

Item 5

minutes

Council of Governors

Minutes of the Meeting of the Council of Governors held on Tuesday 2nd March 2021 at 1pm (via Zoom)

Present:

Neil Large
Lynne Addison
Mark Allen
Joan Burgen
Dorothy Burgess
Wendy Caulfield
Terence Comerford
Charlie Cowburn

Megan Cromby
Dr Rebecca Dobson
Sharon Faulkner
Elaine Holme
Peter Humphrey
Rachael McDonald
Allan Pemberton
Dorothy Price

Dusty Rhodes
Princey Santhosh
Lindsey Van Der
Westhuizen
Peter Wareham
Trevor Wooding

In attendance:

Nick Brooks
Bob Burgoyne
Gill Donnelly
Julian Farmer
Mark Jones
Lucy Lavan
Jonathan Mathews

Apologies for absence:

Peter Brandon
Karen Higginbotham
Cllr Sharon Connor
Rachel Glynn Williams
Hollie Swann

Chair
Public Governor – Rest of England and Wales
Public Governor - Cheshire
Public Governor – North Wales
Public Governor - Merseyside
Nominated Governor – Friends of Robert Owen House
Public Governor - Merseyside
Staff Governor – Registered and Non Registered Nurses (joined the meeting Item 6.1)
Staff Governor – Non Clinical
Staff Governor – Registered Medical Practitioners
Staff Governor – Registered and Non Registered Nurses
Public Governor - Merseyside
Public Governor - Merseyside
Staff Governor – Non Clinical
Public Governor – Cheshire
Staff Governor – Allied Healthcare Professionals, Technical & Scientific
Public Governor – North Wales
Staff Governor – Registered and Non Registered Nurses
Public Governor - Cheshire

Public Governor- North Wales
Senior Governor/Public Governor - Merseyside

Non Executive Director
Non Executive Director
Membership and Communications Officer (Minutes)
Deputy Chair/Senior Independent Director
Non Executive Director
Director of Corporate Affairs
Deputy Director of Operations (Item 1-5 only)

Public Governor - Cheshire
Nominated Governor - LJMU
Nominated Governor – Liverpool City Council
Public Governor – Merseyside
Nominated Governor –University of Liverpool

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 22nd February 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 Director of Corporate Affairs 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 utilising the video conferencing facility.

2. Apologies for absence

Noted above.

3. Minutes of the Council of Governors (CoG) held on 1st December 2020

The Council of Governors agreed the minutes were an accurate reflection of the meeting and approved these for the meeting held on 1st December 2020.

4. Chair's Briefing

The Chair welcomed the Council of Governors to the virtual meeting and noted that the agenda items had been reduced for the meeting and the executive team would not be in attendance. This was in keeping with government guidance received regarding releasing capacity to respond to the pandemic. The Chair highlighted that there were key items on the agenda and this included an update on the Trust's response to the Covid 19 pandemic. It was added that there would be plenty of opportunity for good discussion. He added that Jonathan Mathews, Deputy Chief Operating Officer was in attendance at the meeting and would talk governors through the Trust's recovery plans.

The Chair highlighted that the Liverpool Echo and BBC Radio Merseyside had shared a story of five nurses from the Trust who had between them clocked up 189 years' service. It was added that all five nurses had retired and chosen to return to work at Trust because they had loved their job so much. Valerie Wallace, Sue Oakes, Alison Hulme, Janice Dunne and Lynn Trayer Dowell had all featured in the article. The Chair noted that Lynn Trayer Dowell had previously been a Staff Governor – Registered and Non Registered Nurses and had been heavily involved in supporting the vital infection prevention work during Covid 19 pandemic. The Chair offered his heartfelt thanks to those five staff and all Trust staff for their tremendous efforts supporting the Covid 19 response over the last twelve months.

The Chair explained that the Chair's Lunch scheduled for May 2021 would be suspended due to its close proximity with the Chair's Lunch in April and the quarterly Council of Governors meeting. Governors were asked to amend their diaries accordingly.

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The Chair thanked Ian Jones, Nominated Governor-LJMU who had stepped down from the role for the time he had supported the Council of Governors. The Chair welcomed Karen Higginbotham to the Council of Governors as the new representative for LJMU. Karen was a Senior Lecturer for Adult Nursing at Liverpool John Moores University and would be in attendance at the next meeting of the Council of Governors.

5. National, Regional and Hospital Updates

Covid Stats

The Director of Corporate Affairs noted that there were currently 4 inpatients within the hospital with Covid 19. It was noted that the Trust was on a good trajectory in terms of Covid infections reducing. In addition to this, the Trust had not been called to support other hospitals in the region with Critical Care transfers for a number of days. The Trust's real focus was now on working through the backlog of patients on the waiting lists and moving into a new recovery phase. The focus was very much on ensuring patient flow is as smooth as possible. This was whilst also maximising the resources and capacity available for patients to ensure as many patients can be treated and cared for as possible. In addition to ensuring that Covid positive patients are cohorted appropriately to ensure the safety of all in terms of infection prevention.

The Director of Corporate Affairs highlighted that the Trust was mindful of the importance of staff health and wellbeing and particularly the impact the pandemic has had on the mental health of staff. It was noted that the Trust had managed to contain staff sickness which had been 5.86% at the end of January 2021 and there had been particular trends noted around anxiety as a cause of absence. However, since then there had been a reduction in Covid related sickness. It was noted that the Trust was also aware that some staff may be particularly at risk of Post-Traumatic Stress Disorder (PTSD) and particularly those working in Critical Care. A number of measures had been brought in nationally to provide psychological support for staff. Focus was very much on ensuring good staff morale as the Trust moves into the recovery phase. The leadership team was also very keen to embed the learning from Covid 19 into day to day activities throughout the organisation.

The Director of Corporate Affairs also highlighted that the Trust had been particularly pleased that a number of new international nurses had joined the Trust as new recruits from the NHS England and Improvement Refugee Support Programme. This work had also been recently featured on BBC North West Tonight. LHCH was one of three Trusts leading on this international recruitment programme in partnership with LJMU and NHS England & Improvement and progress would be monitored through the Trust's People Plan.

It was also highlighted that the shielding guidance had been extended until the end of March and that there had been an amendment to increase the

number of people within the population that fell into the categorisation of shielding. However, the impact of the Trust had been minimal with only a small number of staff affected with this extension. It was added that a national roadmap communication had been produced and was helpful in explaining the detail of this. This communication would be shared with governors for information.

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The Council of Governors received the updates.

Mutual Aid

The Director of Corporate Affairs shared that the Trust had been supporting other hospitals with the delivery of cancer surgery including liver and upper gastrointestinal services. It was envisaged that this level of support would soon diminish allowing the Trust to increase its own surgical activity. It was also highlighted that although the Trust was not currently required to provide mutual aid, discussions continue within the healthcare system to ensure all patients were treated in accordance with clinical priority. The Trust would have an offer in place and be ready to support if required. This also applied to other hospitals assisting each other with waiting list management.

It was shared that the Director of Research & Innovation would be conducting a substantial piece of research on our Covid 19 journey as a Trust and that the findings of this would be included in our Summary Annual Review published in September 2021.

The Council of Governors received the update.

Vaccines/Nicor Stats

The Director of Corporate Affairs provided an update on the vital work of the Vaccination Centre at Liverpool Heart and Chest Hospital NHS Foundation Trust. It was noted that over 12,000 vaccinations had been provided at the centre to date. The centre had capacity to deliver over 500 vaccinations per day within the former Conference Room. The Astra Zeneca Oxford Vaccine would now be available to those attending for a first dose and the Pfizer vaccine would be available for those who had already received this as a first dose for their second dose. It was envisaged that the vaccination centre would be available for those in cohorts 1-9 outlined by the government and that going forward a vaccination strategy would be developed to plan the future of this service. It was added that 80% of staff had taken up the offer of the vaccine so far and extensive communications was underway to ensure all the required information was available to staff. In particular there had been some concerns from staff relating to fertility and pregnancy; and information had been provided by Liverpool Women's Hospital to help ease these concerns. The Chair noted that there had been great progress in terms of the vaccination programme.

The Director of Corporate Affairs shared data with governors from the National Institute for Cardiovascular Outcomes Research (NICOR) which looked at the outcomes of patients with Cardiovascular Disease during the pandemic. It was noted that there had been a 35% reduction in hospital admissions for myocardial infarction to hospital by the end of March, compared with the average for 2019. This reduction was about twice as large

(42% reduction) in non-ST-elevation myocardial infarction (NSTEMI) as compared to STEMI (a 23% reduction). The reduction in hospital attendance began before the UK lockdown and by the end of May the numbers of admissions had started to recover. It was noted, that the standards of care had been maintained, patients that presented continued to be treated quickly however, fewer patients presented for admission. The fall in the number of patients presenting to hospital with heart failure was even more marked, dropping 66% by the end of April. It was explained that the Covid 19 pandemic had had a significant impact on the number of patients now waiting for their treatment.

The Council of Governors received the update.

LHCH Recovery Plans

Jonathan Mathews, Divisional Head of Operations – Medicine and Deputy Chief Operating Officer provided an update on the Trust's recovery plans. It was explained that the focus in the region was on ramping up recovery. Overall at the Trust, 3,839 patients were currently on the waiting list and 113 of these were 52 week waiters. This was significantly higher than last year due to the impact of Covid 19 pandemic. It was explained that during the Covid 19 pandemic there had been more of a shift on clinically prioritising patients for treatment and a number of category codes developed to pinpoint their clinical urgency. There was significant pressure in cardiac and thoracic surgery, interventional cardiology and heart rhythm.

It was noted that the Trust has taken a holistic approach to recovery to maximise capacity back to pre-covid levels whilst also maintaining staff wellbeing. The operational model was based on the ethos that 'every case counts' and on maximising the work we do. The plan would embed different ways of working and explore regional transformation programmes. Engagement with clinical teams was essential to enable restoration plans and clear communication with patients was key. The Trust had adapted innovative services to enable virtual ward rounds, remote monitoring and re-developed services in the community such as spirometry.

There was a discussion from governors around the role of remote monitoring and the benefits of this for the patients which included the reduction of unnecessary hospital visits. In addition to this, the governors asked how communication with patients that had been waiting had been managed. The Deputy Chief Operations Officer added the divisions had been doing well in terms of communicating with patients on the waiting lists to provide updates on their treatment. It continued to be work in progress to ensure that all patients were kept updated and well informed. Princey Santhosh, Staff Governor – Registered and Non Registered Nurses asked if the treatment of ACHD would continue. Jonathan Mathews, Divisional Head of Operations – Medicine and Deputy Chief Operations Officer explained that the emergency and on call service in ACHD had continued throughout the pandemic and there had just been some reduction in routine activity.

The Chair thanked Jonathan Mathews, Divisional Head of Operations-Medicine and Deputy Chief Operations Officer for his presentation and the work of the divisional teams in driving the recovery plans forward.

Financial Plans

The Director of Corporate Affairs noted the Trust had reported a break even position at the end of month 10. It was added that the regime for the remainder of the financial year was fixed payments for activity and COVID costs which supported expenditure forecasts. Other Non-NHS income was noted to be at risk due to the decline in private patient activity. The Trust was receiving additional funding to support COVID testing, vaccinations and seconded staff to the Nightingale Unit. Total expenditure was circa £1.4m lower than planned. This was mainly a result of reductions in drugs costs and clinical supplies due to lower activity. The year to date Cost Improvement Plan of £1.6m against the revised plan of £1.6m, including £0.4m non-recurrent. The Trust had an ambitious capital programme which was expected to be met by the end of the financial year.

The Trust was expected to report a slight deficit at the end of the financial year of £1 million however, it was expected that support of £650,000 would be provided by the government to help providers bridge this gap.

The planning guidance for 2021/22 was also expected by the end of March 2021. Due to the pandemic the planning round had been deferred this year and would take place in Quarter 1 of 2021/22.

The Director of Corporate Affairs provided an update on the Trust's quality position at the end of February 2021. It was noted no pressure ulcers had been reported and no infections. 7 falls had been recorded with 1 avoidable which had undertaken a full root cause analysis. There was good incident reporting noted and sepsis management improvements reported. It was added that the Patient and Family Support Team had been very active during the last twelve months. The Patient and Family Liaison team were formed in 2020 to make daily phone calls to family members and provide regular updates regarding patient's health and wellbeing. It was added that since April 2020, 3735 calls had been made to patients discharged home following an overnight stay, which is 81% of patients discharged. The information gathered had indicated that 98.9% of patients were happy with the care they received. A wide range of work had also been undertaken to support end of life care in Critical Care.

The Council of Governors received the update.

Digital Aspirants Programme

The Director of Corporate Affairs shared the positive news that the Trust had been selected to take part in a national digital aspirants programme, which meant that the Trust would have £6 million in funding to help the Trust deliver and achieve its digital excellence programme. The programme would focus on three key areas including connecting digitally with patients and families and the concept of 'LHCH at your home'; digital safety and outstanding care and insight led care with doctors having digital information at their fingertips. It was added that Kate Warriner, Chief Digital Information Officer would be pleased to update the Council of Governors on this further at a later date.

The Chair thanked Lucy Lavan, Director of Corporate Affairs for the updates.

White Paper

The Chair explained that the White Paper outlined changes to NHS which would take place in April 2022. The paper had focused and discussed population health, bridging health inequalities and improving outcomes. It was added that this was very much aligned to the Trust's five year strategy entitled Patients, Partnerships and Populations. It had also been proposed that there would be an ICS Board and ICS Partnership Board made up of all the partners in Cheshire and Merseyside and Monitor would be abolished. The statutory duties of Foundation Trusts would be staying however Foundation Trusts would have an obligation to support the Integrated Care System. It was noted Jonathan Develing, Director of Strategic Partnerships would attend the Council of Governors meeting on 1st June 2021 to update governors on the regional and national picture for this.

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There was a discussion from governors as to the role the Trust would play in the development of diagnostic hubs. The Chair added that it was the Trust's intention to be strongly involved in all of these changes. It was also noted that there would be no change experienced in the care for North Wales patients.

The Council of Governors received the update.

6. Governance & Assurance

6.1 Corporate Governance Statement 2021

The Director of Corporate Affairs presented the 2021 Corporate Governance Statement and other Board declarations. It was noted that the Trust had breached RTT and diagnostic waiting times throughout the year due to the pandemic and that this in turn would create operational pressures going forward, due to the backlog of waiters.

It was noted that there was an extensive list of the governor training and development opportunities detailed within the statement. Allan Pemberton, Public Governor-Cheshire suggested the governor attendance at the Annual Patient Safety Congress could be included within this document. This was agreed.

The Council of Governors noted the report and did not raise any issues for consideration by the Board in making its declarations.

6.2 Review Governors Register of Interests

The Director of Corporate Affairs presented the annual review of the Governors Register of Interests report. The purpose of the register of interests is to ensure openness and transparency where governors have any financial, personal or family interests, either perceived or actual that may have an impact on the Trust. Governors were requested to declare any such interests as these arise. It was highlighted that a number of governors had declared further interests since the papers were circulated. The updated register would be updated to reflect this. Peter Humphrey, Public Governor-Merseyside had declared an interest concerning his ongoing medico legal practice and sought to explain this to the Council of Governors. Peter Humphrey advised that this work was conducted by him as a retired

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Consultant Neurologist with a specialist interest of stroke. He is often called upon for his professional opinion by solicitors, including Hill Dickinsons, the Trust's legal advisers, following a clinical complaint placed against a hospital. It was added that he had offered advice on a case linked with Liverpool Heart and Chest Hospital NHS Foundation Trust prior to taking on his role as Public Governor at the Trust and his advice had supported the defence of the hospital. The case was still ongoing, and he would need to see it to conclusion, but going forward he would not take on any further cases linked with the Trust, in order to avoid any conflicts of interest. The Council of Governors noted and accepted this declaration.

The Council of Governors received the report and confirmed they were satisfied that there were no other potential or material conflicts which required further discussion. The register of interests was noted.

6.3 Licence Conditions G4: Fit & Proper Persons Requirement

The Director of Corporate Affairs presented the report and highlighted that the majority of governors had completed the fit and proper persons' declaration. Declarations from a few governors were outstanding and it was requested that those governors respond to ensure a full level of confidence for the Council of Governors.

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The Council of Governors received the report.

6.4 Quality Account Priorities 2021/2022

The Director of Corporate Affairs presented the Quality Account Priorities paper on behalf of the Director of Nursing and explained that due to the Covid 19 pandemic and the suspension of normal activities, the work for the quality priorities for 2020/21 had not been completed. This incorporated rehabilitation booklet for patients, Sepsis risk assessment, Post discharge follow up telephone calls to patients and Delirium risk assessments for inpatients.

It was therefore recommended that the quality priorities agreed in 2020/21 were carried forward for 2021/22 with the change from monitoring fasting in pre procedure patients in Medicine to monitoring the delirium risk assessment tool. It was noted that the 2020/21 quality report would not be externally audited.

The Council of Governors received the update and approved the recommendations for the Quality Account Priorities for 2021/22 as outlined above.

7. Process for Chair's Appraisal

The Director of Corporate Affairs presented the paper outlining the process for the Chair's Appraisal. It was explained that 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' by NHSE.

It was explained that Gill Donnelly, Membership and Communications Officer would circulate the assessment questionnaire to governors. These would be

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collated by Trevor Wooding, Senior Governor and discussed with the Senior Independent Director. Julian Farmer, Senior Independent Director encouraged governors to complete the assessment and share their feedback as this would be an important part of the process.

Allan Pemberton, Public Governor – Cheshire suggested an addition be made to the template for the Board members to add 'ensures there is effective dialogue between Board of Directors and Council of Governors' in line with the Governor Template. It was agreed this addition would be made to the template.

The Council of Governors approved the process of the Chair's Appraisal 2020/21 and for Julian Farmer, Senior Independent Director to progress with the Chair's Appraisal process, providing a summary report to the Council of Governors in June 2021.

8. Action Log

Action 1 – completed and closed

Action 2 – open - to be actioned and highlighted to CoG at the development day in November 2021

Action 3 – open - NED led development groups have been deferred due to the covid pandemic and will be scheduled for summer 2021

9. Date and Time of Next Meeting

Tuesday 1st June 2021 at 1pm