

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

### **Item 12.3**

**Subject:** Joint Board of Directors and Council of Governors  
Development Day 8<sup>th</sup> November 2022  
**Date of meeting:** 6<sup>th</sup> December 2022  
**Prepared by:** Gill Donnelly, Communications and Membership Officer  
**Presented by:** Karan Wheatcroft, Director of Risk and Improvement  
**Purpose of Report:** To Note

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

This paper documents the work undertaken by Governors at the annual Joint Board of Directors and Council of Governors Development Day on 8<sup>th</sup> November 2022. The Governors:

- Considered with the Board of Directors the current priorities and focus in delivering the LHCH Strategy – Patients, Partnerships and Populations; and engaged with this helping to shape the Trust's strategic direction.
- Evaluated effectiveness of the Council of Governors in 2022 by considering what attributes make an effective governor, how Council of Governor effectiveness can be maximised and considering what the population needs are.
- Discussed objectives for the Council of Governors in 2023.

A summary of the day's work and associated themes and actions are set out in this report for information.

#### **2. Background**

The annual Joint Council of Governors and Board of Directors Development Day was held on 8th November 2022. The morning session was for Governors and the Board of Directors and the afternoon session was for Governors only. 15 out of 25 Governors attended the day (attendance list attached at Appendix 1). This year's session was face to face only which enabled Governors to network and interact with each other in person without the use of virtual platforms at all for the first time since March 2020 (before the Covid pandemic).

#### **3. Strategic Planning Session with the Board of Directors**

Jane Tomkinson, CEO opened the morning session of the joint development day and noted that the Trust's strategy Patients, Partnerships and Populations strategy was adaptable to move with the changes in healthcare leadership and wider system working. The Trust had advocates and a voice within the Integrated Care System (ICS) and within the Cheshire and Merseyside Acute Specialist Trust Provider Collaborative (CMASST).

Jonathan Develing, Director of Strategic Partnerships introduced each of the executive team who outlined their strategic priorities. Governors undertook group work along with Board Directors to consider the strategic priorities and to discuss which of those was felt

to be the most important. These themes are listed below with the priorities in bold the focus of table discussion.

Patients	Finance	Prevention
<b>Quality, Safety</b>	Influencing national policy	<b>Health Inequalities</b>
<b>Safe staffing that will deliver safe care and improve patient experience</b>	<b>Need to be clear about LHCH can offer and what with have the capacity to support with</b>	Green
<b>Improving pt. experience</b>	<b>Primary and secondary care collaboration</b>	Getting standards for prevention
Using digital to improve pt. care	Digital collaboration	Unwarranted variation across the pathway
Using governance to improve safety	<b>Our staff, health and well being, retention</b>	Becoming proactive in anticipatory care
Transforming care (CF)	Retention and career development	<b>Virtual Wards, remote monitoring</b>
Delivering performance standards	New income streams	<b>Getting patients to LHCH quicker – timely care – enhancing capacity</b>

#### 4. Group Work – Considering the Effectiveness of CoG

The Council of Governors split into three groups led by the Chair, Director of Risk & Improvement and Membership and Communications Officer. The key themes and possible actions discussed within each topic is outlined below.

##### 4.1 What makes an effective Governor?

Governors discussed the importance of various activities to ensure they were effective in their role. For example:

- Walkabout opportunities had been well received
- Variety of training and development available internally and externally
- Involvement in community events to support engagement with members and the public
- Having a voice at informal meetings such as the Chair's Lunch
- Observing Board meetings
- Questioning of Non Executive Directors to seek assurance
- Feedback and regular updates from the Chair
- Act as advocates/ambassadors of LHCH
- Insights from the outside.

The difference between the roles of Public, Staff and Nominated Governors was discussed. It was noted that Staff and Nominated Governors were in continuous contact with their constituency and Public Governors brought more of a neutral listening ear to the council.

The attributes discussed by governors are highlighted in the world cloud below:



- Continue to offer the activities mentioned (All)
- Promote the role of the Staff Governor internally to develop understanding and attract further interest in the role moving forwards (GD).

A summary of the group discussions is provided below.

What works well?	What could be improved	Potential Areas for Action
<p><u>Walkabouts</u> - timetable circulated via Chair's Update</p>	<p><u>Email</u>            Duplication of emails from LHCH</p> <p>Recipients avoid use of 'reply to all'</p>	<p>CoG currently receive meeting info by email and meeting invitations. This was due to feedback from CoG that some did not receive meeting invitations using their email provider. Moving forward meeting requests won't be sent to CoG and instead meeting information will be sent via email only. Governors are asked to ensure meetings are in their own diaries. (GD/NH/CoG)</p> <p>Circulation of email etiquette to all. (GD)</p>

What works well?	What could be improved	Potential Areas for Action
<u>Meeting Format</u> - Blended approach to both virtual and face to face meetings is working well at present. Virtual is great for those who need to travel some distance. Face to face is better for engagement and makes it easier to ask questions.	Executive Summary utilised on all reports	Continue work to improve this in CoG reports, presentations and minutes. (KWh/NH)
<u>Support</u> - from the Membership Office.	Acronyms – translate at first mention and glossary of terms	Continue work to improve this in CoG reports, presentations and minutes. (KWh/NH)
<u>Mentoring</u> - scheme has been working successfully for new governors.	Diversity of CoG and reaching out to diverse communities to recruit members to support this.	Membership & Communications Sub Committee to explore this and embed in plans for 2023/24. (GD/EH/DB)
<u>Communication</u> - is good and the structure well established	Paper copies to be available for CoG meetings.	LHCH appreciates governor support in going paperless. However, governors can request these from the Executive Office if required. (CoG)
<u>Opportunities</u> - to be involved in different committees	Raise profile of governor role.	Communications campaign internally and externally to raise the profile of the role. (GD)

#### 4.3 What are Governor/population needs?

##### **Are there particular issues around health inequality, access or variability that you are finding in your communities?**

Themes discussed included issues around access to services, engaging with communities, barriers to understanding, cultural variations, complex pathways, digital inequalities and differences in care systems in England, Wales and Isle of Man.

Suggestions to resolve or ease some issues included:

- More LHCH outreach services are required and data utilised to understand populations better.
- A partnership approach to support other hospitals to make improvements by sharing our learning.
- Accident and emergency departments to transfer more patients direct to LHCH.
- Improve numbers of earlier diagnosis to make diseases more treatable.
- Network working between Cardiology Departments e.g. Single Cardiology Pathway.
- Consider should LHCH be a population educator e.g. Happy Hearts campaign.

### **Are you clear about how the system is being constructed to deal with the population health challenges?**

Discussions concluded that the system was still developing and there was uncertainty as to how this would look in the future. It was unclear where Welsh updates would sit as this was outside of the Cheshire and Merseyside Integrated Care System (ICS). It was asked if governors could have all the information they need on organogram (KWh).

### **What are Governors challenges from a system perspective and what role do you feel Governors should play in the system?**

- Governors had concerns around their capacity to deliver this wider role.
- There is a shared learning opportunity for governors here along with other governors from other Trusts.
- Important for governors to hold to account and influence thinking.
- Governors should provide a view from their constituency's perspective.

### **5 Council of Governor Objectives 2023**

The last session of the afternoon focused on shaping the Council of Governors objectives for 2023. The proposed objectives are outlined in agenda Item 8.1 for approval.

### **6 Recommendation**

The Council of Governors is asked **to receive** the contents of the report and actions identified.

## **Appendix 1 - Joint CoG and BoD Development Day 8.11.22 Attendance**

### **Governors - public:**

Joan Burgen, Public Governor – North Wales  
Ray Davis, Public Governor – Cheshire  
Elaine Holme, Public Governor – Merseyside  
Peter Humphrey, Public Governor – Merseyside  
Denis McAllister, Public Governor - Cheshire  
Dusty Rhodes, Public Governor – North Wales  
Trevor Wooding, Senior Governor  
Stephen Storey, Public Governor - Cheshire

### **Governors – nominated:**

Karen Higginbotham, Nominated Governor - LJMU  
Dr Neil French, Nominated Governor – University of Liverpool

### **Governors – staff:**

Michelle Beaver, Staff Governor - Registered & Non-Registered Nurses  
Megan Cromby, Staff Governor – Non-Clinical  
Dr Rebecca Dobson, Staff Governor – Registered Medical Practitioners  
Sharon Faulkner, Staff Governor – Registered & Non-Registered Nurses  
Rachael McDonald, Staff Governor – Non Clinical

Val Davies– Chair

Karan Wheatcroft– Director of Risk & Improvement

Gill Donnelly – Membership and Communications Officer

### **Apologies:**

Apologies – Lynne Addison, David Bromilow, Dorothy Burgess, Wendy Caulfield, Terence Comerford, Cllr Sharon Connor, Allan Pemberton, Dorothy Price, Peter Wareham, Princey Santhosh.

### **Directors (AM only):**

Jane Tomkinson, CEO  
Karen Nightingall, Chief People Officer  
Sue Pemberton, Director of Nursing & Operations  
Jonathan Develing, Director of Strategic Partnerships  
Karen Edge, Chief Finance Officer  
Jonathan Mathews, Chief Operating Officer  
Kate Warriner, Chief Digital Information Officer  
Dr Raphael Perry, Deputy CEO/Medical Director  
Julian Farmer, Non Executive Director  
Nick Brooks, N Non Executive Director  
Bob Burgoyne, Non Executive Director  
Louise Robson, Non Executive Director  
Margaret Carney, Non Executive Director

Apologies: Professor Jay Wright