

Item 3

minutes

Council of Governors

**Minutes of the Meeting of the Council of Governors held on Tuesday 7th June at 1pm
(via Zoom)**

Present:

Val Davies	Chair
Lynne Addison	Public Governor – Rest of England & Wales
David Bromilow	Public Governor - Merseyside
Denis McAllister	Public Governor - Cheshire
Dorothy Burgess	Public Governor - Merseyside
Wendy Caulfield	Nominated Governor – Friends of Robert Owen House
Terence Comerford	Public Governor - Merseyside
Megan Cromby	Staff Governor – Non Clinical
Ray Davis	Public Governor - Cheshire
Elaine Holme	Public Governor - Merseyside
Sharon Faulkner	Staff Governor – Registered and Non Registered Nurses
Rachael McDonald	Staff Governor – Non Clinical
Allan Pemberton	Public Governor – Cheshire
Dusty Rhodes	Public Governor – North Wales
Hollie Swann	Nominated Governor – University of Liverpool
Peter Wareham	Public Governor – North Wales
Trevor Wooding	Senior Governor/Public Governor - Merseyside

In attendance:

Laura Allwood	Patient and Family Support Manager
Bob Burgoyne	Non Executive Director
Margaret Carney	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
Ian Gilbertson	Deputy Chief Digital Officer
Andrew Lang	Non Executive Director
Jonathan Mathews	Chief Operating Officer
Karen Nightingall	Chief People Officer
Sue Pemberton	Director of Nursing
Louise Robson	Non Executive Director
Karan Wheatcroft	Director of Risk and Improvement
Professor Jay Wright	Director of Research

Apologies for absence:

Mark Allen	Public Governor - Cheshire
Joan Burgen	Public Governor – North Wales
Cllr Sharon Connor	Nominated Governor – Liverpool City Council
Charlie Cowburn	Staff Governor – Registered and Non Registered Nurses
Dr Rebecca Dobson	Staff Governor - Registered Medical Practitioners
Karen Higginbotham	Nominated Governor - LJMU

1. Opening Matters

Following the Trust's receipt of updated national infection prevention guidance in relation to the Covid 19 pandemic, the Council of Governors meeting was conducted face to face for the first time since the start of the pandemic in 2020. A hybrid approach was undertaken and governors could attend in person or via video conferencing to ensure ease of access. In order to conduct this meeting efficiently, the papers were produced as usual and in accordance with the business cycle and distributed on 27th May 2022 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 or referred to the Governor to raise 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 attending virtually posed questions and made comments using the 'raise hand' or 'chat' functions on the video conferencing facility.

2. Apologies for absence

Noted above.

3. Presentation – Research Focus

Professor Jay Wright, Director of Research presented an update on the research work currently underway at the Trust and the department's aspirations for the future. He explained that it had been an ideal time to review the strategy for the Trust's research and a time to review old ways of working. In addition to this, new appointments to the senior leadership team had been made to drive this agenda forward. The Director of Research presented the findings of a SWOT analysis on the Trust's research position and highlighted that the five year ambitions included:

- Application towards Cardiovascular themed Biomedical Research Centre in Liverpool or BHF centre of excellence
- Major contribution to ICS and strategic clinical planning
- International reputation for high quality impacting clinical research
- Contribution to International Clinical Guidelines.

It was added that a strategy document would be presented to the Board of Directors, Patient Groups in the near future and this would also be shared with governors.

There were a range of questions from Governors including how the Consultant Physiotherapist and Nurses would link in with the research team, how the ICS would impact the way the research focus going forward, where the funding would come from to deliver the ambitions and where the North

West ARC would feature in plans. There was a further question from governors regarding how patients and their families would be engaged to help share research moving forward. The Director of Research noted that the Patient Research Ambassador plays a key role in this and ensuring this was shaped from a patient and family perspective.

The Chair thanked the Director of Research for his presentation and added that she very much welcomed the ambitions, that would make a big impact on patients.

The Council of Governors received the update.

4. Patient Story

The Director of Nursing and Quality introduced a patient story which was shared by a patient via video. The patient had experienced a sudden cardiac arrest whilst driving on his way home from playing football. This had caused him to have a car accident and his heart had stopped at the scene for thirty minutes.

The patient praised the expertise and skill of the off duty paramedic who had stopped at the scene to help and the team here at the Trust who have cared for him since. The patient was discharged from hospital following an ICD being fitted and he was informed he may need surgery in the future. He added that he was full of gratitude because without them he would not be here to share his experience. The patient shared some learning around the nature of information given in a phone call and it was felt it would be less daunting to receive this via a face to face appointment. The Director of Nursing and Quality confirmed that stories like this, although mostly positive, enabled the Trust to make improvements to the quality of the patient experience.

The Council of Governors received the story.

5. Declaration of Interests Relating to Agenda Items

None declared.

6. Minutes of the Council of Governors (CoG) held on 1st March 2022

The Council of Governors agreed the minutes were an accurate reflection of the meeting and approved these for the meeting held on 1st March 2022.

7. Action Log

Action 1 – completed and closed

Action 2 – completed and closed

Action 3 – completed and closed

Action 4 – completed and closed

Action 5 – in progress and updates to be provided by Chief Finance Officer and Senior Governor as this process commences.

The Council of Governors received the updates.

8. Chair's Briefing

The Chair welcomed Andrew Lang, Non Executive Director and Louise Robson, Non Executive Director to their first Council of Governors meeting.

The Chair noted that the Health and Social Care Bill was passed into legislation on 28th April and as of 1st July the Integrated Care Board (ICB) and Integrated Care System (ICS) will formally commence in statutory terms. This will provide greater opportunity for collaboration throughout the NHS.

The Chair highlighted a number of networks she attended which helped to enable more collaborative working. These included the Combined System Leaders Group, Cheshire and Merseyside Chair's Network, and the Cheshire and Merseyside Acute and Specialised Trust (CMAST) Provider Collaborative. The Chair also highlighted that she had volunteered to become a Secondary Sponsor on the CMAST workstream for clinical pathways. This was in addition to meetings with other specialist hospitals to continue to build and strengthen relationships within the rest of the regional healthcare system.

The Chair added that Amanda Pritchard, Chief Executive Officer from NHS England and Improvement and Matt Whitty, Accelerated Access Collaborative Chief Executive, NHS England and Improvement were visiting the Trust on 14th June. The visit had been organised in conjunction with the Innovation Agency and would focus on some of the innovative work carried out here at the Trust.

The Chair mentioned that she had undertaken introductory meetings with the majority of the Governors now and offered thanks for their time in doing so. In addition to this the Chair explained she had visited a range of wards and departments and had enjoyed meeting colleagues there. It was her intention to visit all areas as part of this walkabout programme.

9. Strategy and Service Improvement

9.1 Cheshire and Merseyside ICS System Update

The Director of Strategic Partnerships presented an update and explained the purpose of the ICS was to bring together NHS provider organisations, commissioners and local authorities across 42 geographical areas in England. It was added that there were four core aims of the Integrated Care Systems incorporating improve outcomes in population, tackle inequalities in outcomes, experiences and access, enhance productivity/value for money, help NHS support broader social and economic development.

The Director of Strategic Partnerships highlighted the Trust was very involved in leading the Cardiac Board within the ICS and working at scale across Cheshire and Merseyside. It was added that the Trust had recently been awarded Level 1 for our prevention work which had been well received.

It was agreed that the slides presented and an animation provided by the Kings Fund would be circulated for information.

The Council of Governors received the update.

9.2 System Developments

The Director of Strategic Partnerships presented the report on System Developments which provided a summary of the Trust's system working.

It was explained that in March 2022 the government published a new policy 'Build back better: Our plan for Health and Social Care'. This publication supported the Health and Care Act 2022. The paper focused on clearing the elective care backlog, putting the NHS on a sustainable footing and moving forward with the prevention agenda such as CVD prevention.

It was added that all acute and mental health trusts were required to be a member of at least one provider collaborative. The Trust was part of the Cheshire and Merseyside Acute and Specialised Trust (CMAST) provider collaborative. The group was exploring options for provider collaborations, principles of engagement, learning and shared governance.

Dorothy Burgess, Public Governor – Merseyside highlighted a document she had read regarding health inequalities in Cheshire and Merseyside and would share the link for governors to access following the meeting. In addition to this, it was requested that the Trust make contact with Liverpool City Council to seek representation and attendance at the Council of Governors meetings. The Chair agreed to take this forward with the Director of Risk and Improvement.

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There was a discussion from Governors around the involvement of non NHS organisations within the system working. The Director of Strategic Partnerships clarified that there were a number of non NHS organisations on the One Liverpool Group which incorporated services such as fire and police as an example. There were also a number of other organisations the Trust was working with such as charities and sports partnerships to help us deliver work.

The Chair thanked the Director of Strategic Partnerships for the insightful update on system working. The Council of Governors received the report.

9.3 Financial Planning Update

The Chief Finance Officer presented the financial plan for 2022/23 which was to deliver a break-even position, contingent on high levels of non-recurrent funding, most notably from the Elective Recovery Fund (ERF).

It was noted that the Cheshire & Mersey system position was currently in a significant deficit of £148 million. Further improvement had been requested by the national team following additional funding being provided for high inflation costs and a further submission was now required on the 20th June. It was highlighted that delivery of the Cost Improvement Programme (CIP) was always a challenge to achieve whilst maintaining quality of services.

The Chief Finance Officer noted that there were risks and uncertainties which included recovering private patient income to pre-pandemic levels, achievement of the plan was also heavily reliant on elective recovery funding, delivery of the cost improvement programme and cost inflation. In addition to this it was noted that capital spending was now coordinated across the ICS, and plans were significantly higher than the funding available.

There was a discussion from Governors around the risks associated with delivering the capital projects programme and if the Trust would be able to fulfil the Cath Lab re-development programme. The Chief Finance Officer

explained that it was envisaged that the plans would still succeed however the pace at which this would happen may be reduced. It was added that going forward capital project plans would require oversight and sign off from the Integrated Care System. There was a further question from governors around the culture of the Integrated Care System and the Chief Finance Officer noted that this was in the maturing phase at present and this was similar to the majority of ICBs across the country.

The Council of Governors received the update.

10. Performance and Operations

10.1 Strategic & Performance Dashboard

The Chief Operating Officer presented the strategic and performance dashboard and explained that the focus was on safely restoring high levels of activity at the Trust in line with national planning guidance. It was added that there was also a national focus on reducing long waiting patients. There were 56 patients waiting longer than 52 weeks at the end of February 2022. It was added that there had since been an improvement in the Trust's sickness absence which had supported delivery of recovery plans. Sickness had been high at 7.2% in February 2022.

The Chief Operating Officer added that there was a risk in achieving the new target around faster diagnosis for cancer delivery. This was due to some challenges in CT Guided Biopsy and EBUS. However, it was noted that the Divisions were working hard to mitigate this risk.

There was a discussion from Governors around the staffing position currently in Radiology. The Chief Operating Officer noted that there had been 4 additional radiographers appointed and sickness absence had improved by 50% since last reported to the Council of Governors. It was added that radiographers was always a challenging area in terms of recruitment due to national shortages. There was a further question around the levels of agency and bank staffing used and the Chief Operating Officer confirmed that this was monitored by the Chief Finance and People Officers and that there had not been an increase in the use of agency staffing.

The Council of Governors received the report.

10.2 Finance Report

The Chief Finance Officer presented the Finance Report and highlighted that the financial performance at the end of 31st March 2022 was a small surplus of £42k which was in line with the break event plan. This had been reliant on non-recurrent funding, particularly the Elective Recovery Fund (ERF). It was added that it had been an exceptional year with the financial regime.

There was a discussion from Governors around the increasing external cost pressures which were emerging for the Trust. The Chief Finance Officer explained that in addition to the increasing cost of living, that the cost of transport affecting the Trust directly and its suppliers was significant.

The Chair commended the Trust for its good financial management and noted that it had been the only Trust to return funding to the ICS.

The Council of Governors received the update and noted the Trust's financial position at the end of 2021/22.

10.3 Patient & Family Support Team – Annual Report

The Director of Nursing & Quality presented the Annual Report and highlighted there had been 38 formal complaints in the last year. In addition to this, the Patient & Family Support Team received 319 contacts, of which 207 were informal concerns and 112 were requests for information or advice. All informal concerns were successfully resolved by liaising or escalating to appropriate manager/divisional team. Of the 38 complaints investigated, 2 were fully upheld, 12 were partially upheld and 21 were not upheld and did not require action or learning. 3 were still outstanding and being investigated. 89 compliments had also been received.

The Director of Nursing provided assurance that the complaints process, management, and procedure was robust and monitored for effectiveness based upon the Trust's Complaint Policy.

There was a question from governors around how the learning from complaints was cascaded and utilised to make improvements. Laura Allwood, Patient and Family Support Manager explained that every complaint would be investigated and escalated to the divisional leadership team and then this would be cascaded to the ward or department manager who would filter this down to their teams. The learning would be outlined within the action plan with a timeframe and person responsible for completion.

The Council of Governors received the report.

10.4 Patient Safety Partners Report

The Director of Nursing & Quality presented the Patient Safety Partners (PSP) paper. The Patient Safety Strategy aimed to provide a vision for NHS organisations to improve patient safety across systems, staff and by involving patients in their own healthcare. As outlined in this strategy the Trust would be recruiting two PSPs to have them sit on relevant patient safety committees by the end of September 2022. It was noted that this role was a very different role than a governor or volunteer, however, individuals working in these roles could also be a PSP. The Director of Nursing also highlighted that these PSPs would be initially involved with the Trust's Sharing and Learning Forum and the Infection Prevention Committee. It was added the Trust would be working with patients' pre-admission to discuss how they can avoid falls and improve their own care and patient safety.

It was requested by governors that an update be given at the next Council of Governors meeting.

The Council of Governors noted the update.

10.5 Annual Staff Survey

The Chief People Officer presented the results from the Annual Staff Survey and noted the Trust had come top in eight out of ten themes. The Trust had also had a high response rate of 62% compared to a national average of 48% which had been pleasing. The Trust had been rated number 1 in the country

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for 'care is our top priority' and 'staff engagement'. In addition to this, the Trust had been rated acute specialist trust for 'care is our top priority', 'place to work' and 'staff engagement'. Also, to being number 1 in 8 out of 9* of the People Promise elements & themes, benchmarked against 'acute specialist trusts'.

There was a discussion from governors who commended the report and results of the national staff survey. More information was requested by the governors about the plans in place to ensure the learning and recognition available for Non Clinical Staff was improved as this was a theme that had been noticeable in the results. The Chief People Officer added that the Learning and Education teams were making plans at the moment and work was ongoing on this.

The Council of Governors received the report.

10.6 Digital Excellence Update

Ian Gilbertson, Deputy Chief Digital Information Officer (DCDIO) presented the Digital Excellence Update. It was noted that there had been recent changes to national digital teams and services. The Trust had successfully reached HIMSS Stage 6 Accreditation and was one of only seven trusts in the country to have achieved this. Planning for Stage 7 was also well underway and the Trust was hoping to achieve this later in the year. In addition to this the Trust had achieved cyber essentials accreditation, there had been developments with the iDigital service model which had recently marked its first birthday, good progress had been made with the Digital Excellence delivery and good progress made with digital clinical and safety developments.

There was a discussion from staff governors which noted that colleagues had experienced some connectivity issues which had impacted on prescribing in a community setting. A new provider was being trialled at present and reports so far had been positive. It was hoped that this improved service could be rolled out to the rest of team. It was added that it was hoped that patients without access to digital devices would not be left behind whilst the Trust was moving forward with new technologies e.g. video consultations. The DCDIO confirmed that this was outlined within the framework of each piece of work to ensure that this was considered going forward. In addition to this, governors queried if there were any security risks with the new Imprivata - Single Sign On system which had enabled staff to sign on utilising their security badge. The DCDIO explained that security was robust and that extra protection measures were in place to protect the system and data.

The Council of Governors received the update.

11. Governor Issues

11.1 Feedback from Network/Engagement Events

The Chair asked if governors had anything of note. No updates were noted.

11.2 Governor Elections

The Director of Risk & Improvement presented the Governor Elections report to governors to note and outlined the timetable for the forthcoming staff

governor elections. It was noted that an independent electoral administrator was managing the elections for 3 Staff Governor seats (1 Registered and Medical Practitioners and 2 Registered and Non Registered Nurses).

The Council of Governors received the report.

11.3 CoG Objectives 2022: Progress report

The Director of Risk & Improvement presented the report and noted good progress had been made in terms of the Council of Governors' objectives for 2022.

It was requested by governors that an addition be made to Objective 1 to include that the mentoring programme had commenced for three new Public Governors in autumn 2021. However, two of these governors subsequently stepped down from the role and the process had re-started in May 2022 with two new starters.

The Council of Governors received the report.

12. Feedback from Development/Network and Engagement Events

12.1 Membership and Communications

Elaine Holme, Public Governor – Merseyside and Chair of Sub Committee presented the report from the last meeting and highlighted all key performance indicators had been achieved. It was noted that a new calendar of events had been produced and was attached to the report for information. Volunteers were sought from other governors and volunteers to support the Disability Awareness Day on 17th July 2022.

There was a discussion from Governors around the high prevalence of heart disease in women and that raising awareness of this would be discussed at the next Membership and Communications Sub Committee. The Director of Risk and Improvement highlighted that she attended a network of Trust Secretaries and that there may be opportunities to work with other neighbouring Trusts on this agenda. Further updates would be provided to the sub committee as and when needed.

The Council of Governors received the report.

12.2 Staff Governor Group

The Chair noted that there was no feedback from this meeting to discuss.

12.3 Feedback from Development Groups

The Chair invited Governors to raise any feedback they may have. There was nothing to note.

12.4 Audit Committee Update and Annual Report

The Deputy Chair/Senior Independent Director presented the update from the Audit Committee to provide assurance that the Audit Committee had met its terms of reference, was well attended and had effective meetings. It was noted that the annual reports clearly demonstrated that all the Assurance Committees had delivered against their Terms of Reference. The reports had been approved for submission to the Board. It was explained that progress

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had been noted with regards to register of interests and those staff who had yet to submit a declaration were being followed up and were all expected to be closed off by the end of the month. It was added that it had been confirmed by the internal auditor (MIAA) that the committee was operating effectively with some good suggestions for improving performance e.g. formalising the mid year reports from the Assurance Committees. The annual report of the Audit Committee had been circulated for the Council of Governors to note.

There was a discussion from Governors around the register of external visits and what this meant for the Trust. The Deputy Chair/SID noted that this was an external record of visits and inspections so the committee was kept informed of these. It was also raised by Governors if there was sufficient rigour in the self assessment of the committee. The Deputy Chair/SID confirmed there was and that the committee welcomed challenge to ensure that it was operating in a robust way. There was a further discussion from governors around what the outcome had been relating to the Trust's data security and protection toolkit, which had not been confirmed at the time of the report. The DCIO confirmed that this was expected to be submitted by the end of June and the Trust was expected to be fully compliant in all areas. An update would be provided to governors to confirm this.

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12.5 People Committee Update and Annual Report

Margaret Carney, Non Executive Director (NED) and Chair of the People Committee presented the annual report and highlighted that the committee members were assured in terms of key risks and how the committee was dealing with them. It was added that there had been challenges over the course of the year in relation to workforce and managing the covid pandemic. Margaret Carney, NED paid tribute to the members of the committee who were extremely knowledgeable about their subject matter.

There was a question from Governors around the feedback from the first Schwartz Round which had taken place. An update would be provided to Governors as the Schwartz Rounds programme progressed. Governors also asked for an update on mandatory training. Margaret Carney, NED added compliance had improved and the Trust had hit the target for this.

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The Council of Governors received the update and the annual report from the People Committee.

12.6 Quality Committee Update and Annual Report

Nick Brooks, Non Executive Director presented a committee update and noted the committee had successfully completed the workplan and terms of reference. It was added that the Quality Committee had received assurance on all aspects of quality, including delivery, governance, and clinical risk management. The Committee met quarterly and review of the minutes confirmed good attendance. This annual assurance report, derived from the minutes of the meetings, confirmed that the Committee had received assurance against the criteria of the terms of reference. Amendments, subject to Board approval, had been made to the TOR to highlight areas identified for review in 2022/23.

The Council of Governors received the report.

12.7 Integrated Performance Committee Update and Annual Report

Louise Robson, NED presented the Integrated Performance Committee update and annual report. It was noted that the Integrated Performance Committee had operated effectively during 2021/22. The committee's main priority was to review and scrutinise assurances that the Trust was operating and would continue to operate within the terms of its licence, regulatory requirements and statutory obligations.

It was added that the work of the committee has continued to be focused on management of risk arising from the COVID-19 pandemic, recovery and the interim financial regime. The committee identified risks associated with the delivery against the CIP programme given the scale of the programme and continued focus on recovery and also the deployment of capital resources resulting from system constraints on spending.

The Deputy Chair/SID added that all of the Assurance Committee Chairs attended the Audit Committee which was an important way of ensuring all the Chairs were satisfied with the way these assurance committees are operating.

The Council of Governors received the report.

13. Date and Time of Next Meeting

Monday 26th September 2022 at 1pm

There was a request from governors to ensure that acronyms were defined earlier in the papers to make this clearer for governors and that language was standardised.

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