'hot topics' are highlighted within this report.

## 2. Hot Topics of the meeting held on 22<sup>nd</sup> February 2022

### Membership Analysis

It was highlighted that 8,817 public members were registered on 14<sup>th</sup> February 2022 which exceeded the minimum target of 8,000 public members. It was noted that the annual turnover rate of members stood at 4.8%. It was noted that all key performance indicators had been met year to date.

### Membership Strategy – Progress against Key Performance Indicators (Year to Date)

Performance Indicator	Year to Date Position at 14 <sup>th</sup> February 2022	Status
Minimum number of 8,000 public members	8,817	
Annual churn rate (public members removed) <5%	423 (4.8%)	
Staff opt outs = nil	0	
<b>Elections: turnout during 2021</b>  National Average (from CES)  Average Public turnout is 10-15%  Average Staff turnout is 15-20%	Elections completed and turnout as follows:  Contested election (4 candidates for 3 seats) - 14.4% Cheshire  Contested election (3 candidates for 1 seat) - 16.8% Merseyside	
Results and Return Rate from bi-annual Membership Survey to match or show improvements (5.25% in 2018).	90 responses received (1.4%)*	
Fully Functioning Council of Governors	<ul style="list-style-type: none"> <li>• Yes – met quorum set in constitution</li> <li>• 25 out of 25 seats currently filled in Council of Governors</li> </ul>	

\* 2021 Members Survey was not like for like when compared with 2018 survey. Although lower response rate than previous years the quality and richness of data received was extremely positive. Survey focused on asking for patient stories and experiences. Some of these have been shared on LHCH social media, NHS England press release and staff team brief to name a few.\*

## Collaborative working with LHCH Charity

Mary Liley, Head of Fundraising joined the meeting and outlined a number of opportunities for governors to support LHCH Charity within their local communities if they wished.

- The LHCH Charity Team are often invited to receive donations from organisations and groups. If these were local to governors' then support in attending these to represent LHCH Charity would be appreciated.
- Community groups are often looking for speakers. Could governors talk to them about the hospital and LHCH Charity?
- Governors can help spread the word about the work of the hospital and LHCH Charity. Encouraging people to attend LHCH Charity events or consider doing your own.
- Help support LHCH Charity with your contacts. For example, help us achieve some Charity of the Year nominations.
- Now that the Covid regulations are lifting. LHCH Charity are looking for volunteers to get a group of friends together and help us get a rota of supermarket collections together all over our region.

Governors are invited to contact [Mary.Liley@lhch.nhs.uk](mailto:Mary.Liley@lhch.nhs.uk) if they can offer help with any of the above.

## Members' Survey 2021

Gill Donnelly, Membership and Communications presented the results of the Members Survey 2021 which had been circulated to all households with the autumn edition of Members Matters. It was noted that this was the first survey in three years and this had sought feedback on Members Matters, potential topics for virtual health events and had welcomed patient stories and experiences. Some of the key themes are listed below:

- A wide range of health topics for virtual health topics had been suggested including healthy heart strategies, psychological and emotional wellbeing, ablation, asthma and CPR to name a few. A number of members commented that they were happy with the events on offer although some reported difficulties in accessing virtual events.
- Feedback received had been very positive on Members Matters with many commenting that it was informative. For example:  
*"Members Matters is well laid out and easy to read. One of the better magazines."*  
Suggestions for articles included more focus on the effect of climate change legislation at LHCH, more news on the latest treatments, patient groups and volunteering opportunities to name a few.
- Patient stories were received from members and have since been contacted and shared via social media channels. One member agreed to share his story with NHS England & Improvement to support a national heart attack campaign.
- It was discussed that although we do not hear from the majority of our public members in terms of attending events, participating in surveys or voting or standing in governor elections that it is important to remember that many appreciate simply keeping in touch with the hospital. The below quote from a survey response illustrates this perfectly.

*"My membership experience is purely receiving your correspondence from time to time which I feel helps me keep in touch with people who did so much for me when I was desperate for relief from pain. With two arteries blocked before my bypass surgery. LHCH saved my life."*

### **Membership Communications, Recruitment and Engagement Plan**

Options for the membership communications, recruitment and engagement plan for 2022/23 were discussed as follows:

- Members Matters newsletter will continue to be published four times per annum. Two of these would be electronic only and the other two posted twice a year to members.
- Moving forward the focus would be on organising health talks in conjunction with community groups which would also provide the opportunity for governors to engage and fulfil their statutory duty to represent members and the public. These have proved to be the most successful events over a number of years. All governors are encouraged to share any potential contacts with the Membership Office and so these can be pursued. Dorothy Burgess shared a potential link with LFC Foundation which would be explored further with the Strategic Partnerships team. Joan Burgen had potential links with voluntary organisations in North Wales which would also be considered.
- The recruitment plan would include a membership recruitment stand at Disability Awareness Day in Warrington in July 2022 and LJMU and Edge Hill University from September 2022. It was discussed that a recruitment stand to coincide with targeted lung health checks at supermarket locations would be explored further. These events would be subject to governor volunteers. If governors can offer support please contact the Membership Office.
- The next engagement event is scheduled for Friday 18<sup>th</sup> March, 2pm via zoom with Jennifer Furlong, Deputy Manager of Respiratory Diagnostics and will discuss the symptoms, diagnosis and treatments of Obstructive Sleep Apnoea. All welcome to attend.

### **Members Matters Update**

The next edition of Members Matters would be published electronically in the new year. Ideas and suggestions for the next edition were invited by contacting Gill Donnelly, Membership and Communications Officer directly.

### **Date and time for the next meeting**

Tuesday 22<sup>nd</sup> February 2022 at 11am via Zoom

## **3. Recommendations**



The Council of Governors is asked to note the contents of the report.

## Council of Governors (in Public)

### Item 11.0

**Subject:** Update on External Audit Contract  
**Date of Meeting:** 1<sup>st</sup> March 2022  
**Prepared by:** Karen Edge, Chief Finance Officer  
**Presented by:** Karen Edge, Chief Finance Officer  
**Purpose of Report:** Approval required

BAF Reference	Impact on BAF
BAF 7	To appoint the Trust external auditors for the next 3 years.

Level of assurance (please tick one)					
X	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	<b>Low assurance</b> Evidence indicates poor effectiveness of controls

### 1. Executive Summary

The contract with the Trust's current external auditors Grant Thornton expires on completion of the 2021/22 audit.

The Trust will need to tender for provision of external audit services for the 2022/23 audit and beyond. The usual contract commitment is 3 years.

A procurement process has been outlined and will conclude with a recommendation to the Council of Governors at the June meeting.

The Council of Governors is asked to:

- APPROVE the process outlined.

### 2. Background

The Council of Governors appoints the external auditors. The external auditor plays an important role in the accountability structure for Foundation Trusts, reporting to governors their independent opinion on the Trust's accounts and the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

The Trust is currently under contract with Grant Thornton which expires at the end of the audit of the financial year 2021/22, the original contract was for 3 years with an option to extend for a further 2 years which the Trust executed.

It should be noted that the Trust chose to extend the contract with Grant Thornton on the basis of its positive and professional relationship and the challenges in securing external audit services in the public sector market.

The Trust will now need to follow a procurement exercise to appoint external auditors for a future contractual period with effect from the Annual Members Meeting date.

### **3. Process**

The Trust Procurement lead has identified that NHS Shared Business Services (SBS) have a dedicated framework for the provision of external audit services. It contains a large number of external audit providers including all the big four firms. The framework allows for either a direct contract award option, or a further mini-competition option, dependent on Trust requirement and timescales available. It was identified that all of the Trust's requirements are covered under this framework offering. The Trust's preferred option is to undertake a mini-competition after first obtaining expressions of interest to gauge the appetite of the audit firms on the framework. The Council of Governors will be invited to propose a panel of governors to support the tender evaluation process.

The timescale for a mini-competition would be 8-10 weeks and dependent upon the response of the expressions of interest, it is proposed that this commences in April with a view to an award recommendation being made to Council of Governors at the meeting in September 2022.

### **4. Conclusion**

The contract with Grant Thornton will expire at the conclusion of the audit of the 2021/22 accounts and arrangements will be put in place to tender to appoint auditors for a future period.

### **7 Recommendation**

The Council of Governors is asked to:

- APPROVE the process outlined.

## **Council of Governors (Public)**

### **Item 12.0**

**Subject:** Process and Timeframe for Evaluating the Performance of the Chair and NEDs 2022

**Date of meeting:** Tuesday 1<sup>st</sup> March 2022

**Prepared by:** Karan Wheatcroft, Chief Governance Officer

**Presented by:** Karan Wheatcroft, Chief Governance Officer

#### **1. Executive Summary**

The process for the annual appraisal of the Chair was reviewed last year, following publication of the guidance document 'Framework for Conducting Annual Appraisals of NHS Provider Chairs' (NHSE/I November 2019):

<https://improvement.nhs.uk/resources/framework-conducting-annual-appraisals-nhs-provider-chairs/>

For the last two years, the new process as approved by the Council of Governors in March 2020 has been followed, with the exception of securing feedback from the full range of external stakeholders, due to the ensuing pandemic crisis.

It is recommended that the same process continues for 2021/22, with the proviso that full stakeholder engagement may again be limited, due to the continuation of the pandemic, structural change within the NHS and the need to release capacity to focus on recovery.

The process for NED appraisals will remain unchanged for 2021/22, albeit the timeframes will be earlier to ensure the incumbent Chair can lead these.

It is acknowledged that for the entirety of 2021/22 the Chair and NEDs have been largely required to work remotely, due to the pandemic and therefore their opportunities for engagement with patients, staff and external stakeholders have been significantly curtailed. The Board Development Plan was also adapted and reprioritised in light of the prevailing circumstances.

The Council of Governors is asked to review and confirm the process and supporting documentation for Chair and NED appraisals 2021/22.

#### **2. Background**

The Council of Governors has a well-established and comprehensive process for annual appraisal of the Chair and NEDs which is reviewed in March each year ahead of each appraisal round.

In terms of context, NHSE/I published new guidance in September 2019, with the aim of establishing a standard framework within which annual appraisals for provider chairs should be applied and managed. The framework is not intended to be prescriptive but Trusts were encouraged to follow the broad principles and ensure an adequate multi-

In March 2020, the Council of Governors approved the new local process formulated by a nominated task group and this followed the national model whilst also retaining some features of the Trust's established processes, including:

- Review of continued compliance with Fit and Proper Persons requirements;
- Checking that all mandatory training is up to date; and
- Review of values and behaviours aligned to LHCH values (IMPACT).

### **3. Chair's Appraisal Process 2021/22**

#### **i) Appraisal Preparation (by 28<sup>th</sup> February 2022)**

- Chair and SID to meet to agree any refinements (and constraints in light of the prevailing circumstances) to the multisource assessment template, based on the specifics of the Chair's 2021/22 objectives and personal development plan, the Board development plan and previous appraisal outcomes
- Chair and SID in consultation with the Senior Governor to agree which stakeholders will be invited to contribute to the appraisal (refer ii below)
- SID to speak with NHSE/I Regional Director to ascertain whether they consider any areas of competency should receive a particular focus (subject to this continuing to be a requirement of NHSE/I in the prevailing circumstances).

#### **ii) Multisource assessment (issue by 1<sup>st</sup> March for return by 11<sup>th</sup> March 2022)**

Assessment of the Chair's effectiveness will be sought from a range of stakeholders to be agreed at preparatory stage (i) above but must include;

- Senior Governor (on behalf of the Governors\*)
- NEDs
- CEO

Other stakeholders might include:

- Executive Directors
- Integrated Care System Chair
- Commissioners
- Other System Partners
- Patient and Public Representatives

Careful consideration should be given to ensuring there is an appropriate number and span of representative participants.

\*As in previous years, it is recommended that all Governors are invited to contribute but that an aggregated report is compiled by the Senior Governor for discussion with the SID. It should be noted that the Council of Governors as a whole is representative of patients, public, staff and some external stakeholders.

#### **iii) Chair's Self-assessment (by 11<sup>th</sup> March 2022)**

The Chair should complete the self-assessment using the multisource assessment template and include with this a commentary on any identified personal development or support needs.

#### **iv) Evaluation (by 14<sup>th</sup> March 2022)**

The SID will evaluate the Chair's self –assessment and all collated stakeholder assessments, seeking further information to gain greater insight and / or clarify certain areas as required. The SID will then meet with the NEDs as a group (without the Chair), and the Senior Governor and Chief Executive (individually) to finalise the assessment findings.

**v) Appraisal Discussion (to be scheduled between 14<sup>th</sup> March and 28<sup>th</sup> March 2022)**

The collective evaluation, together with the Chair's self-assessment will form the basis of and guide an appraisal discussion between the Chair and the SID. Consideration will be given to in-year performance, identification of development needs and objectives for the current year ahead. The Appraisal Template will be completed and signed off with a copy sent to the NHSI Chair and Chief Operating Officer. The outcome of the appraisal and the Chair's forward objectives will be reported to the Council of Governors (June 2022), for approval.

**4. Chair's Objectives 2022/23**

As for last year, these should be set out in accordance with Part 4 of the template with objectives aligned to the five key competency areas set out in 'The Role of the NHS Provider Chair: A Framework for Development' (November 2019) <https://improvement.nhs.uk/resources/the-role-of-the-nhs-provider-chair-a-framework-for-development> and as summarised in Part 1 of the assessment Template.

The SID will lead objective setting for the incoming Chair by 31<sup>st</sup> May 2022.

**5. NED Appraisals 2020/21**

NEDs will undertake a self-assessment of their performance against the agreed objectives for the year. Individual appraisal discussions will take place with the Chair and an abridged version of the Appraisal Chair's appraisal template (to exclude Parts 1a and 6) will be used to document the appraisal. The Chair may wish to consider use of multisource stakeholder feedback, although it is recognised that 2021/22 has been another unprecedented year with all NEDs being required to work remotely due to the pandemic. The NED appraisals and documentation will be completed by 31<sup>st</sup> March 2022 in order that a summary report can be prepared for the Council of Governors meeting in June 2022.

The incoming Chair will lead the objective setting for the NEDs by 30<sup>th</sup> April 2022.

**6. Recommendation**

The Council of Governors is asked to:

- i) Confirm support for the process outlined and for the SID to progress with the 2021/22 Chair's appraisal, providing a summary report to the Council of Governors in June 2022.
- ii) Support use of the recommended documentation:
  - Multisource assessment template from which selected sections will be used for external stakeholders:
    - Board Directors – all sections (Appendix 1)
    - Partner Organisations – section related to partnerships competencies (Appendix 2)
  - Tailored assessment template for Governors (Appendix 3)
  - Chair Appraisal Report template (includes confirmation of mandatory training compliance and FPPT status) (Appendix 4)
  - Adaptation of Chair appraisal report template for NED appraisals (Appendix 5)

Item 12.0a

## Chair's Appraisal 2021/22

Assessment template for completion by Board Directors  
(confidential when completed)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Part 1: Responses to statements relating to the NHS provider chair competencies framework

The following themed statements relate to the chair's impact and effectiveness in their role. Please respond to as many of the statements as possible. Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	Strongly agree	Agree	Disagree	Strongly disagree
Leads the board in setting an achievable strategy.				
Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.				
Provokes and acquires new insights and encourages innovation.				
Evaluates evidence, risks and options for improvement objectively.				
Builds organisational and system resilience, for the benefit of the population of the system as a whole.				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Develops external partnerships with health and social care system stakeholders.				
Demonstrates deep personal commitment to partnership working and integration.				
Promotes collaborative, whole-system working for the benefit of all patients and service users.				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.				
Ensures there is effective dialogue and exchange of information between the Board of Directors and Council of Governors.				

Competency: People	Strongly agree	Agree	Disagree	Strongly disagree
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.				
Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.				
Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.				
Supports, counsels and acts as a critical friend to directors, including the chief executive.				



Competency: Professional acumen	Strongly agree	Agree	Disagree	Strongly disagree
Owens governance, including openness, transparency, probity and accountability.				
Understands and communicates the trust's regulatory and compliance context.				
Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.				
Applies financial, commercial and technological understanding effectively.				

Competency: Outcomes focus	Strongly agree	Agree	Disagree	Strongly disagree
Creates an environment in which clinical and operational excellence is sustained.				
Embeds a culture of continuous improvement and value for money.				
Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.				
Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.				

## Part 2: Strengths and opportunities

Please highlight the chair's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Field sizes are adjustable.

**Strengths: What does the chair do particularly well?**

**Opportunities: How might the chair increase their impact and effectiveness?**

## Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

The field size is adjustable.

### **Additional commentary**

Thank you for participating. Please now send your completed template to Julian Farmer, Senior Independent Director (SID), who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the SID, again in strict confidence, please request to do so.

Item 12.0b

## Chair's Appraisal 2021/22

Assessment template for stakeholders

(Confidential when completed)

Name: \_\_\_\_\_

Partner Organisation: \_\_\_\_\_

Date: \_\_\_\_\_

### Part 1: Responses to statements relating to the NHS provider chair competencies framework

The following themed statements relate to the Chair, Neil Large's impact and effectiveness in his role. Please respond to as many of the statements as possible. Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Develops external partnerships with health and social care system stakeholders.				
Demonstrates deep personal commitment to partnership working and integration.				
Promotes collaborative, whole-system working for the benefit of all patients and service users.				
Seeks and prioritises opportunities for collaboration and integration for the				

benefit of the population of the system as a whole.				
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## Part 2: Strengths and opportunities

Please highlight Neil Large's particular strengths and suggest any areas in which there are opportunities for increasing his impact and effectiveness.

Field sizes are adjustable.

**Strengths: What does the chair do particularly well?**

**Opportunities: How might the chair increase their impact and effectiveness?**

## Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of Neil Large's conduct, impact and effectiveness in their role.

The field size is adjustable.

### **Additional commentary**

Thank you for participating. Please now send your completed template to Julian farmer, Senior Independent Director (SID), who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the SID, again in strict confidence, please request to do so.

Email: [Julian.farmer@lhch.nhs.uk](mailto:Julian.farmer@lhch.nhs.uk)

## Item 12.0c

## Chair's Appraisal 2021/22

## Governor Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Part 1: Governor Responses to statements relating to the NHS provider chair competencies framework

The following themed statements relate to the chair's impact and effectiveness in their role. Please respond to as many of the statements as possible. Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	Strongly agree	Agree	Disagree	Strongly disagree
Ensures the Trust sets itself challenging but achievable targets.				
Facilitates well thought-out decisions				
Encourages research, innovation and development.				
Ensures the Trust maintains and continually improves performance.				
Encourages Governors to participate in the development of the Trust's strategy and ensures their views are considered by the Board				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Ensures there is effective dialogue and exchange of information between the Council of Governors and Board of Directors.				
Encourages Governors to be aware of quality, safety and the financial status of the Trust.				
Represents and promotes the Trust effectively in discussions with external organisations and stakeholders				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the wider population.				

Competency: People	Strongly agree	Agree	Disagree	Strongly disagree
Creates a compassionate, caring and inclusive environment.				
Ensures all voices are heard and views are respected.				
Handles conflicts and sensitivities between governors well				
Ensures new Governors receive effective induction and support on joining the Council of Governors.				
Ensures that Governors have opportunities for ongoing training and development in relation to their statutory role and the changing external environment				



Competency: Professional acumen	Strongly agree	Agree	Disagree	Strongly disagree
Chairs the Council of Governors effectively				
Ensures relevant agendas for Council of Governor meetings				
Ensures Governors receive accurate, timely, clear and relevant information.				
Summarises the discussions well				
Always acts impartially				
Ensures the Council of Governors evaluates its own effectiveness and sets objectives annually				
Ensures the effective use of Sub Committees and time-limited task groups to support the work of the Council of Governors				
Demonstrates a well-rounded knowledge of the Trust including the economic and operational challenges.				

Competency: Outcomes focus	Strongly agree	Agree	Disagree	Strongly disagree
Provides evidence that the Trust meets all statutory and regulatory targets				
Demonstrates that the Trust performs for the benefit of patients				
Consistently displays behaviours that are consistent with the LHCH values (IMPACT)				
Demonstrates an open transparent and learning culture that promotes equality, diversity and inclusion.				
Reviews external reports (e.g. CQC) in an open and meaningful way				

## Part 2: Strengths and opportunities

Please highlight the chair's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

**Strengths: What does the chair do particularly well?**

**Opportunities: How might the chair increase their impact and effectiveness?**

## Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

### **Additional commentary**

Thank you for participating. Please now send your completed template to Trevor Wooding, Senior Governor, who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the Senior Governor, again in strict confidence, please request to do so.

Contact Trevor Wooding via the Membership Office:

E Mail: [Gillian.donnelly@lhch.nhs.uk](mailto:Gillian.donnelly@lhch.nhs.uk)

Tel : 0151 600 1410

## Neil Large – Appraisal 2021/22

### Appraisal reporting template (confidential when completed)

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between provider chairs and appraisal facilitators.

Name of provider trust:	<b>Liverpool Heart and Chest Hospital NHS Foundation Trust</b>
Name of chair:	<b>Neil Large</b>
Name and role of appraisal facilitator:	<b>Julian Farmer, Senior Independent Director</b>
Appraisal period:	<b>1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022</b>

### Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

#### a. Summary of significant emergent themes from stakeholder assessments:

#### b. Highlighted areas of strength:

#### c. Identified opportunities to increase impact and effectiveness:

## Part 2: Compliance

**a. Confirmation that all mandatory training is complete / up to date:**

**b. Review of annual self-certification of fit and proper persons requirements and note of any change in circumstances during appraisal period:**

## Part 3: Self-reflection (for completion by chair)

**Summary of self-reflection on multisource stakeholder assessment outcomes:**

## Part 4: Personal development and support (for completion by chair and appraisal facilitator)

**Identification of personal development and/or support needs:**

Description	Proposed intervention	Indicative timescale	Anticipated benefit/measure of success

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## Part 5: Principal objectives (for completion by chair and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/ measure of success	Anticipated constraints/ barriers to achievement

## Part 6: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Chair		
Appraisal facilitator		

## Part 7: Submission

a. Copy submitted to regional director, for information

Name of regional director	Date

b. Receipt by NHS Improvement Chair and Chief Operating Officer

Signature (Chair)	Date
Signature (Chief Operating Officer)	Date

Comments (including potential moderation):

Item 12.0e

## NED Appraisal 2021/22

### Appraisal reporting template

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between each NED and the Chair.

Name of NED	
Appraisal period:	<b>1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022</b>
Name and role of appraisal facilitator:	<b>Neil Large, Chair</b>
Date of Appraisal	

**Part 1: Chair and Informal stakeholder feedback gathered by Chair from e.g. Governors, CEO, NEDs, Execs (for completion by appraisal facilitator)**

**a. Summary of significant emergent themes from feedback:**

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**b. Highlighted areas of strength:**

--

**c. Identified opportunities to increase impact and effectiveness:**

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## Part 2: Self-reflection (for completion by NED)

Summary of self-reflection on multisource stakeholder assessment outcomes:

## Part 3: Personal development and support (for completion by NED and appraisal facilitator)

Identification of personal development and/or support needs:			
Description	Proposed intervention	Indicative timescale	Anticipated benefit/measure of success

## Part 4: Principal objectives (for completion by NED and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/measure of success	Anticipated constraints/barriers to achievement

## Part 5: Compliance

**a. Confirmation that all mandatory training is complete / up to date:**

**b. Review of annual self-certification of fit and proper persons requirements and note of any change in circumstances during appraisal period:**

## Part 6 :Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
NED		
Appraisal facilitator		

## Part 7: Submission

Copy submitted to Council of Governors (in Private), for information: June 2022

## Item 13.0

### Council of Governors (in Public) Action Log

Updated December 2021

No	Agenda Item	Action	By Whom	Progress	CoG Review	Note
1	7.2 Patient & Family Support Team Report	Development session for governors to categorise never events, serious incidents	NL/KWh	In progress	March 2022	
2	8.1 Report from the Joint CoG & BoD Development Day	Meeting to discuss and finalise Council of Governor Objectives 2022 with NL, KWh, AP, DB and other governors were welcomed to attend	NL/KWh	Complete	March 2022	Meeting held 11 <sup>th</sup> January 2021.