

Council of Governors – Part 1 (in Public)

Monday 27th September 2021
1.00 pm
Via Zoom

agenda

1. **Apologies for Absence:**
2. **Presentation: Progress of LCCS-Professor Greg Lip** GL Presentation
3. **Presentation: Be Civil, Be Kind** NS Presentation
4. **Patient Story** SP Verbal
5. **Declaration of Interests Relating to Agenda Items** ALL Verbal
6. **Minutes of the Council of Governors (CoG) meeting held on:**
Tuesday 1st June 2021 NL Item 6
7. **Chair's Briefing**
8. **Strategy & Service Improvement**
8.1 Strategic Developments Update JD Presentation
9. **Fundraising Strategy Update** ML Presentation
10. **Capital Projects Update** HK Presentation
11. **People Plan Update** KN Item 11
12. **Performance & Operations**
12.1 Performance Report for Period Ended 30th June 2021 HK Item 12.1(a)
12.2 Finance Report for Period Ended 30th June 2021 KE Item 12.2
12.3 Patient & Family Support Team Activity Report Q1 SP Item 12.3
12.4 Annual Patient Survey SP Verbal
13. **Governance and Assurance**
13.1 Regulatory Updates: CQC SP Verbal
13.2 External Auditor Effectiveness Review KE Item 13.2
13.3 *Report to BoD of the Freedom to Speak Up Guardian – Q1 ** JT Item 13.3
14. **Governor Issues**
14.1 Governor Elections 2021 GD Item 14.1(a,b)
14.2 CoG Objectives 2021: Progress Report NL Item 14.2
14.3 Membership & Communication Sub Committee Hot Topics EH Item 14.3

15. **Board of Directors**
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|------|---|----|--------------------|
| 15.1 | Report from the Audit Committee | JF | Presentation |
| 15.2 | Report from the Quality Committee | NB | Presentation |
| 15.3 | Report from Charitable Funds Committee | BB | Verbal |
| | 15.3.1* <i>LHCH Charity Annual Report and Accounts 2020/21*</i> | BB | <i>Item 15.3.1</i> |
16. **Action Log** ALL Item 16
17. **Date and Time of Next Meeting:**
- Tuesday 7th December 2021 at 1.00 pm

****Paper are 'to note' unless any CoG member requests a discussion***

Item 6

minutes

Council of Governors

Minutes of the Meeting of the Council of Governors held on Tuesday 1st June 2021 at 1pm (via Zoom)

Present:

Neil Large	Chair
Lynne Addison	Public Governor – Rest of England and Wales
Peter Brandon	Public Governor - Cheshire
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 (joined the meeting Item 6.1)
Megan Cromby	Staff Governor – Non Clinical
Dr Rebecca Dobson	Staff Governor – Registered Medical Practitioners
Sharon Faulkner	Staff Governor – Registered and Non Registered Nurses
Elaine Holme	Public Governor - Merseyside
Peter Humphrey	Public Governor - Merseyside
Rachael McDonald	Staff Governor – Non Clinical
Allan Pemberton	Public Governor – Cheshire
Dorothy Price	Staff Governor – Allied Healthcare Professionals, Technical & Scientific
Dusty Rhodes	Public Governor – North Wales
Princey Santhosh	Staff Governor – Registered and Non Registered Nurses
Lindsey Van Der Westhuizen	Public Governor - Cheshire
Peter Wareham	Public Governor- North Wales
Rachel Glynn Williams	Nominated Governor –University of Liverpool
Trevor Wooding	Senior Governor/Public Governor - Merseyside

In attendance:

Nick Brooks	Non Executive Director
Bob Burgoyne	Non Executive Director
Gill Donnelly	Membership and Communications Officer (Minutes)
Karen Edge	Chief Finance Officer
Julian Farmer	Deputy Chair/Senior Independent Director
Mark Jackson	Lead Physiotherapist (Item 3 only)
Beth Williams Lally	HR Business Partner
Dr Raphael Perry	Deputy CEO & Medical Director
Dr Marga Perez Casal	Director of Research & Innovation
Mark Jones	Non Executive Director
Lucy Lavan	Director of Corporate Affairs
Karen Nightingall	Chief People Officer
Jonathan Mathews	Deputy Director of Operations
Kate Warriner	Chief Digital Officer

Apologies for absence:

Mark Allen
Karen Higginbotham
Cllr Sharon Connor
Hollie Swann

Public Governor - Cheshire
Nominated Governor - LJMU
Nominated Governor – Liverpool City Council
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 24th May 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. Presentation – The Breathe Programme

Mark Jackson, Lead Physiotherapist provided a presentation on the Breathe Programme. He explained that at the start of the pandemic the decision was made to continue with the service. This would support both regular pulmonary rehabilitation patients and community long covid patients. A long covid pathway for the city of Liverpool was developed with partners from Liverpool CCG, Liverpool University Teaching Hospital and the Community Respiratory team. As a result, long covid patients would receive a referral to follow the eight week programme provided by the Breathe Programme team. It was highlighted that digital applications were utilised to support the service including MY COPD App, Breathe website and Your Covid Recovery and a range of resources developed to support patients via these channels. In conclusion, the Breathe at Home programme had been well received and the majority of the patients utilised the digital resources. It was noted that not all patients had access to these platforms and a paper alternative was provided for these patients.

The Chair thanked Mark for his presentation and recorded his thanks to the Breathe team for this excellent work.

4. Patient Story

The Director of Corporate Affairs shared the patient story which described the experience of a patient that had stayed on Birch Ward and undertaken a

procedure in the Cath Labs. The skill, professionalism and team work of all the teams involved in the patient's care was praised. It was added the standard of the catering services and hospital food had also been exceptional.

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 2nd March 2021

The Council of Governors agreed the minutes were an accurate reflection of the meeting and approved these for the meeting held on 2nd March 2021.

7. Chair's Briefing

The Chair opened his briefing by congratulating Mark Jones, Non Executive Director who had been appointed as the Chair of Wrightington, Wigan and Leigh NHS Foundation Trust. It was therefore with sadness that Mark would be leaving the Trust at the end of September 2021.

It was added that Marga Perez Casal, Director of Research & Innovation would shortly be leaving the trust to join the private sector and drive clinical trials nationally. The Chair paid tribute to Marga for her commitment to the role and wished her well in her future role.

The Chair highlighted that he had attended a regional Chair's call and it was noted that further guidance on white paper was due soon and more clarity on how the system would introduce reforms.

LHCH Virtual Awards would take place on Thursday 1st July at 6pm online and Council of Governors were welcomed to attend the event. A high number of nominations had been received and the judging panel had met to shortlist and decide the winners of the evening. The event would be hosted by Pete Pinnington Productions who would ensure the evening runs seamlessly.

The Chair noted that Non Executive Development Groups had been well received and would be re-visited at a later date to encourage and provide governors with the opportunity to attend different sessions to increase knowledge of the work of the assurance committees.

Governors had recently been invited to participate in a governor feedback survey and a presentation detailing the outcome of this was shared with the Council of Governors. On the whole, the Chair noted that the virtual approach to meetings had worked well during the Covid 19 pandemic. Governors had reported that they would welcome the opportunity to meet face to face again but a balanced approach incorporating both face to face and virtual meetings would be ideal. It was noted that meeting face to face would be subject to government guidance and further updates would follow. The overall summary of the responses would be circulated with governors following the meeting for their information.

NL

GD

8. Strategy & Service Improvement

8.1 NHS Reform, ICS Development and Partnerships Update

Jonathan Develing, Director of Strategic Partnerships provided an update on the white paper which had now gone through its second reading. It was noted that the white paper aspiration was to ensure greater collaboration, remove unnecessary bureaucracy, eliminate competition and encourage more working together. The Integrated Care System (ICS) for Cheshire and Merseyside would come into existence on 1st April 2022. The statutory duties of CCGs would be taken on by the new ICS which would be the new accountable body. It was noted that the Trust was currently part of a specialist trust alliance and it was envisaged this would have a key role to play within the acute provider collaborative due to be established in the future. It was added that the Trust was very much at the forefront of this collaborative working with the Patients, Partnerships and Populations strategy developed two years ago.

There was a discussion from governors around how research would fit into the new ICS structure. The Director of Research explained that clinical trials would still be undertaken by individual trusts but more guidance was expected to follow in relation to how this would impact research as a whole. The role of the Care Quality Commission within the ICS framework was also considered. The Director of Strategic Partnerships explained that the system would be considered as a whole. For example, it would be the role of providers to ensure they are working collaboratively to keep waiting times to a minimum. The Chair noted that Sue Pemberton, Director of Nursing would be invited to a future meeting to highlight the role of CQC in relation to the white paper when further detail would be available.

The Council of Governors received the update.

8.2 Financial Planning Update

Karen Edge, Chief Finance Officer presented the financial planning update. It was noted that last year had been an unusual one and the financial regime had been re-designed as part of the pandemic response. The planning guidance received to date addressed the first half of the year (H1) and incorporated a funding envelope to recognise performance of the wider system within Cheshire and Merseyside. The current assumption was that the second half of the year would be a roll over of H1 as recovery would be needed over a longer timeframe than 6 months and planning guidance to the contrary had yet to be published.

NL/SP

The focus on system working and system achievement created an additional layer of uncertainty and delay. It was noted that the Trust had put the necessary arrangements in place to set a budget that allowed the Trust to optimise recovery and maintain sound financial control whilst system financial arrangements are being finalised. The Chair thanked Karen Edge, Chief Finance Officer for the update and added that the Trust continued to be in a strong financial position and the Council of Governors would continue to be updated on the system-wide financial working as it developed.

The Council of Governors received the report.

8.3 Operational Plan and Elective Restoration

Jonathan Mathews, Deputy Chief Operating Officer presented the Operational Plan and noted two key operational guidance documents had been received

on 25th March 2021. The Trust had been working against a local and national timetable for system level submissions on activity, finance and workforce template submission. It was noted that there were six priorities to deliver the operational plan including supporting staff health and wellbeing, delivery of vaccination programme, building on what we have learned during the pandemic to transform the delivery of services, accelerating the restoration of elective and cancer care, managing the increasing demand on mental health services, expanding primary care priorities, transforming community and working collaboratively.

The focus was on ensuring the Trust would achieve the activity targets, requirements of the Elective Recovery Fund (ERF) and associated gateways.

In terms of the Trust's recovery, 103% of elective activity had been achieved in April which was a significant achievement bearing in mind the capacity and staffing constraints. It was added that 112 patients had been waiting more than 52 weeks and the Trust was working hard to reduce this to zero by the end of the year. It was explained that one of the things that had significantly changed during covid was the way that patients had been coded and therefore prioritised had changed recently to indicate their clinical urgency. The Trust had increased revalidation support to ensure patients are not missed for follow up.

The Chair thanked Jonathan Mathews, Deputy Chief Operating Officer for his presentation and added the Trust had been working very hard in challenging circumstances to ensure patients receive the treatment they require. It was added that the Trust was working very well in terms of delivery in comparison with other providers in Cheshire and Merseyside.

There was a discussion from governors around the current waiting lists for patients at the Trust. The Deputy Chief Operating Officer explained that 112 patients had waited more than 52 weeks, 839 patients had been waiting over 18 weeks for treatment and 88 patients from Wales for over 26 weeks. The Chair explained that the teams were working hard to try and carry out more than 100% of pre covid level activity to reduce the backlog on the waiting lists.

The Council of Governors received the update.

8.4 People Delivery Plan

Karen Nightingall, Chief People Officer presented the People Delivery Plan that had been launched on 24th March 2021. It was noted that great strides had been made in achieving this delivery plan although it had been recognised that there was still work to do to deliver and embed this throughout the organisation. Wellbeing conversations between line managers and staff had commenced and were building momentum. Training had been put in place to support managers with this along with delivering appraisals. It was noted that there was currently a wide range of leadership programmes available for the trust's aspiring and more experienced leaders. In addition to this, there was a recruitment strategy in place. It was noted that an international nurse recruitment programme was also underway to support nursing teams and to mitigate the risk of lower than required staffing levels. There had been a slight delay to the arrival of some of these nurses due to the pandemic and an action plan had been taken to recruit additional nurses to support the trust in the interim.

The Chair thanked the Chief People Officer for her report. There was a discussion around the appraisal process and the Chief People Officer noted that a confirmation that the wellbeing conversations had taken place would be recorded within the appraisal documentation.

8.5 Digital Excellence

The Chief Digital Officer provided an update on the Trust's Digital Excellence Strategy which had been launched in 2020. It was noted that the Trust's ambition was to deliver digital excellence for our patients, our staff and our populations. It was noted it would also be key to ensure cutting edge technology is at the centre of an outstanding safety culture. Three key delivery themes included connecting digitally with patients and families, digital safety and outstanding care and insight led care. Kate Warriner, Chief Digital Officer highlighted it had been a busy year for the digital systems team with number of successes which included the Trust being confirmed as part of the national digital aspirant programme. It was also noted that today marked the first day of the new Integrated Digital Services team for the Trust and Alder Hey Hospital Foundation Trust. The Chair thanked the Chief Digital Officer for her presentation and fantastic progress so far.

The Council of Governors received the update.

9. Performance and Operations

9.1 Year End Performance Dashboard 2020/21

The Deputy Chief Operating Officer noted that the six week diagnostic performance had narrowly underperformed in month with a position of 98.64% against a target of 99%. This demonstrated the tremendous work undertaken by imaging teams to reduce the backlog of patients waiting. It was added that referral to treatment waiting times remained below target due to significant backlog accumulated during the surge. Sickness had increased and stood at 4.44% with a couple of challenging areas across the Trust. It was explained that VTE risk assessment figures were currently above target and the divisions continued to work on improving performance against this indicator.

There was a discussion around how the Trust would be working to reduce MSSA Bacterium cases. Dr Perry noted that the Trust on average had ten of these cases per year and to reduce the current levels (currently 12 MSSA) the Trust had reinstated the surgical site infection group with a clear robust work plan and further work was underway on cannula care. There was a further discussion about the reduction in patient presentations to hospital for heart failure. Dr Raphael Perry, Deputy CEO and Medical Director added that there had been a drop in presentations in all areas of healthcare during the Covid 19 pandemic which was largely due to the fear of contracting covid.

The Council of Governors received the report.

9.2 Year End Finance Report 2020/21

The Chief Finance Officer presented the finance report and noted the Trust had retained a Use of Resource rating of 1 which was the highest despite operating in a significantly changed financial regime as a result of the pandemic. In addition to this the Trust reported a £0.4m surplus before

technical adjustments which is better than its forecast position for the second half of the year. The cash balance at the end of March was £49m which was a positive position to end the financial year. In addition to this, the Trust delivered a capital programme of £14.4m which included phase 1&2 of the Cath Lab development, new CT Scanner, significant Estate maintenance and improvement work, clinical equipment replacement and IT infrastructure.

The Council of Governors noted the report.

9.3 Patient & Family Support Team Annual Report 2020/21

The Director of Corporate Affairs presented the Patient and Family Support Team Annual Report and noted there had been 24 formal complaints within the time period. The Director of Corporate Affairs added that there was a robust complaints process, management and procedure in place.

The Council of Governors received the report and assurance provided within the report.

There was a discussion from governors around serious incidents that had been reported and it was requested if there had been any themes noted. Dr Raphael Perry, Deputy CEO and Medical Director clarified that these had been separate incidents and no theme to link them together had been identified.

9.4 Staff Survey Results

The Chief People Officer presented the Staff Survey Results and noted the response rate for the Trust had been high with 65% of staff at LHCH completing the survey. It was added that the Trust had rated the top specialist trust in the country for safety culture, equality, diversity and inclusion, staff engagement, team working and immediate managers. It was noted there were action plans in place to improve staff experience across the divisions following the feedback received and areas requiring improvement.

The Director of Corporate Affairs added that the Freedom to Speak Up Index results issued from National Guardians Office had been received to provide a ranking for all NHS Trusts. The Trust was ranked the top acute specialist trust in the country and in the top ten overall nationally. It was added that although the trust is delighted with this result that it would not be complacent and would continue to work hard to strive further improvements.

The Council of Governors received the updates.

9.5 Research Update including Applied Research Collaborative (ARC)

Marga Perez Casal, Director of Research & Informatics presented an update on the work of the Research team at the Trust within 2020/21. It was noted that the national lockdowns had a big impact on the research at the Trust as the focus of research was mandated solely on covid related research during the pandemic.

It was explained that Liverpool Health Partners had launched Liverpool STOP COVID, a unique city-wide initiative to help decrease the burden of COVID-19 locally, nationally and globally. The Trust played a key role in this work.

It was noted that ARC had been running over a number of years and was very much looking at health inequalities within the city of Liverpool. All NHS providers are participants of ARC North West Coast.

Going forward, it was noted that the Research team at the Trust were back to normal activity and 59 clinical trials were in the pipeline to open. It was added a new Head of Research and Innovation was now in post to move the research and innovation strategy forward post covid.

There was a discussion from governors around the re-deployment of research nurses to support clinical areas during the pandemic and when they would return to their roles. The Director of Research noted that they had now returned to their roles. It was added that covid had impacted robotic surgery activity and that this would be something that would be picked up as part of the recovery plans.

The Council of Governors received the update.

10. Governor Issues

10.1 Membership Strategy Review

Gill Donnelly, Membership and Communications presented the revised Membership Strategy for 2021-24 and noted that this had been reviewed by the Membership and Communications Sub Committee. The key changes were to bring this more in line with the Trust's five year strategy and to ensure more engagement of those members who wish to be engaged and involved. It was noted that a greater emphasis on use of online communications including virtual health events for this financial year would be preferred and there was a hope that in the next financial year a blended approach of face to face and virtual events could be incorporated subject to government guidance.

It was added that the minimum membership level would be adjusted to 8,000 public members to provide greater flexibility in light of the suspension of face to face recruitment events.

The Council of Governors approved the revisions to the Membership Strategy.

10.2 Membership and Communications Sub Committee Hot Topics

Elaine Holme, Public Governor – Merseyside and Chair of the Membership and Communications Sub Committee presented the hot topics report. It was noted that the sub committee had met on 15th April 2021 and considered the review of the membership strategy as previously outlined. It was noted that all key performance indicators had been achieved to date and a number of virtual health events planned for 2021 as detailed in the report. It was added that data analysis was considered at the meeting in terms of geographical location, gender, age and ethnicity and from this the area to focus on improving representation males age 50-74. There was a discussion around the importance of ensuring representation in terms of socio economic profiling and LGBT+. Gill Donnelly, Membership and Communications Officer added that this would be brought to the next sub committee meeting for discussion.

The Council of Governors received the report.

10.3 Governor Election Timetable and Update

Gill Donnelly, Membership and Communications Officer provided an update on the governor elections and noted the Trust would shortly be going out for five governor seats. One of those in Merseyside, two in Cheshire, one in North Wales and one in Rest of England & Wales. Civica Election Services had been appointed to act as independent electoral administrator for the election process. Governors were welcomed to contact Gill Donnelly directly if they had any queries regarding the process.

The Council of Governors received the update.

10.4 CoG Objectives 2021

The Director of Corporate Affairs presented the Council of Governors Objectives 2021 Progress Report and noted that despite the pandemic the Council of Governors had made good progress in relation to the objectives for 2021. This would be discussed further at the Joint Council of Governors and Board of Directors Development Day scheduled in the autumn.

The Council of Governors noted the progress made and received the update.

GD

11. Board of Directors

11.1 Report from the Audit Committee

Julian Farmer, Deputy Chair & Non Executive Director presented the report from the Audit Committee and noted that this committee had the oversight for the Trust's governance arrangements. It was added that the annual reports had been produced for the other assurance committees and provided assurance that these committees had fully discharged their duties. It had been agreed that there were satisfactory arrangements in place for register of interests.

It was noted that there was a cyber security plan in place for 2021/22 which would be a standing item at the assurance committee to strengthen cyber security. There continued to be good progress in implementing internal audit recommendations and external audit was progressing well.

Elaine Holme, Public Governor – Merseyside thanked Julian for the NED Development Group workshop he had led in relation to the Audit Committee which had been most helpful in developing governor understanding of the committee.

The Council of Governors received the update.

ALL

12. Action Log

Action 1 – open and on-going

Action 2 - completed

Action 3 - completed

Action 4 - completed

Action 5 - completed

Action 6 - completed

Action 7 – completed

Action 8 – completed

- 13. Date and Time of Next Meeting**
Monday 27th September 2021 at 1pm

DRAFT

Council of Governors (in Public) Item 11

Subject: People Plan Delivery Update
Date of Meeting: Monday 27th September 2021
Prepared by: Beth Williams-Lally, HR & OD Manager
Presented by: Karen Nightingall, Chief People Officer
Purpose of Report: To Note

1. Executive Summary

The Trust launched its People Plan in January 2021 following publication of the national NHS People Plan by NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) in July 2020. The purpose of this paper is to update the Council of Governors in relation to the progress made against the objectives.

2. Background

The LHCH People Plan 2021, which was launched in late January 2021, replaces the previous people strategy 'Team LHCH at its best 2017-2020' and was developed in response to the national NHS People Plan. It will be an interim 12-month plan which will be in effect for the 2021 calendar year and sets out the key priorities that are to be achieved within the year. The plan has been aligned to the 'Developing People' section of the LHCH five-year strategy 'Patients, Partnerships & Populations'.

3. Progress Highlights

The delivery plan sets out the key actions and timescales for delivery of the people plan objectives. Key highlights from Q2 together with key actions for the upcoming quarter are shown below.

	20/21 Q2	20/21 Q3
Looking after our people	<ul style="list-style-type: none"> • Training sessions have continued to support the recording of HWB conversations with the appraisal process. Reports have been pulled during the appraisal window to review the numbers of staff recording HWB conversations, and where there are gaps, managers have been supported to facilitate conversations. • In response to a rise in conduct/behavior HR issues, the trust responded by creating 'the culture club' who have the remit of launching the 'Be Civil Be Kind' campaign in Q3. • Due to an increase in mental health related sickness absence, the trust has marked this as a key focus area to better support the 	<ul style="list-style-type: none"> • Full reports of % staff having conversations will be reported to December Committee. Training sessions ongoing, including the Innovation Agency & Liverpool Health Partnership. • Launch 'Be Civil Be Kind' Campaign – further detailed in separate agenda item 5.2. • Launch annual, national staff survey October 2021. • Launch new HWB newsletter that will include upcoming HWB events, initiatives and tools, techniques & coping mechanisms to promote mental health, delivered by the trust's psychology team called 'moments for the mind'. • Increase Equality, Diversity & Inclusion activities to build our

	20/21 Q2	20/21 Q3
	<p>HWB of staff. The trust has now appointed an HWB guardian and the internal psychology team have now trained 7 mental health nurse advocates in CCU to enhance mental health support for employees which has proven successful. The team will be building on this success by providing further training to Mental Health First Aiders across the rest of the trust to provide more support for the rest of our employees. The trust has also engaged with Merseycare resilience hub,</p> <ul style="list-style-type: none"> • All employees received 'thank you for their hard work during the pandemic' home delivery that included 3 cards to gift a day off for their birthday, an invite to our summer BBQ in July and an invite to a HWB conversation with their line manager as part of the appraisal process. • In April 2021, we introduced a Reiki offering to all employees which has proved very popular. To date, we have provided 152 Reiki sessions with staff citing benefits such as a reduction in stress and anxiety, improving relaxation and clarity of thinking. • To help promote a healthy work/life balance, employees were offered opportunity to 'buy' additional leave providing their additional leave would not negatively impact the service delivery of their department and is approved by their line manager. • During COVID many employee benefits were provided such as free lunches, free car parking, staff welfare visits (team of staff including FTSU champion visited hospital departments to check on staff welfare), on site 'listening room' specialist counselling and agile working in non-clinical areas. Since August '21 we have introduced HWB into our daily practice with the launch of 'actions for happiness' calendars that includes kindness and positive mindset prompts/ideas. 	<p>community further.</p> <ul style="list-style-type: none"> • Flexible working policy under review. Retention working group has been set up in Q2 to support the development of policy and practice at LHCH and will deliver a proposal in Q3 based on feedback from staff and managers to ensure we are able to better support staff whilst maintaining outstanding patient care. • Agenda for change terms and conditions change on 13th September 2021 / revised Section 33: Balancing work and personal life was agreed as part of the wider NHS People Promise work strand on flexible working. The key changes to the framework for agreeing local flexible working policies are; <ul style="list-style-type: none"> ➢ new enhanced day one contractual right to request flexible working ➢ revised structure which is aimed at supporting managers to be more explorative in reaching mutually workable outcomes. ➢ Re-emphasis on the importance of monitoring flexible working requests at an organisational level, to ensure greater consistency of access to flexible working.

	20/21 Q2	20/21 Q3
Belonging in the NHS	<ul style="list-style-type: none"> • Leadership offerings reviewed in line with national offerings. Programme to be delivered at 4 levels, via modular access with ability to access a session as a stand-alone session if required. Presented to the Executive Team June and accepted. • Weekly Virtual HR support session in place to guide Managers on the application of policies and procedures in a fair and consistent manner. 	<ul style="list-style-type: none"> • Leadership programmes to be launched September 21 across the Trust. • Improve candidate journey by introducing a new, welcoming, more informative welcome induction pack. • Introduce values-based recruitment to cultivate the trusts IMPACT behaviours.
New ways of working and delivering care	<ul style="list-style-type: none"> • Work experience has returned to site in small cohorts during Q2. 	<ul style="list-style-type: none"> • Second cohort of Level 7 Cardiothoracic Skills module to start Sep '21. • Work Experience policy updated & to be processed for ratification • Work experience to run full programmes during Q3, ensuring any restrictions are adhered to • Careers events have been paused during pandemic, working with Schools & Colleges in the new term.
Growing for the future	<ul style="list-style-type: none"> • First cohort of Supported Internship with Project Search successful and to run annually at LHCH. • LHCH in partnership with LUFT and Project Search have won national award for continuing the work with People with Learning Difficulties & Disabilities throughout the pandemic. • Apprenticeship pathways continue to grow with new apprenticeship schemes being adopted. • 70 apprenticeships currently active (target is 72). • Registered Nurse Degree Apprentices started with Edge Hill on the 28th June. • LHCH has recruited to our first Physio apprenticeship. 	<ul style="list-style-type: none"> • New cohort of traineeships to start September, this programme is now established at LHCH in partnership with Wirral Met & Liverpool at Work, to run 3 times a year. • Cadet Programme with Hugh Baird now established in it's second year, with process established for all cadets to become part of LHCH Bank. • A number of clinical apprentices - Healthcare Scientists, Nurses Associates, Nurse Degree Top Ups, Assistant Practitioner & Pharmacy Technicians planned for October 2021. • New cohort of Cadets will start on placement in Nov 21.

4. Conclusion

Additional resources invested into the team have enabled further progress to be made against the key actions of the People Plan. Final report against the actions for the People Plan will be presented to People Committee in December 21.

5. Recommendations

The Council of Governors is asked to note the contents of this paper.

Council of Governors (in Public) Item 12.1

Subject: SOF, Regulatory and Operational Performance Overview Month 3
Date of Meeting: Monday 27th September 2021
Prepared by: Hayley Kendall, Chief Operating Officer
Presented by: Hayley Kendall, Chief Operating Officer
Purpose: To Note

1. Executive Summary

The purpose of this paper is to present an update on the Trust performance for the period ending 30th June 2021 and should be read in conjunction with the performance dashboard that is attached at 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 the Covid pandemic. Performance in month stands at 76.8% for English commissioned activity and 78.9% for Welsh commissioners, a slightly improved position compared to the previous month.
- There were 107 patients waiting longer than 52 weeks at the end of June, a marginal improvement compared to last month but still ahead of the recovery trajectories that were developed in response to the pandemic. All 52 week waiting patients undergo a harm review by the consultant responsible for the patients care. Due to the challenges with non-elective demand and the focus on treating elective urgent patients first there is the possibility that the number of patients waiting longer than 52 weeks will increase which was predicted in the recovery trajectories previously shared with the Board and submitted to the regional recovery programme.
- Sickness decreased slightly in month to 4.2% with a couple of challenging areas across the Trust.
- There was one never event and two serious incidents in month that were discussed under the private section of the Board in July 2021.
- One patient breached the 28-day cancellation target which related to the time at which the majority of elective activity was stood down due to the unprecedented levels of urgent demand within the surgical service.

Safely restoring maximum levels of elective activity remains the number one focus for the operational teams, delivering against the ambitious recovery trajectories that the Trust set out. The COG should be aware that services continue to face high levels of non-elective demand causing disruption to the elective programme particularly in surgery.

Strong performance should be noted across all of the cancer indicators and the diagnostic 6-week target achievement.

Other performance exceptions to note are summarised as follows:

- Infections (Dr Perry) – there was 1 C Diff case in June, a full review was undertaken by the Infection Prevention Team and no lapses of care were identified.

2. Financial Position

The Trust achieved a surplus of £490k in the period ending 30th June in line with the plan in place. This is reliant on the receipt of Elective Recovery funding (ERF).

The 2021/22 financial year has been split into two six month planning periods (H1 and H2). The national planning guidance focuses on H1, where many of the existing contractual arrangements have rolled forward from the second half of last year. The primary difference to last year is the ERF, and the way that System top-up funding has been distributed.

The Trust has planned to achieve a breakeven position in H1, with a surplus of £485k in quarter 1, and a corresponding deficit in quarter 2. The reason for this phasing is linked to the lower activity thresholds for the ERF in quarter 1, allowing higher income in the first 3 months of the year.

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

The Trust is developing its Cost Improvement Plan with slippage noted resulting from the planning process being later than ordinarily achieved and a focus on recovery. There is some non-recurrent mitigation for slippage in the Trust plans, but the focus remains on identifying the target value recurrently.

Capital expenditure is showing minor slippage related to Estates schemes, but the forecast remains in line with the programme value agreed for the financial year with no significant risks identified to date.

The Trust retains a strong cash position.

3. Conclusion

Considering the challenges faced throughout the Covid pandemic the Trust is performing well against the key statutory indicators and elective recovery plans are progressing well. There are a number of challenges with availability of workforce but there are strong mitigating plans in place to address these.

4. Recommendation

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



LIVERPOOL HEART AND CHEST HOSPITAL PERFORMANCE REPORT

Operational Performance				Operational Performance				Quality of Care				Organisational Health			
measure	target	in month	variation	measure	target	in month	variation	measure	target	in month	variation	measure	target	in month	variation
RTT 18 weeks in aggregate - Incomplete Pathways	92.0%	76.82%		Cancer: 14 day GP referral to 1st Outpatient Appointment	93.0%	100.0%		Venous thromboembolism (VTE) risk assessment	95.0%	95.78%		Staff Sickness (All Staff)	3.4%	4.21%	
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	85.0%	100.0%		Cancer: 31 day diagnosis to 1st treatment for all cancers	96.0%	100.0%		Clostridium Difficile	0	1		Staff Turnover	10.0%	10.26%	
Maximum 6-week wait for diagnostic procedures	99.0%	99.35%		Cancer: 31 day Second or subsequent treatment (surgery & drug)	94.0%	100.0%		MRSA Bacteraemias	0	0		Executive Team Turnover	25.0%	31.9%	
Dementia - Find	90.0%	100.0%		Cancer: 62 day Consultant Upgrade	85.0%	100.0%		MSSA Bacteraemias	0	0		Mandatory Training Compliance	95.0%	94.51%	
Dementia - Assess	90.0%	100.0%		Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	95.0%	78.89%		Gram Negative Bacteraemias	0	0		Appraisals Compliance	90.0%	68.15%	
Dementia - Refer	90.0%	100.0%		In-Hospital mortality	11	21		Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses	100	146		Proportion of temporary staff - Agency staff costs	0.0%	1.2%	
Cancelled Operations for non-clinical reasons	2.0%	0.09%		Quantity of complaints	6	4		Hospital Standardised Mortality Ratio (HSMR) - all diagnoses	100	167		Agency spend	0	1	
Patients not booked in within 28 days (non clinical cancellations)	0	1		Occurrence of any Never Events	0	1		Incidents - Serious incidents, Never Events, Adverse Events (Red)	1	2		Capital service capacity - score	0	1	
Delayed Transfers of care	5.0%	5.32%		Mixed sex accommodation breaches	0	0		Clostridium difficile – infection rate	0	0		Liquidity (days) - score	0	1	
Bed Occupancy	80.0%	82.87%		Inpatient scores from Friends & Family Test - % positive	95.0%	99.55%		Patient Safety Alerts not completed by deadline	0	0		Income and expenditure (I&E) Margin - score	0	1	
Referral to treatment - Incomplete Pathways 52+ weeks	0	107						NHS Staff Survey - Staff recommendation of the organisation as a place to work	76.0%	76.0%		Distance from financial plan - score	0	1	
								NHS Staff Survey - Staff recommendation of the organisation as a place of treatment	96.0%	92.0%		Overall use of resources rating	0	1	

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

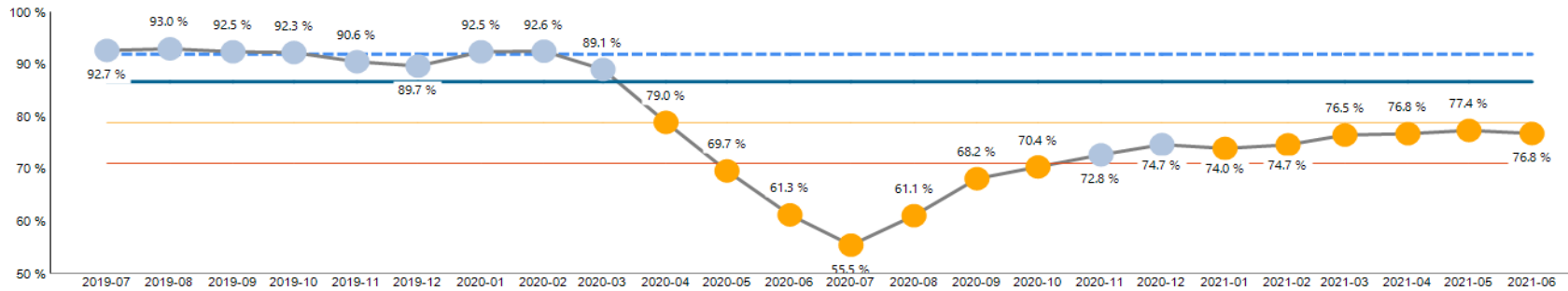
RTT 18 weeks in aggregate - Incomplete Pathways

Percentage of patients whose clock has not stopped during the calendar month where the clock period is less than 18 weeks

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=92%	92.7%	93.0%	92.5%	92.3%	90.6%	89.7%	92.5%	92.6%	89.1%	79.0%	69.7%	61.3%	55.5%	61.1%	68.2%	70.4%	72.8%	74.7%	74.0%	74.7%	76.5%	76.8%	77.4%	76.8%



Concern



ucl	86.72%
mean	78.9%
target	92.0%
lcl	71.09%

Commentary:

Performance slightly decreased in month but the Trust is still performing in line with the recovery trajectories. Performance is not expected to improve until the end of the financial year when the 52 week backlog has been addressed.

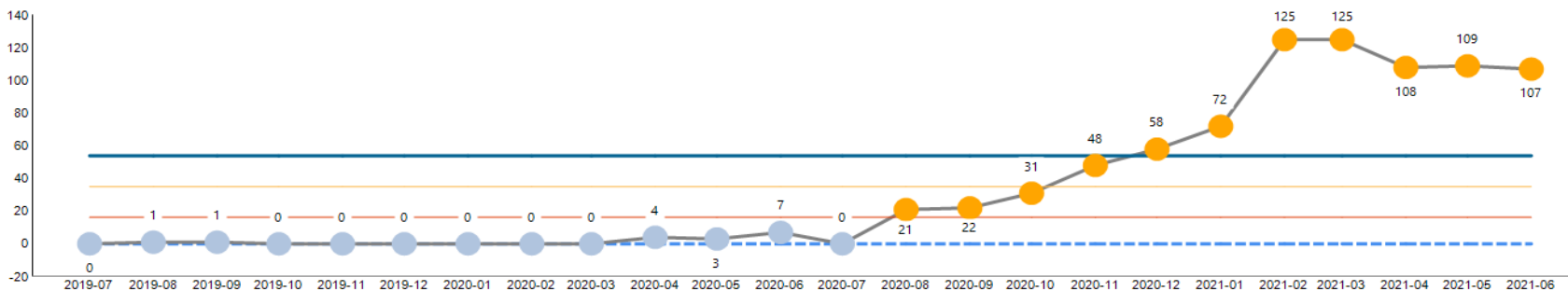
Referral to treatment - Incomplete Pathways 52+ weeks

Count of all patients on an incomplete pathway waiting over 52 weeks (English & Non-English)

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
<0	0	1	1	0	0	0	0	0	0	4	3	7	0	21	22	31	48	58	72	125	125	108	109	107



Concern



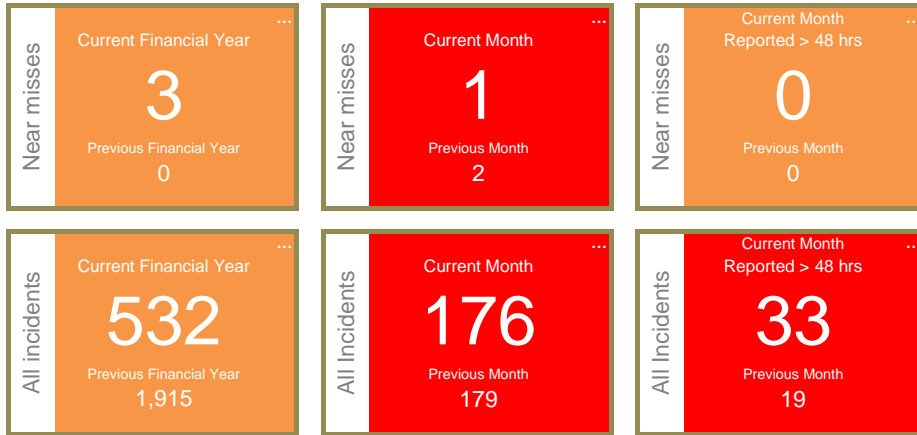
ucl	54
mean	35
target	0
lcl	16

Commentary:

Slight reduction in 52 week waiters in month but it should be noted that pressures with non-elective demand and consultant anaesthetist capacity is proving a challenge each month.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

INCIDENTS



LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

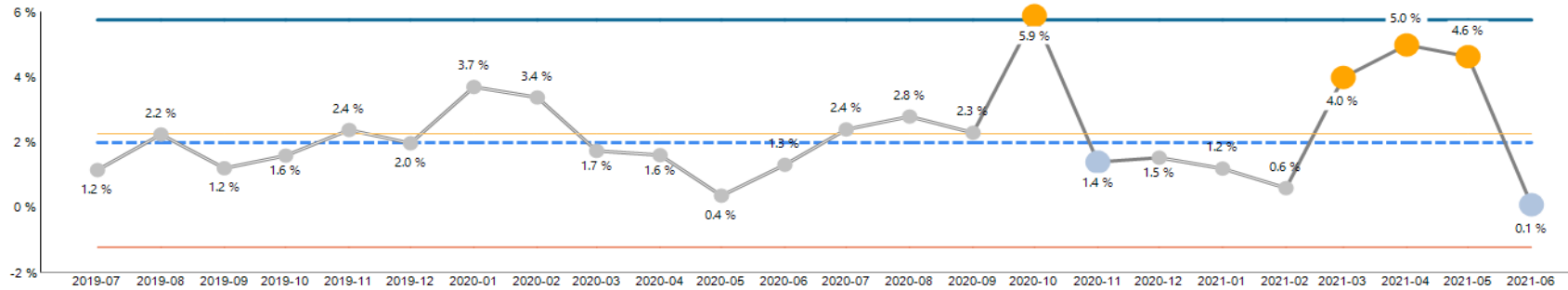
Cancelled Operations for non-clinical reasons

Count of the number of last minute cancellations by the hospital for non clinical reasons

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
<=2%	1.2%	2.2%	1.2%	1.6%	2.4%	2.0%	3.7%	3.4%	1.7%	1.6%	0.4%	1.3%	2.4%	2.8%	2.3%	5.9%	1.4%	1.5%	1.2%	0.6%	4.0%	5.0%	4.6%	0.1%



Improvement



ucl	5.77%
mean	2.27%
target	2.0%
lcl	-1.22%

commentary:

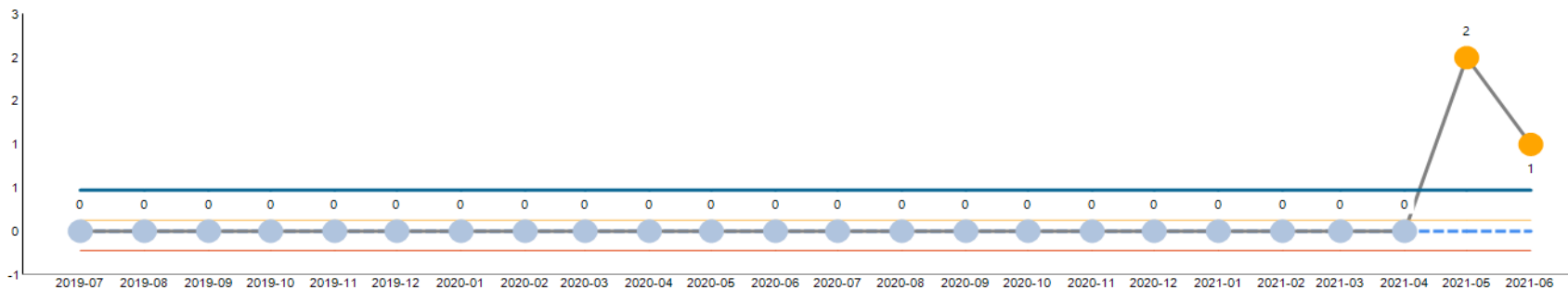
Patients not booked in within 28 days (non clinical cancellations)

Count of operations cancelled for non-clinical reasons and not offered a new date within 28 days

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1



Concern



ucl	0
mean	0
target	0
lcl	-0

Commentary:
A number of previously cancelled patients had to be cancelled for a second time during June when non-elective demand placed significant challenges on the Trust.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

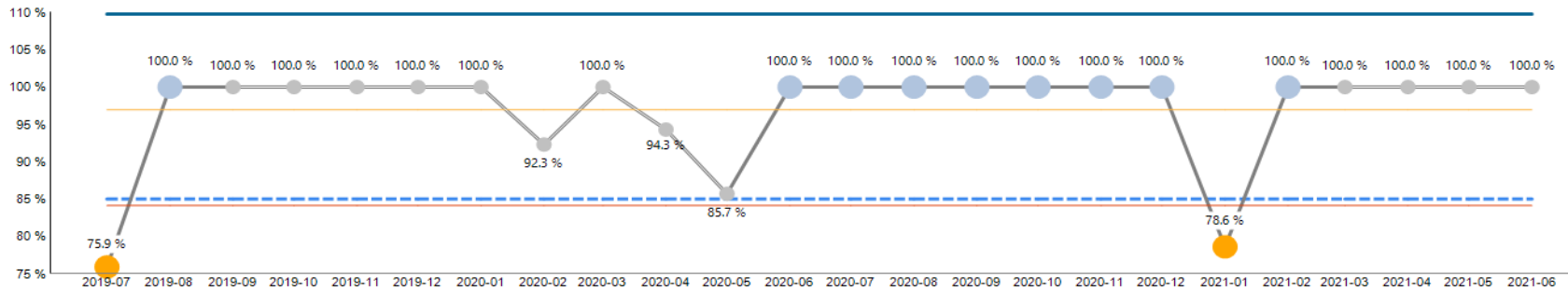
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer

Proportion of patients referred for cancer treatment by their GP who have currently been waiting for less than 62 days for treatment to start

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=85%	75.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	94.3%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	78.6%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause



ucl	109.78%
mean	96.95%
target	85.0%
lcl	84.12%

commentary:

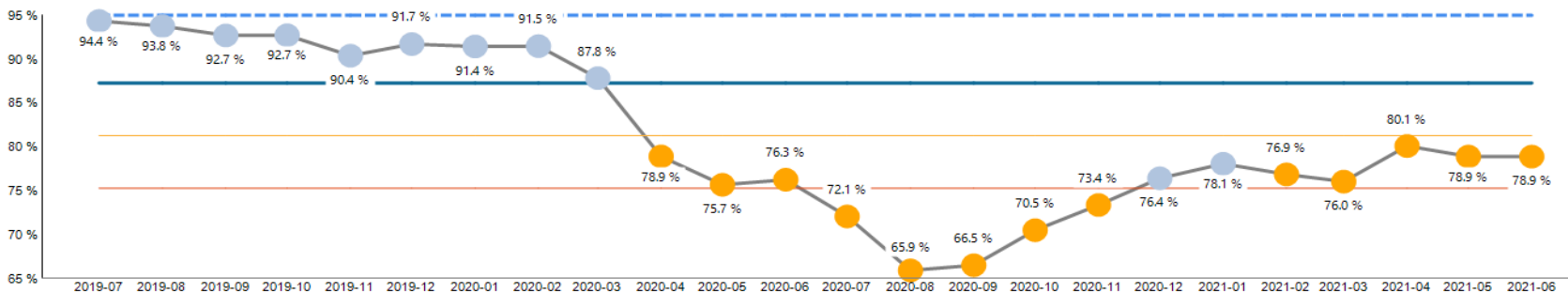
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete

Proportion of patients referred for cancer treatment by their GP who have currently been waiting for less than 62 days for treatment to start

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=95%	94.4%	93.8%	92.7%	92.7%	90.4%	91.7%	91.4%	91.5%	87.8%	78.9%	75.7%	76.3%	72.1%	65.9%	66.5%	70.5%	73.4%	76.4%	78.1%	76.9%	76.0%	80.1%	78.9%	78.9%



Concern



ucl	87.28%
mean	81.29%
target	95.0%
lcl	75.29%

Commentary:
Performance remains in line with recovery trajectories and there are no significant areas of concern.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

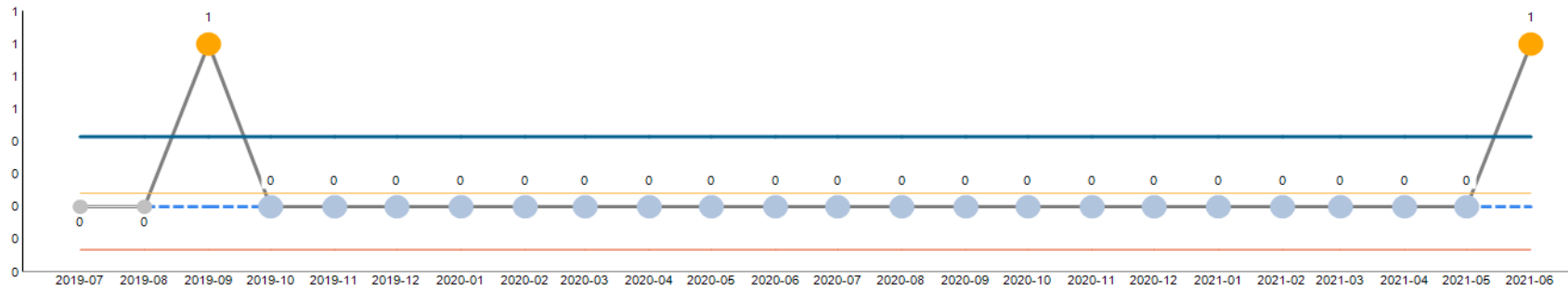
Occurrence of any Never Events

Count of Never Events

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	
	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1



Concern



ucl	0
mean	0
target	0
lcl	-0

Commentary:

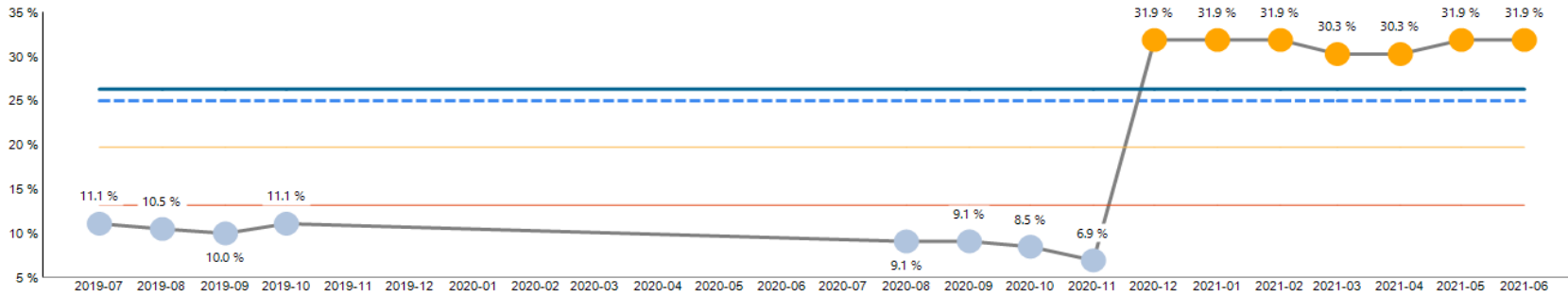
There was one never event in month that will be discussed under the risk item on the BoD agenda.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

Executive Team Turnover

Rate of turnover among the executive team

Target	2019-07	2019-08	2019-09	2019-10	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
<=25%	11.1%	10.5%	10.0%	11.1%	9.1%	9.1%	8.5%	6.9%	31.9%	31.9%	31.9%	30.3%	30.3%	31.9%	31.9%



Concern

ucl	26.32%
mean	19.76%
target	25.0%
lcl	13.2%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

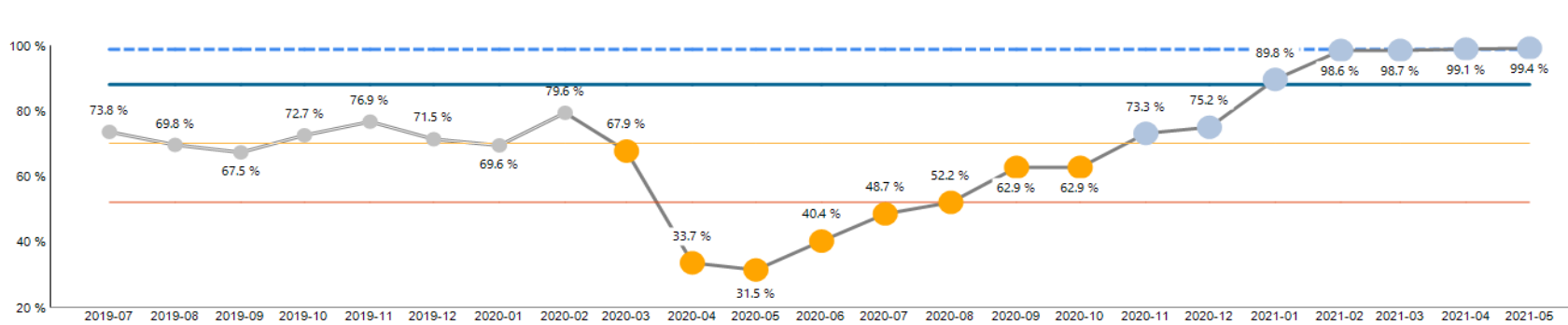
Maximum 6-week wait for diagnostic procedures

Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05
>=99%	73.8%	69.8%	67.5%	72.7%	76.9%	71.5%	69.6%	79.6%	67.9%	33.7%	31.5%	40.4%	48.7%	52.2%	62.9%	62.9%	73.3%	75.2%	89.8%	98.6%	98.7%	99.1%	99.4%



Improvement



ucl	88.22%
mean	70.24%
target	99.0%
lcl	52.25%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

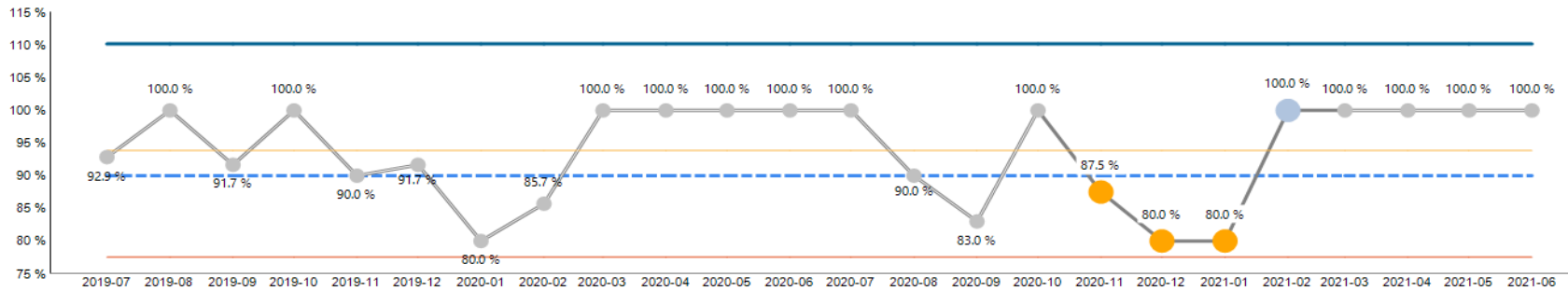
Dementia - Find

The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have a diagnosis of dementia or delirium or to whom case finding is applied

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=90%	92.9%	100.0%	91.7%	100.0%	90.0%	91.7%	80.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	83.0%	100.0%	87.5%	80.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause



ucl	110.17%
mean	93.85%
target	90.0%
lcl	77.53%

commentary:

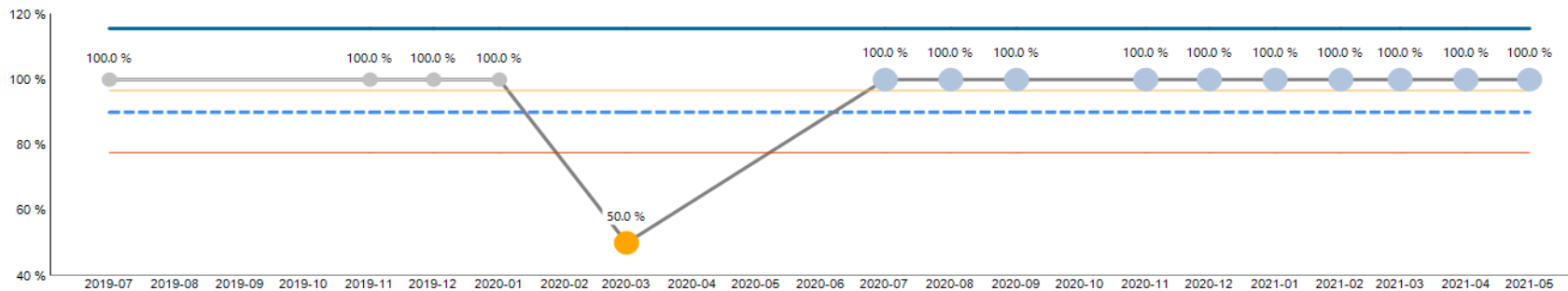
Dementia - Assess

The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who, if identified as potentially having dementia or delirium, are appropriately assessed

Target	2019-07	2019-11	2019-12	2020-01	2020-03	2020-07	2020-08	2020-09	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05
>=90%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Improvement



ucl	115.67%
mean	96.67%
target	90.0%
lcl	77.67%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

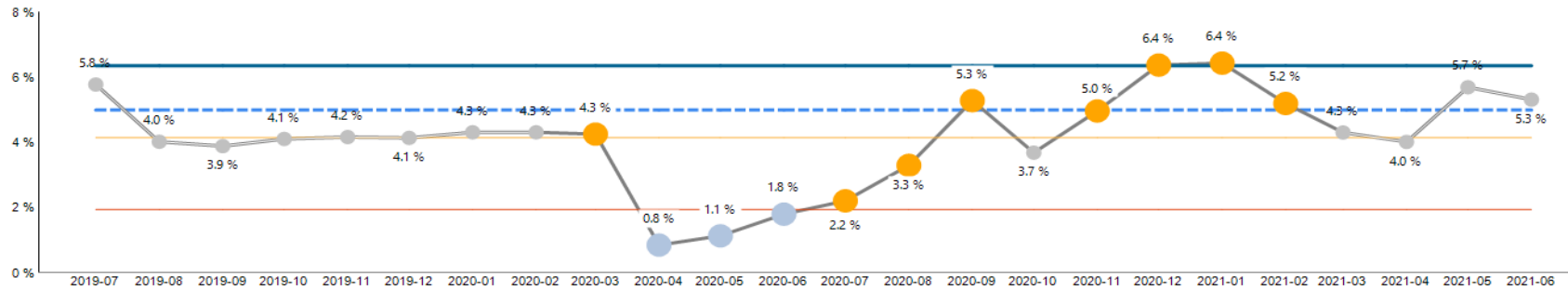
Delayed Transfers of care

A delayed transfer of care occurs when a patient is ready to depart from such care and is still occupying a bed.

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	
<=5%	5.8%	4.0%	4.0%	3.9%	4.1%	4.2%	4.1%	4.3%	4.3%	4.3%	0.8%	1.1%	1.8%	2.2%	3.3%	5.3%	3.7%	5.0%	6.4%	6.4%	5.2%	4.3%	4.0%	5.7%	5.3%



Common Cause



ucl	6.36%
mean	4.15%
target	5.0%
lcl	1.94%

Commentary:

There remain challenges with delayed transfers of care but the reasons for delay are not out of the ordinary and down to system wide pressures.

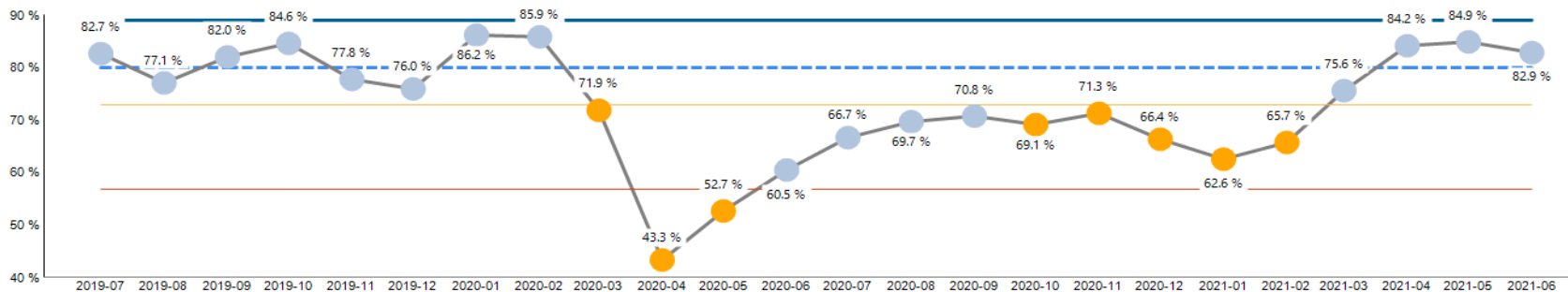
Bed Occupancy

Count of beds occupied over all wards/ count of bed available

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=80%	82.7%	77.1%	82.0%	84.6%	77.8%	76.0%	86.2%	85.9%	71.9%	43.3%	52.7%	60.5%	66.7%	69.7%	70.8%	70.8%	71.3%	66.4%	62.6%	65.7%	75.6%	84.2%	84.9%	82.9%



Improvement



ucl	89.06%
mean	72.94%
target	80.0%
lcl	56.82%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

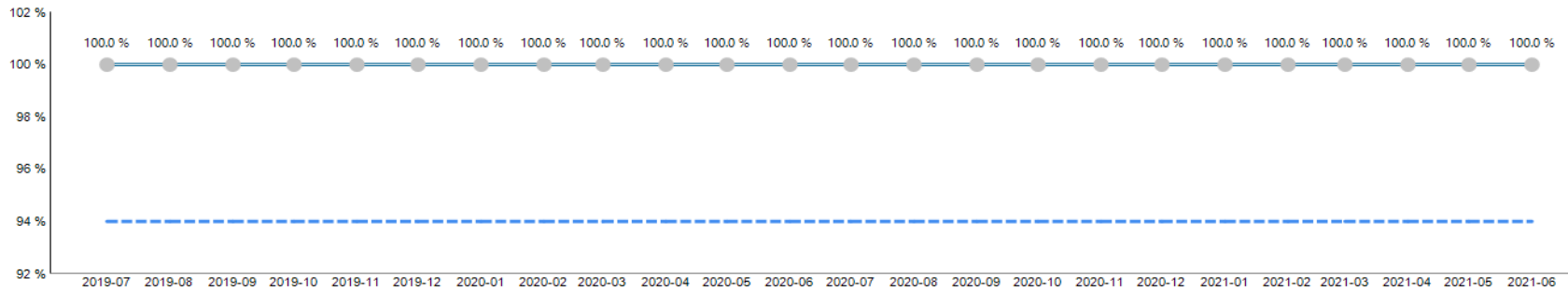
Cancer: 31 day Second or subsequent treatment (surgery & drug)

Patients waiting a maximum of 31 days for all subsequent treatments

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause



ucl	100.0%
mean	100.0%
target	94.0%
lcl	100.0%

commentary:

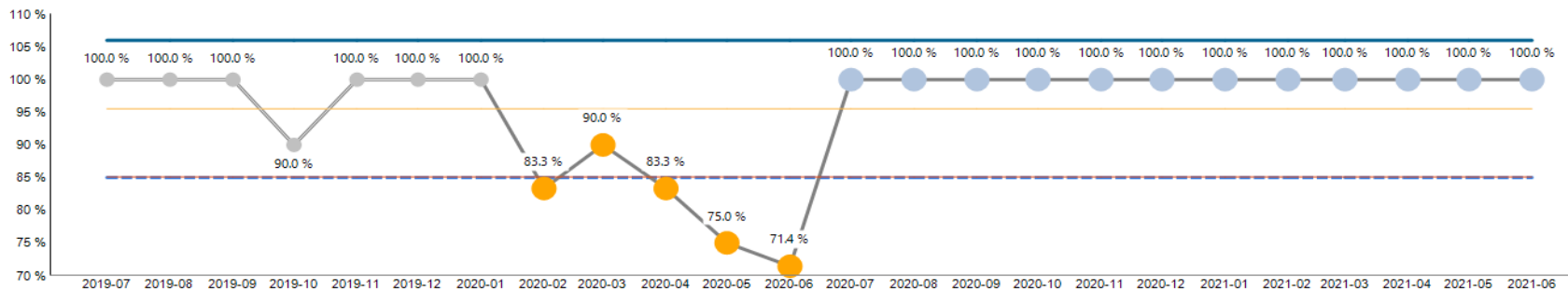
Cancer: 62 day Consultant Upgrade

Patients waiting a maximum of 62 days from a consultant decision to upgrade the urgency of a patient they suspect to have cancer to first treatment

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=85%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	83.3%	90.0%	83.3%	75.0%	71.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Improvement



ucl	106.01%
mean	95.55%
target	85.0%
lcl	85.08%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

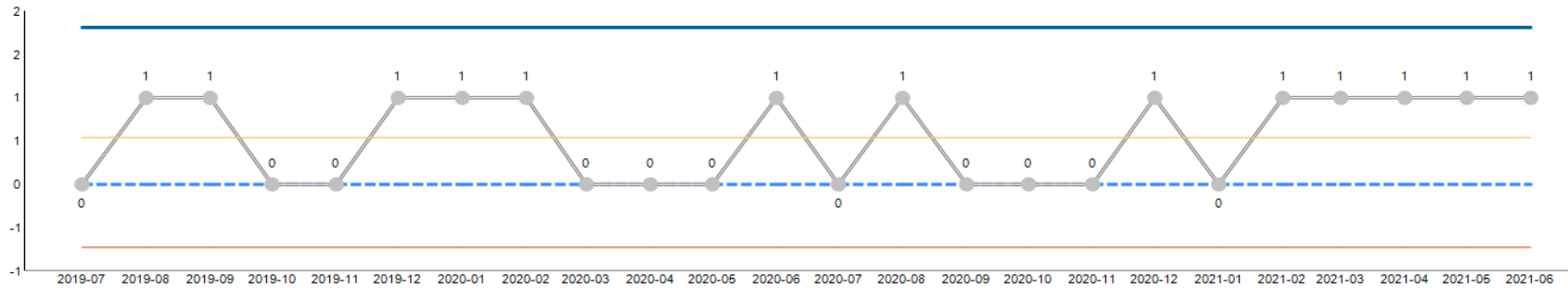
Clostridium Difficile

Count of trust assigned C. difficile infections in patients aged two years and over compared to the number of planned C. difficile cases

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
	0	1	1	0	0	1	1	1	0	0	0	1	0	1	0	0	0	1	0	1	1	1	1	1



Common Cause



ucl	2
mean	1
target	0
lcl	-1

Commentary:
Case reviewed by Infection Prevention Team, no lapses in care identified.

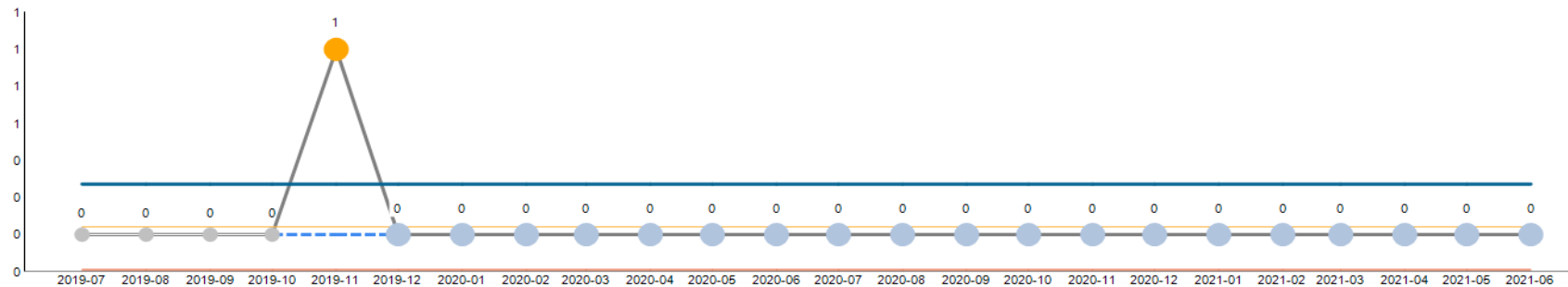
MRSA Bacteraemias

Count of trust assigned MRSA infections

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Improvement



ucl	0
mean	0
target	0
lcl	-0

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

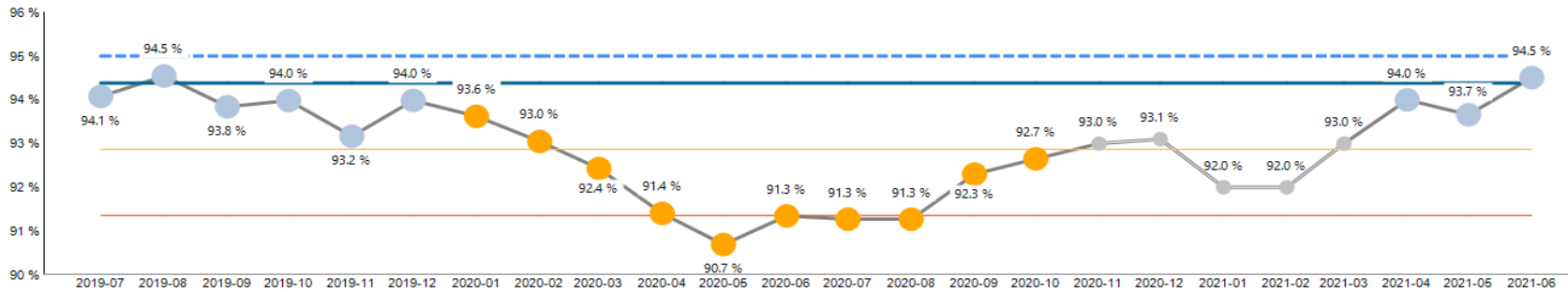
Mandatory Training Compliance

Percentage of completed mandatory training

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=95%	94.1%	94.5%	93.8%	94.0%	93.2%	94.0%	93.6%	93.0%	92.4%	91.4%	90.7%	91.3%	91.3%	91.3%	92.3%	92.7%	93.0%	93.1%	92.0%	92.0%	93.0%	94.0%	93.7%	94.5%



Improvement



ucl	94.39%
mean	92.87%
target	95.0%
lcl	91.36%

commentary:

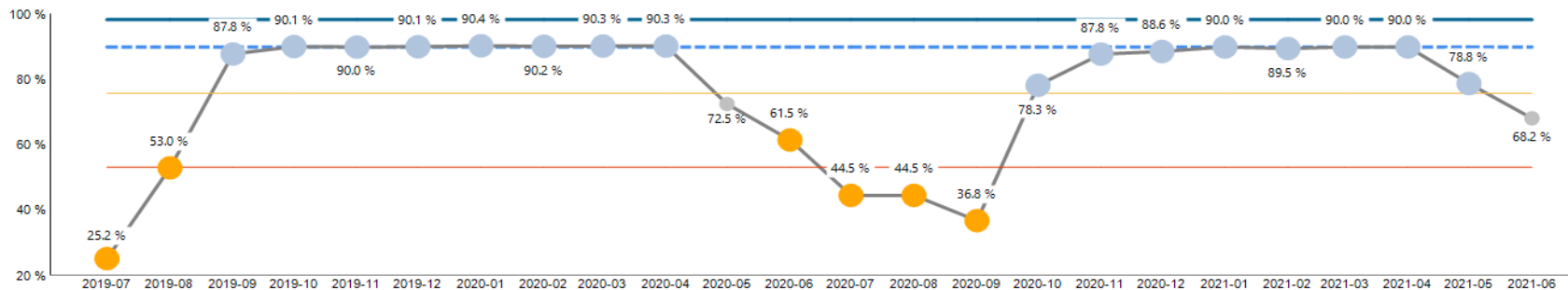
Appraisals Compliance

Percentage of annual appraisals completed

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=90%	25.2%	53.0%	87.8%	90.1%	90.0%	90.1%	90.4%	90.2%	90.3%	90.3%	72.5%	61.5%	44.5%	44.5%	36.8%	78.3%	87.8%	88.6%	90.0%	90.0%	90.0%	90.0%	78.8%	68.2%



Common Cause



ucl	98.34%
mean	75.76%
target	90.0%
lcl	53.18%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

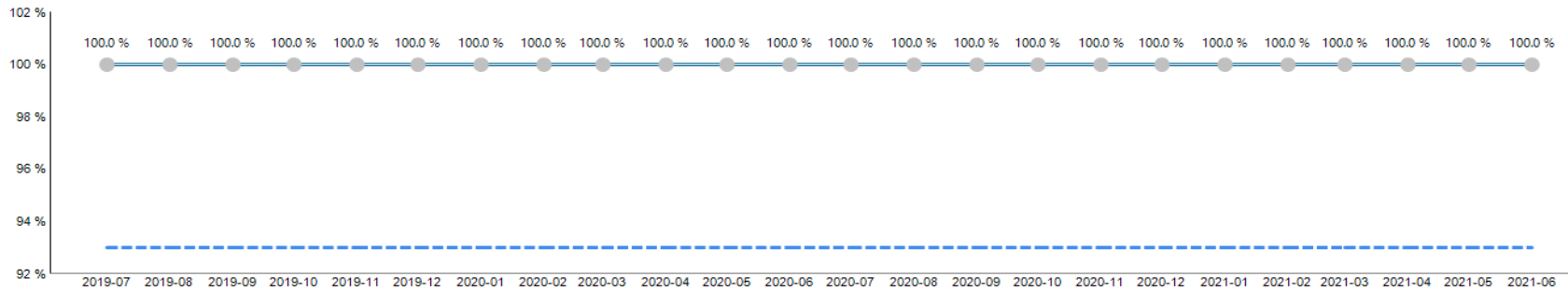
Cancer: 14 day GP referral to 1st Outpatient Appointment

Patients waiting a maximum of two weeks from an urgent GP referral for suspected cancer to date first seen by specialist

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause



ucl	100.0%
mean	100.0%
target	93.0%
lcl	100.0%

commentary:

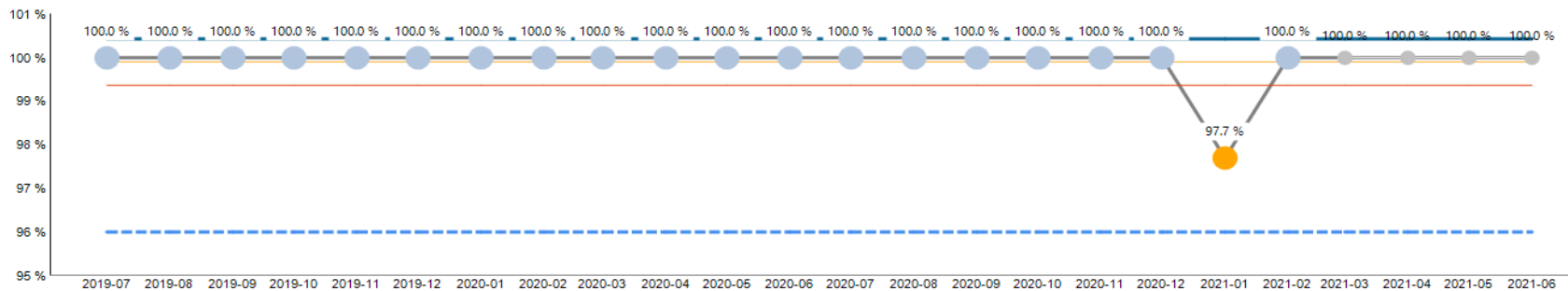
Cancer: 31 day diagnosis to 1st treatment for all cancers

Patients waiting a maximum of 31 days from diagnosis to first definitive treatment

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	
>=96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause



ucl	100.44%
mean	99.9%
target	96.0%
lcl	99.37%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

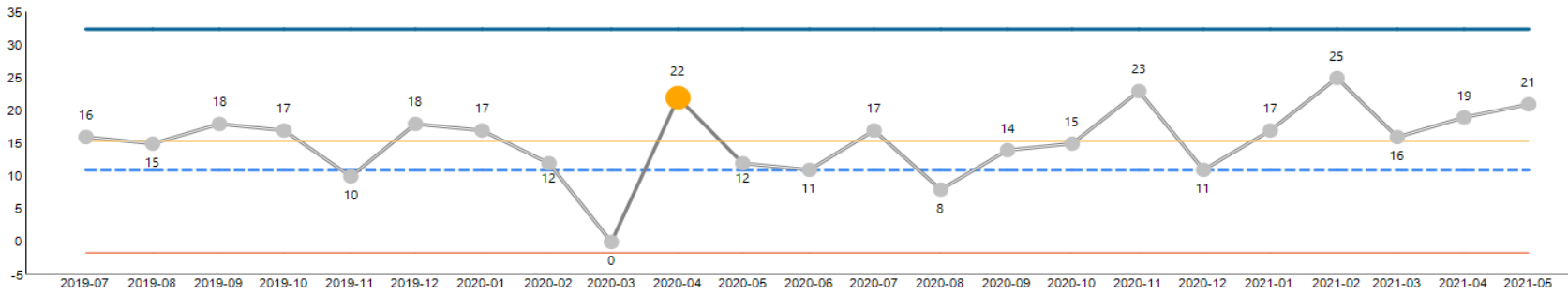
In-Hospital mortality

Count of Hospital deaths across the trust for the month/YTD

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05
<=11	16	15	18	17	10	18	17	12	0	22	12	11	17	8	14	15	23	11	17	25	16	19	21



Common Cause



ucl	32
mean	15
target	11
lcl	-2

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

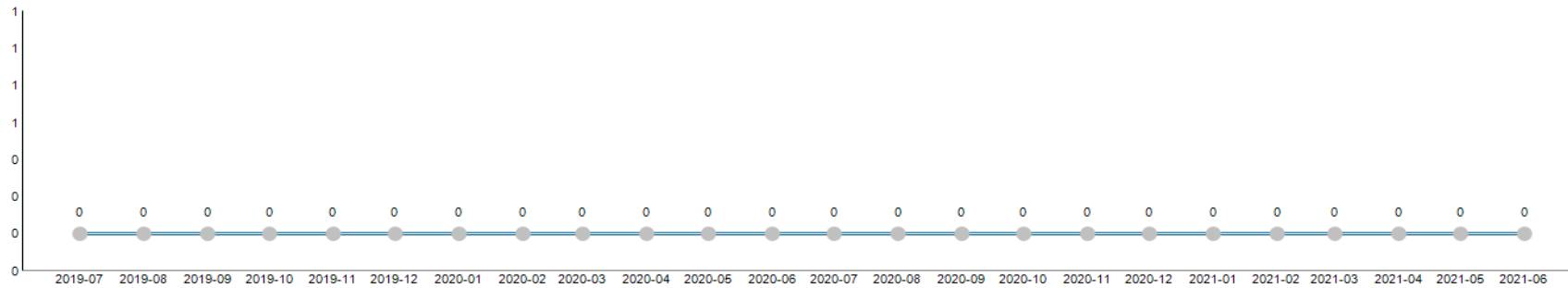
Mixed sex accommodation breaches

Count of number of occasions sexes were mixed on same-sex wards

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Common Cause



ucl	0
mean	0
target	0
lcl	0

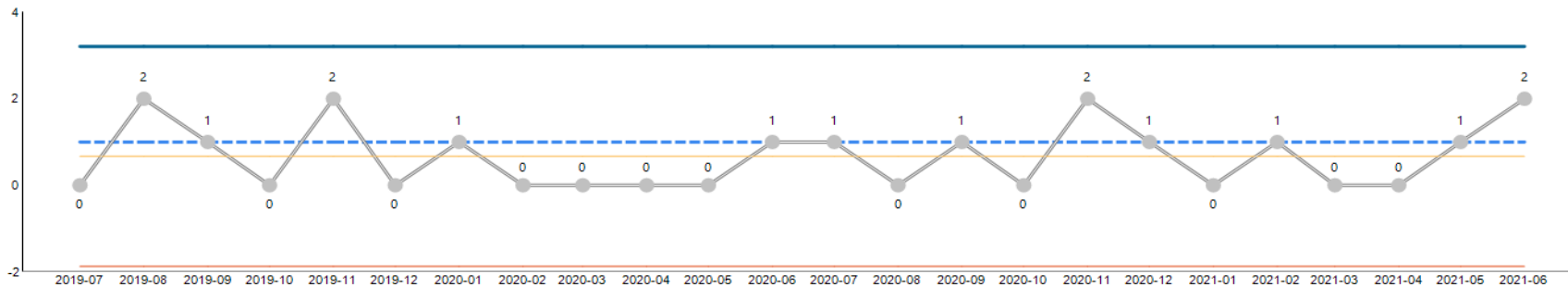
commentary:

Incidents - Serious incidents, Never Events, Adverse Events (Red)

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
1	0	2	1	0	2	0	1	0	0	0	0	1	1	0	1	0	2	1	0	1	0	0	1	2



Common Cause



ucl	3
mean	1
target	1
lcl	-2

Commentary:
Two serious incidents occurred in month,

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

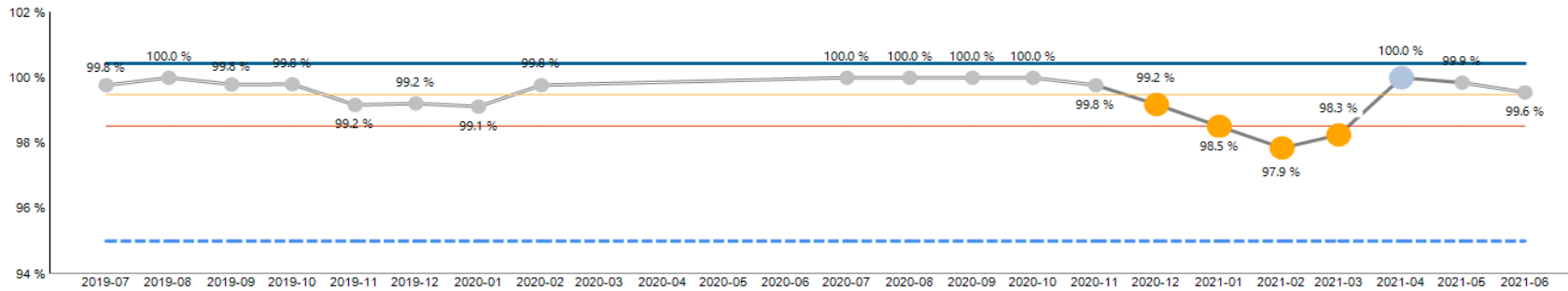
Inpatient scores from Friends & Family Test - % positive

Percentage of inpatients rating the service good or very good

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=95%	99.8%	100.0%	99.8%	99.8%	99.2%	99.2%	99.1%	99.8%	100.0%	100.0%	100.0%	100.0%	99.8%	99.2%	98.5%	97.9%	98.3%	100.0%	99.9%	99.6%



Common Cause



ucl	100.44%
mean	99.48%
target	95.0%
lcl	98.52%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

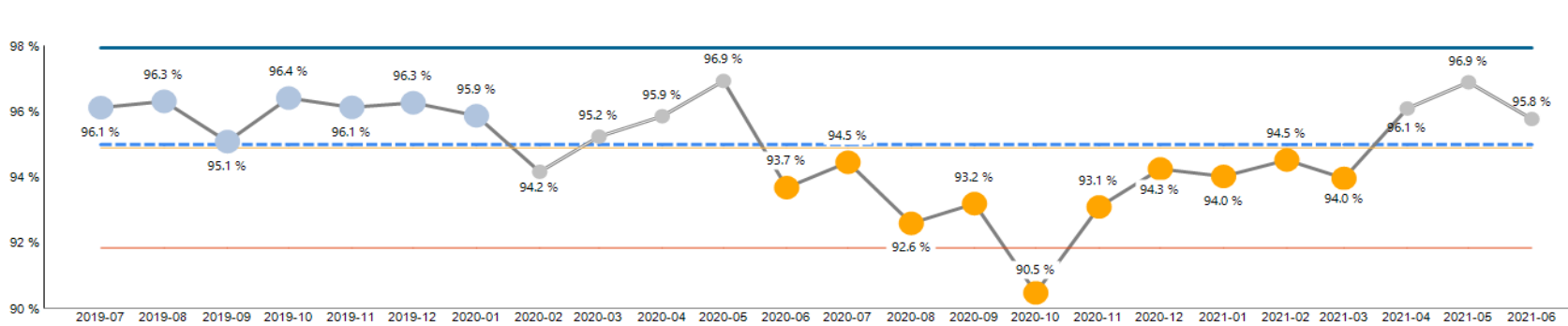
Venous thromboembolism (VTE) risk assessment

Number of patients admitted who have a VTE risk assessment/number of patients admitted in most recent month

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
>=95%	96.1%	96.3%	95.1%	96.4%	96.1%	96.3%	95.9%	94.2%	95.2%	95.9%	96.9%	93.7%	94.5%	92.6%	93.2%	90.5%	93.1%	94.3%	94.0%	94.5%	94.0%	96.1%	96.9%	95.8%



Common Cause



ucl	97.95%
mean	94.9%
target	95.0%
lcl	91.85%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

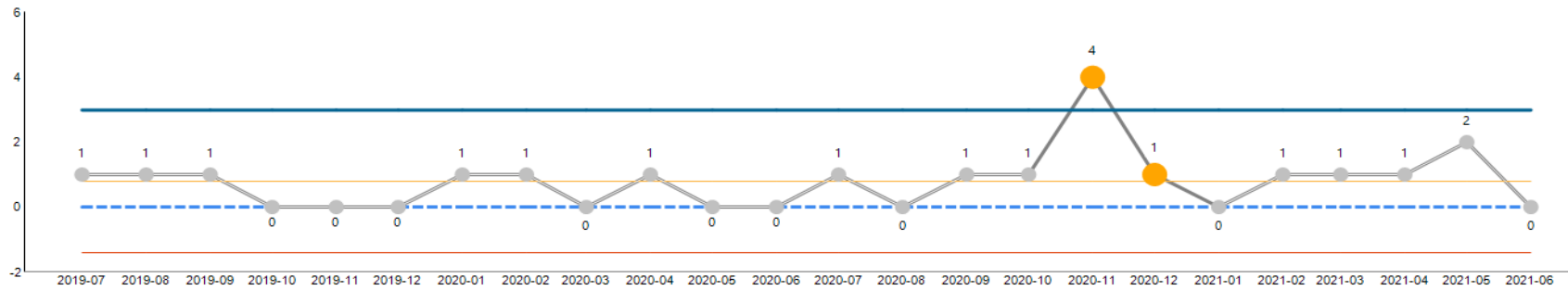
MSSA Bacteraemias

Count of trust assigned MSSA infections

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	
	1	1	1	0	0	0	1	1	0	1	0	0	1	0	1	1	4	1	0	1	1	1	1	2	0



Common Cause



ucl	3
mean	1
target	0
lcl	-1

commentary:

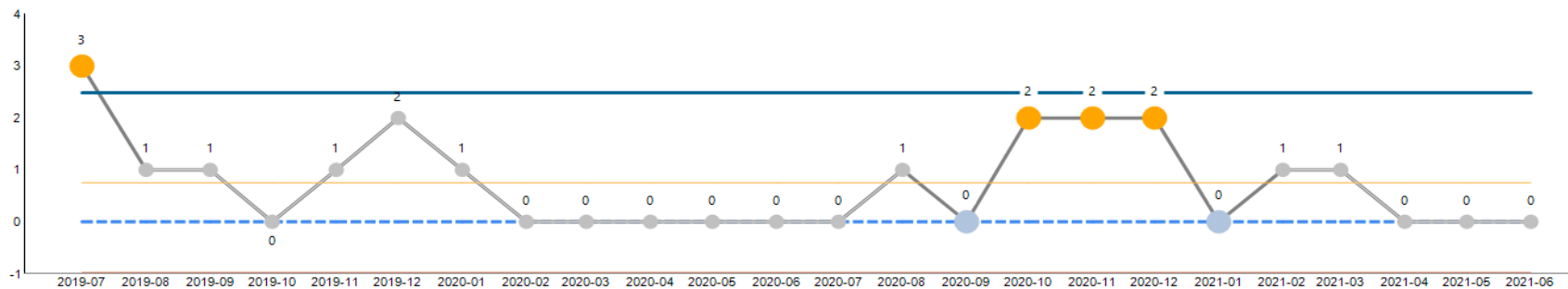
Gram Negative Bacteraemias

Count of trust assigned Gram Negative Bacteraemias infections

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	
	3	1	1	0	1	2	1	0	0	0	0	0	0	0	1	0	2	2	2	0	1	1	0	0	0



Common Cause



ucl	2
mean	1
target	0
lcl	-1

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses

patient characteristics for those treated there.

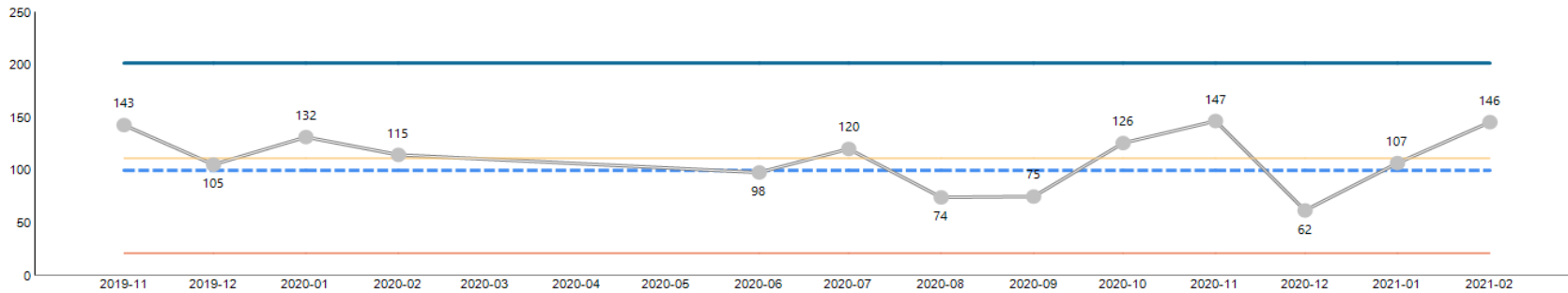
Target	2019-11	2019-12	2020-01	2020-02	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02
<=100	143	105	132	115	98	120	74	75	126	147	62	107	146



Common Cause

ucl	202
mean	112
target	100
lcl	21

commentary:



Hospital Standardised Mortality Ratio (HSMR) - all diagnoses

of patient characteristics for those treated there.

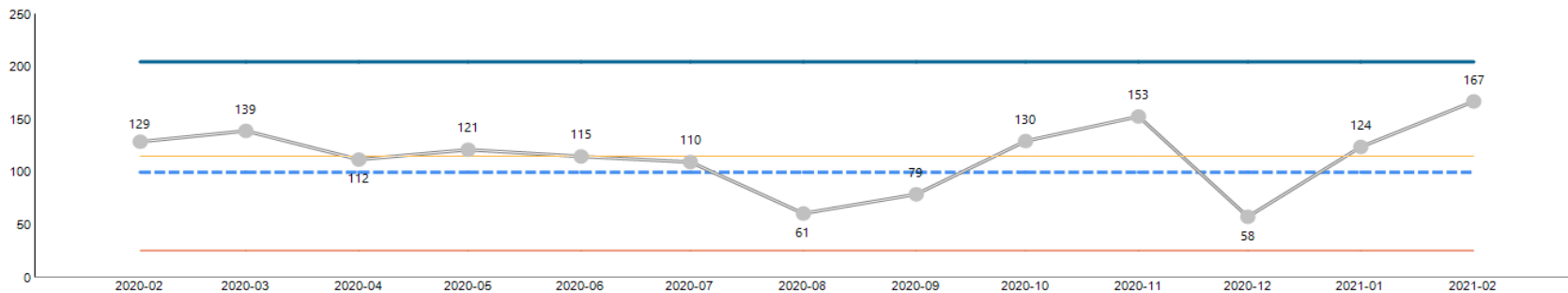
Target	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02
<=100	129	139	112	121	115	110	61	79	130	153	58	124	167



Common Cause

ucl	205
mean	115
target	100
lcl	26

commentary:



LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

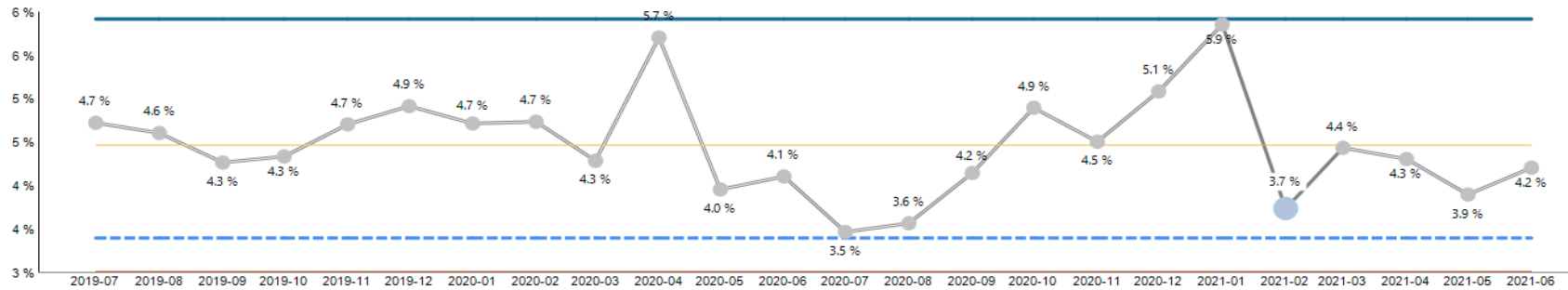
Staff Sickness (All Staff)

Rate of sickness across all staff

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
<=3.4%	4.7%	4.6%	4.3%	4.3%	4.7%	4.9%	4.7%	4.7%	4.3%	5.7%	4.0%	4.1%	3.5%	3.6%	4.2%	4.9%	4.5%	5.1%	5.9%	3.7%	4.4%	4.3%	3.9%	4.2%



Common Cause



ucl	5.92%
mean	4.47%
target	3.4%
lcl	3.01%

commentary:

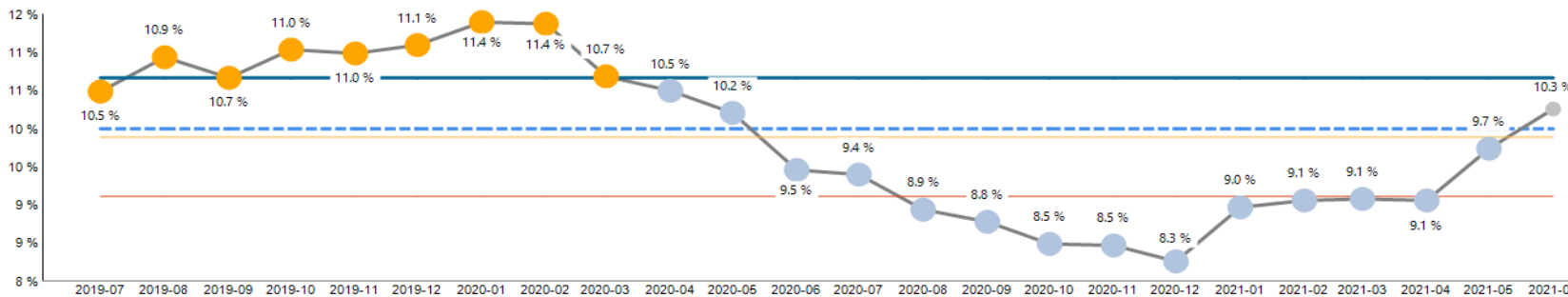
Staff Turnover

Rate of turnover among voluntary leavers

Target	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
<=10%	10.5%	10.9%	10.7%	11.0%	11.0%	11.1%	11.4%	11.4%	10.7%	10.5%	10.2%	9.5%	9.4%	8.9%	8.8%	8.5%	8.5%	8.3%	9.0%	9.1%	9.1%	9.1%	9.7%	10.3%



Common Cause



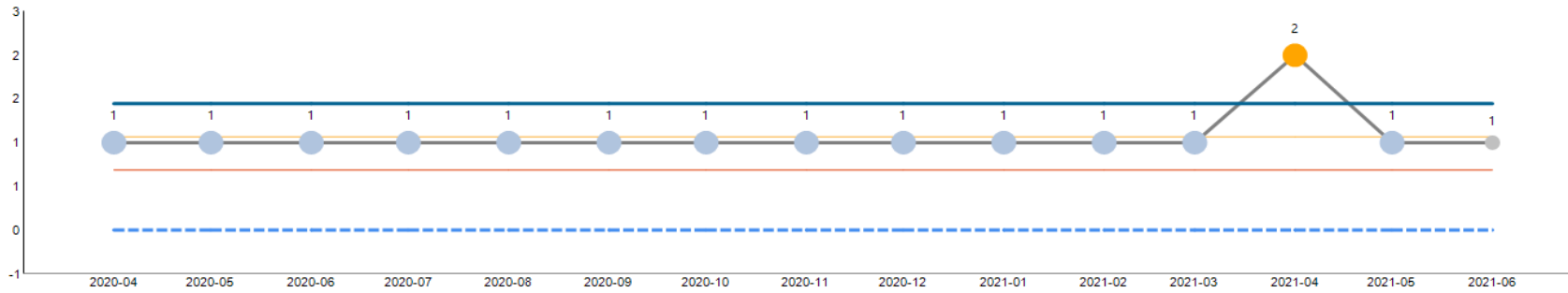
ucl	10.67%
mean	9.89%
target	10.0%
lcl	9.11%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

Distance from financial plan - score

Target	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
0	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1



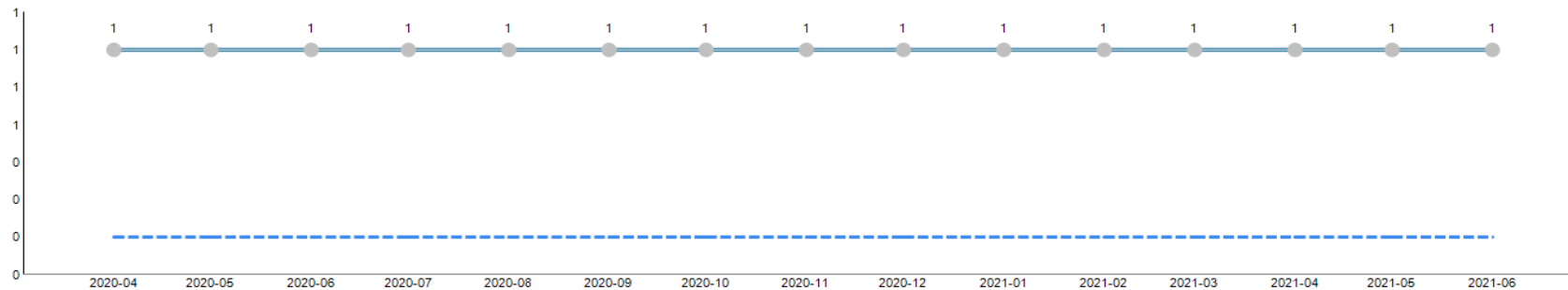
Common Cause

ucl	1
mean	1
target	0
lcl	1

commentary:

Overall use of resources rating

Target	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1



Common Cause

ucl	1
mean	1
target	0
lcl	1

commentary:

Council of Governors (in Public) Item 12.2

Subject: Finance Report for the Period Ended 30th June 2021
Date of Meeting: Monday 27th September 2021
Prepared by: James Bradley, Deputy Chief Finance Officer
Presented by: Karen Edge, Chief Finance Officer
Purpose of Report: To Note

1. Executive Summary

The financial performance for the three months ending 30th June 2021 is a £490k surplus, against a plan of £485K surplus. This is reliant on receipt of the Elective Recovery Fund (ERF).

The 2021/22 financial year has been split into two six-month planning periods (H1 and H2). The national planning guidance received to date focuses on H1, where many of the existing contractual arrangements have rolled forward from the second half of last year (eg. Block contracts with commissioners). The primary difference to last year is the ERF, and the way that System top-up funding has been distributed. As reported previously, the Integrated Care System (ICS) notified the Trust in May that the top-up funding will reduce from £4.3m to £0.5m, and this reduction will be offset by the contribution from the ERF.

The Trust has planned to achieve a breakeven position in H1, with a surplus of £485k in quarter 1, and a corresponding deficit in quarter 2. The reason for this phasing is linked to the lower activity thresholds for the ERF in quarter 1, allowing higher income in the first 3 months of the year.

In a recent communication, NHSE have notified providers that the thresholds for the ERF income will be amended from July 2021. This will make it more difficult to earn ERF income in the second quarter of the year. The Trust has reviewed and quantified the financial risks and is in discussion with the ICS about how the risk might be mitigated.

The summary month 3 position is outlined in the table below

M3 Financial Position	In Month		In Month		YTD Plan	YTD Actual	YTD Variance
	H1 Budget	Plan	Actual	Variance			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Total Income	101,271	17,418	17,157	(261)	50,816	50,276	(540)
Total Expenditure	(96,902)	(16,656)	(16,415)	241	(48,129)	(47,635)	495
Depreciation & Technical	(4,369)	(734)	(722)	12	(2,201)	(2,169)	32
Surplus / (Deficit)	0	28	20	(8)	485	472	(13)
Removal of impairments and Donated Assets	0	0	6	6	0	18	18
Surplus / (Deficit) on a control total basis	0	28	26	(2)	485	490	5

Key issues to note in the month 3 position are as follows:

- Income is £540k below year to date plan with key variances being:
 - Hosted services income was £328k lower than the year to date budget. This is offset by lower expenditure in this area.
 - The Isle of Man and Private Patients income remains on a cost per case arrangement. This has increased in June and is now showing a £40k favourable variance to the plan at the end of quarter 1.
 - The first funding schedule of the year from Health Education England (HEE) indicates a reduction in training income, but this may increase later in the year as further information is received and processed by HEE.
 - ERF income of £3,613k has been included in the year to date position. This is consistent with the plan submitted, but has not yet been confirmed by the ICS.

- Pay expenditure is broadly in line with the budget, reporting a £82k underspend in the year to date.

- 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 102% of 2019/20 activity in June and 99% of 19/20 levels in the year to date, highlighting the significant increase in activity as Covid pressures have eased.

- Performance against the Cost Improvement Programme (CIP) remains a risk. Further work is being undertaken with those departments and Divisions who still have an unidentified savings target.

- Capital expenditure was £1,966k against a plan of £2,330k.

2. Recommendations

The Council of Governors is asked to note the financial position of the Trust for the period ending 30th June 2021.

Council of Governors (in Public) Item 12.3

Subject: Patients & Family Support Team Activity Report Q1 & Annual Summary 2021/22
Date of meeting: Monday 27th September 2021
Prepared by: Laura Allwood, Patient & Family Support Manager
Presented by: Sue Pemberton, Director of Nursing & Quality
Purpose of Report: To Note

1. Executive Summary

This report outlines the informal concerns and complaints captured in Q1, 1st April- 30th June 21. The Trust received a total of 8 formal complaints for Quarter 1. In addition, 92 contacts were made, 55 informal concerns and 37 requests for information or advice.

Of the 8 formal complaints received in Q1, 4 were joint complaints with other Trusts, 1 led by LHCH and 3 by other Trusts. There is one complaint that remains under investigation due to awaiting a response from another Trust. They have unfortunately had a backlog which has caused delay. 5 complaints were not upheld, 2 partly upheld and 1 still open. There was no trend in area or subject of the complaints and some related to different time periods.

The Trust has received 27 compliment letters/emails in this quarter-all shared and fed back to appropriate teams and directorates.

2. Contacts - Informal Concerns, Advice & Information

Table1

<p>Quarter 1 Contacts -Overall Total = 92</p> <p>55 Informal Concerns – themes</p> <ul style="list-style-type: none"> • Inpatients- maple- queried if they had an MRI scan instead of CT scan as unable to have certain tests due to previous medical history also stating saying needed pain killers. • Maple- Long wait for inpatient MRI- patient ended up self-discharging. • ACU- Long wait for inpatient MRI scan • Admin- mix up of patients- wrong patient details on letter, error in clinic letter. • Surgery – Reason for cancellation not clear, accepted date for procedure – but heard nothing since for covid swab or any confirmation of procedure. • Reason for 2nd cancellation for surgery • Vaccine- Patient received text saying second vaccine cancelled when hadn't. • Patient received- wrong second dose of vaccine- letter sent to them • Radiology- long wait for x ray, incident with a patient, cannula tissued, dye went into her arm and required emergency surgery. • Follow up- discharge letter states 4-6 weeks but follow up appt in 10 weeks- wanted to be seen earlier. Unaware of follow up post ICD. Plan for follow up not organised for patient post PCI.
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- **Cardiac diagnostics-** transport issues and patient understanding what was happening and patient wanting specific information for another appt and felt didn't get all the information.
- **OPD-** abusive patient demanding to see a doctor and a relative highlighted that the map of the trust was not correct.
- **Pacemaker-** patient felt procedure was rushed and worried about wound and after care.
- **Non-LHCH-** Staff being verbally abusive to a member of the public
- **Visiting-** inpatient queries around exceptional circumstances and access to alternative like iPads for a patient in POCCU.
- **Patient experience-** focusing on administration/communication issues.
- **Oak ward-** Patient experience from night staff
- Heart failure referral concern and several cardiac diagnostics appointments cancelled.
- **ACHD-** anaesthetic issues over dental operation.

37 Advice & Information - Subjects include:

- Relative wanted advice about relative being reviewed by Walton Hospital
- Updating patient details.
- **Bereavement-** wanted to ask some questions and requested accessible form to be sent.
- Relative requesting bereavement call, Complex family following a bereavement
- Patient in Southport Hospital awaiting transfer to LHCH- receiving mixed messages.
- Travel reimbursement query.
- **Cancelled procedure-** communication issues
- **Deceased queries-** family requested to know if bloods were taken, information for ombudsman, relative informed us of a death and GP informed us of a community death.
- **Discharge-** staff asking for advice as relative stated was unhappy with care whilst patient in LHCH. GP wouldn't prescribe medication as not on TTO and relative worried about the patient- advice given.
- **Pre admission-** advice around visiting and what to bring. Also, isolation query.
- Travel expenses query.
- Robert Owen.
- How to make a complaint booklet
- Query over bringing relative to OPD clinic

Informal complaints- requiring more in-depth investigation included:

- Administration issues- turned up for appointment, which was cancelled, had another upcoming appt but no letter- Admin manager did an investigation followed by a letter.
- Issues raised around care on maple, communication with consultant around pacemaker- informal letter sent to the patient after investigation.
- Issues raised around experience in Xray department, being left NBM for a long period before the procedure and location of blood pressure monitoring throughout the procedure- informal response sent via letter.
- Complex family and patient issues- long stay ITU patient post covid- complex issues- several meetings with the patient and family.
- Patient attended cardiac diagnostic test did not offer a chaperone- in-depth call with the patient offered and followed up with a letter,

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				
Aug 21				
Sept 21				
Oct 21				
Nov 21				
Dec 21				
Jan 22				
Feb 22				
Mar 22				
Total	2	5	1	0

*joint

Table 3 below shows the complaints received in Q1 formal complaints and learning outcomes per division.

Ref:	Division	Summary of complaint	Outcome/Learning
Q1 2021			
01	Surgery	Patient had a fall on cedar and fractured his hip, he went to Aintree Hospital for surgery and later passed away. Concerns around the fall and some of the care he received in Aintree questioned and post bereavement support.	LHCH to lead- sent to Aintree for their input. Open under investigation.
02	Medicine	From the CCG- Delay in escalation of problems with a patient's pacemaker.	Closed – partly upheld
03	Corporate - admin	Surgical patient came to Rowan suite to be admitted but the ward was closed, letter received had different information than was told over the phone. Had a scan and not given date with 3 weeks of this happening- query not following policy. Communication issues with secretaries.	Closed – partly upheld
04	Medicine	JOINT- STHK- Patient was discharged from Whiston with a pulse oximeter and the Swiss nurse input and was readmitted the next day. Unclear communication the communication between the patient and the team.	Closed – not upheld
05	Medicine	Patient was in Holly suite for an angiogram and later died a few weeks later of a heart attack in a different Trust, concerns raised around communication given to the patient after the procedure, administration and medications on discharge.	Closed-not upheld
06	Medicine	JOINT-STHK- 2 points for LHCH- around the level of care support for the patient was it to a good standard and around the diagnosis of his condition.	Closed- not upheld
07	Surgery	Private patient- level of care post-surgery- difficulties charging phone, assistance with personal hygiene. Unsatisfied to pay final private payment.	Closed- not upheld
08	Medicine	JOINT- STHK- Concerns raised around the COPD team and advice, rescue pack that they provide.	Closed- not upheld
<p>Key: Upheld = complaints considered well founded – requiring action/learning Partly upheld = action may be required for part of the complaint Not upheld = following investigation no evidence found to substantiate complaint but acknowledgement of disappointment given and apologies where necessary</p>			

3.2 Parliamentary Health Service Ombudsman (PHSO)

No new complaint requests.

3.3 Complaints Review Panel

A Non-Executive Director's review meeting took place in July for Q1 complaints, they were happy with the quality and outcomes decided.

4. Recommendations

The Council of Governors are asked to receive the report 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 13.2

Subject: External Audit Effectiveness Review
Date of Meeting: Monday 27th September 2021
Prepared by: James Bradley, Deputy Chief Finance Officer
Presented by: Karen Edge, Chief Finance Officer
Purpose of Report: For Approval

1. Executive Summary

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's external auditors for the year 2020/21 are Grant Thornton. The auditors have concluded their work, issuing the Auditors Annual Report on 24th August 2021. Following the audit, The Trust carried out a survey to assess the effectiveness of the external audit service. The survey was distributed to 16 recipients, including Audit Committee members, attendees and those who worked closely with the External Auditors during the accounts process, encompassing NEDs, Executive Directors and those staff in Finance and Comms. 11 responses were received, and the results have been discussed with the external audit manager, who also provided feedback to ensure learning for all parties.

The results of the survey would indicate that Grant Thornton highlight, investigate and report well on areas of key financial risk. However, there is room for improvement in timeliness and flexibility, which is recognised by the audit manager.

Under the terms of the contract, the Trust has the option to extend the contract with Grant Thornton for another year, after which it will need to follow a tender exercise to appoint external auditors.

The Trust continues to have a positive, professional relationship with Grant Thornton who provide a thorough audit. The uncertainty of the financial framework, the challenges in securing external audit in the current market and the generally positive survey feedback, prompt a recommendation to extend the contract with Grant Thornton for the 2021/22 financial year.

The Trust paid Grant Thornton £66k + VAT for the external audit work carried out for 2020/21, including the Value for Money assessment. There is no fee yet agreed for 2021/22.

The Council of Governors is asked to:

- Approve the contract extension with Grant Thornton for the 2021/22 financial year subject to an acceptable fee proposal being received.

2. Survey Questions and Responses

The 5 questions and their responses are set out below:

1. In your opinion, have Grant Thornton highlighted and investigated adequately the key areas of financial risk? If not, please provide more detail supporting your response?

11 responses, all positive, with no additional comments.

2. Reflecting on your experience with individual Grant Thornton staff, please rate them against the following;

- a. Helpful
- b. Responsive
- c. Flexible
- d. Professional
- e. Timely
- f. Knowledgeable

11 responses received as follows:

	Poor	Bad	Neither Good nor Bad	Good	Excellent
Helpful			5	5	1
Responsive			5	5	1
Flexible		2	4	5	
Professional			4	6	1
Timely	1	4	4	2	
Knowledgeable			4	5	2

A spread of responses, with the most positive feedback in the areas of professionalism and knowledge. However, some areas for improvement noted with regard to flexibility and timeliness.

During the audit debrief meeting with the external audit manager these issues were discussed and recognised as areas for improvement. The audit was conducted remotely which does create efficiency challenges for the auditors. Usually the auditors are located close to the finance team and are able to ask questions and obtain responses very quickly. In addition, external audit providers are finding it challenging to recruit and retain suitably qualified staff, and this created capacity constraints.

3. Does Grant Thornton only make reasonable and relevant requests for information to support their work?

	Never	Rarely	Sometimes	Often	Always
Responses			5	5	1

Generally positive feedback on the suitability of the requests and questions asked by external auditors. Linked to the first question, the audit focused on the right areas.

4. Do their reports have clear messages, well-written and focused on objectives?

	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree
Responses			3	5	3

Strong, positive responses regarding reporting.

5. Overall, have you found the interactions with Grant Thornton beneficial?

This question was a free-text cell for comments, with seven responses received (copied below in italics). The feedback is mixed, but echoes the responses to the other questions, principally around timeliness being the area of concern.

“Yes, helpful conversations, sometimes arguably above and beyond the pure audit.”

“They are okay in that they get the job done but don’t seem to go the extra mile”

“Yes”

“Overall average to good. Timeliness with completing the work has been an issue and communication as to the risk to the deadline and mitigations could have been improved.”

“The biggest issue has been the slowness of their work on this years audit so that it was incomplete at the time of our formal board meeting to sign off and accept their report.”

“The timeliness of requests was the main issue. It felt a little disorganised, particularly with leaving some matters (eg. deferred income) to the very end.”

“Yes: this has been a difficult year for audit, particularly because of the inability to come on site and the extra requirements imposed on us. I have agreed with Q3, not having heard to the contrary, but N/A would have been more appropriate as I have not been involved in responding to requests”

3. Conclusion

Under the terms of the existing arrangement, the Trust can extend the contract with Grant Thornton for another year. As the audit has concluded for 2020/21, feedback from those involved was sought. The feedback received shows that the audit focused on the risks, was thorough, and that Grant Thornton were professional and knowledgeable. The reports were well received. However, the timeliness of requests and flexibility of approach were listed as areas for improvement, both of which were recognised in the audit debrief meeting with Grant Thornton.

The external audit market is particularly challenging, with some Trusts finding it difficult to appoint external auditors following a tendering exercise. In addition, the future financial framework for the NHS remains uncertain. Given this environment, and the positive working relationship with Grant Thornton, it is recommended that the contract be extended for another year. That is the final year the current contract can be extended.

4 Recommendation

The Council of Governors is asked to approve the contract extension with Grant Thornton for the 2021/22 financial year subject to an acceptable fee proposal being received.

Council of Governors (in Public) **Item 13.3***

Subject: Freedom to Speak Up (FTSU) Q1 2021/22 Report
Date of Meeting: Monday 27th September 2021
Prepared by: Peris Widdows, Freedom to Speak Up Guardian
Presented by: Jane Tomkinson, Chief Executive
Purpose of Report: To Note

1. Executive Summary

The purpose of this paper is to provide the Council of Governors with an update of the work of the Freedom To Speak Up (FTSU) Guardian and Champions in supporting the safety culture within the Trust, provide an overview of issues and concerns raised in this quarter and updates from the National Guardians Office of Freedom To Speak Up, with the aim of giving assurance that the local arrangements in place continue to meet best practice and support staff to raise concerns.

The paper provides a reflection on the progress made by the FTSU Network in empowering staff to speak up freely and encourage ongoing positive cultural change.

This is done in the context of an evolving and maturing national agenda that is learning from the collective experiences of FTSU Guardians, their champion networks and those at the National Guardian Office.

The Board is asked to review the quarterly report.

2. Background

The National Guardian Office of Freedom to Speak Up leads the way in changing the speak-up culture in the NHS and emphasizes the need to empower workers to speak up without limitation “about anything which gets in the way of patient care and worker well-being”
<https://nationalguardian.org.uk/speaking-up/what-is-speaking-up/>

It is a requirement that NHS Trusts and Foundation Trusts employ a Freedom To Speak Up Guardian, whose role is to enhance patient safety by providing an alternative channel for workers to raise concerns, ensuring that issues raised are responded to and to provide support and feedback for those who speak up.

At LHCH Trust, the FTSU Guardian role is led by the Executive and Non-Executive Directors of FTSU and supported by a deputy guardian and a network of 11 Champions.

The Trust’s Chief Executive regularly emphasises her personal pledge encouraging all staff to speak up, reassuring that when they do so, their concerns will be investigated, and they will be

protected from any detriment after speaking up.

The FTSUG works closely with the Executive FTSU Lead and senior leaders to enable effective escalation, review and triangulation of safety and welfare concerns; within the governance process is a standard operating procedure that ensures patient safety and any serious issues are escalated immediately to the Chief Executive and investigated and followed up.

Quarterly meeting between the FTSUG, Executive Director, NED Lead for FTSU and the Chair have been upheld to brief on the issues raised, actions taken and learning.

The FTSUG provides quarterly non-identifiable speak-up data requested by the NGO. This data is used for analysis of themes and trends of concerns raised nationally to provide case reviews and learning outcomes. The NGO shares data with NHS England and Improvement (NHS E/I), who in turn upload this information to the Model Hospital, a digital information service to support improvement in the NHS which is used along with other indicators and intelligence, to inform their thinking as to where to offer improvement support in relation to FTSU

The Guardian maintains engagement with the National Guardian's Office and the Northwest Regional Network of FTSU Guardians through regular communication and attendance of meetings for peer support and updates from the NGO.

Regional and national information is cascaded to the trust by the guardian, through regular meetings with the Executive FTSU Lead, to the wider organisation by presentations at the trust's monthly Team Briefs and to the Board of Directors through quarterly reports.

To maintain a high profile within the organisation, FTSU visibility and awareness-raising walkabouts are conducted at LHCH by the guardian, deputy guardian and FTSU champions. These compliment other profile-raising activity such as such as monthly presentation at team briefs mentioned afore, information at trust inductions, attendance to departmental audits days, participation in Equality and Inclusion Steering Group as well the Health and Wellbeing group to name a few. This is intended to raise awareness of the FTSU policy and offer assurance of the trust's commitment maintain a safety speak-up culture.

3.1 Assessment of issues: Quarter 1 2021/22;

Concerns Raised through the Freedom to Speak Up Policy Framework policy have seen a steady rise in keeping the national trend, which is partly linked to impact of changes caused by the COVID-19 crisis.

- A total of 12 concerns were raised through the Freedom to Speak Up Policy. These include concerns that relate primarily staff values and behaviour(s), but also some issues associated with working practices and system processes. The 'bullying and harassment' theme has been consistently the largest number of concerns raised through the FTSU network in the trust, which corresponds with numbers of cases reported nationally the NGO in this category.
- Three of the concerns were raised anonymously through letters sent directly to the Freedom to Speak Up Executive Lead, Director of Nursing and the Chief People Officer.
- The themes of the concern as per categorization by the National Guardians Office (NGO) were:

Total Number of cases raised to the Guardian / Champions	12
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Number raised anonymously	3
Number of cases with an element of:	
Patient Safety / quality	0
Bullying or Harassment:	5
worker safety	0
Number of cases where detriment as a result of speaking up) is indicated.	
Other:	7

- All Concerns were escalated in line with FTSU standard operating procedure and actioned appropriately.
- Of the 12 concerns raised this quarter, 5 have been fully actioned and closed; 7 have been escalated and actioned but still in progress.

Note: These concerns relate only to those raised directly with the FTSUG / Champions network – other concerns raised e.g. through safety huddle or with line managers are not logged unless referred to the FTSU Guardian

3.2 A comparative summary of themes and trends over the past 4 quarters as previously categorized by the NGO is provided in table 1 below.

Themes	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22
Bullying and Harassment	2	2	4	2	5
Patient Safety	0	1	2	4	0
Other	3	4	3	7	7
Total	5	7	9	13	12

Table 1: Comparative themes of trends of the previous year and current quarter's concern as categorized by the NGO.

3.3 The table below reflects the professional level of individuals who spoke for the current quarter 2021/22 and the previous year 2020/21, as per the reporting guidance issued by the National Guardian Office:

Concerns raised by staff bands	Worker	Senior Manager	Senior Leader	Unknown / Not disclosed
Q1 2021/22	9	0	0	3
Q1 2020/21	5	0	0	0
Q2 2020/21	3	2	1	1
Q3 2020/21	8	0	0	1

Q4 2020/21	12	0	0	1
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3.4 The table below reflects the professional groups of the ‘speak ups’ for the current quarter 2021/22 and the previous year 2020/21 as per the current National Guardian Office guidelines.

Concerns raised by professional group	Medics	RGN/ Midwives/ ANPs	Nursing Assistants & HCA	Allied Health Practitioners	Admin, Clerical	Maintenance / Ancillary/ Cleaning/ Catering	Corporate Service Staff	Unknown / undisclosed
Q1 2021/22	2	3	0	0	0	1	1	5
Q1 2020/21	0	2	0	0	0	0	2	1
Q2 2020/21	0	3	0	1	0	1	1	1
Q3 2020/21	2	2	1	1	2	0	0	1
Q4 2020/21	1	4	1	4	2	0	0	1

3.5 Governance

The governance processes which were reviewed and updated in 2020/21 have been upheld in this quarter to maintain effective escalation, review and triangulation of safety and welfare concerns. These include:

- Adherence to the FTSU policy and the standard concern escalation process.
- Ongoing regular 1:1-meetings between the FTSUG and Director of Corporate Affairs.
- The Quarterly ‘Improving People Practices’ meeting between the FTSUG, Director of Corporate Affairs, Chief People Officer and HR Business Partner which enables FTSU concerns to be triangulated with ongoing employee relations cases and facilitates a review of welfare support being given to any staff member undergoing an HR process.
- FTSUG and Director of Corporate affairs in the quarterly Safety Surveillance meetings to triangulate FTSU with other patient safety metrics.
- As part of the trust’s FTSU Agenda for 2021/22, the FTSU Guardian holds fortnightly drop-in sessions for engagement with the FTSU champions; this creates opportunities to receive regular updates /guidance and share experiences to facilitate learning and development in relation to FTSU.

3.6 Internal Evaluation and Assessment

- Staff who have raised concerns to the FTSU guardian and champions are asked to feedback on their experience of speaking after the cases have closed.
- Guidance from National Guardian’s Office suggests that feedback is recorded in the quarter it is received and may relate to concerns raised in previous quarters.
- In this quarter, 8 speak-up staff including some from previous quarters were sent feedback requests: 8 of the 12 speak-ups raised in this quarter are still in progress so feedback has not yet been requested.

- 4 responses were received this quarter - all agreed they would be happy to raise concerns through the FTSU policy again.
- Of the 4 who responded, 3 are from this quarter's speak-ups and one from previous quarter.
- Some speak-up staff have not responded; some of the colleagues who had raised concerns have however left the trust at the end of their employment contracts.
- Below is one example of the FTSU feedback responses received:

Given your experience would you speak up again?	Please explain your response.
Yes, most definitely.	The support we received as a team was great. We felt heard and felt comfortable to voice our concerns and fears. We were happy with the explanations and forward planning regarding the issues we had.

3.7 NGO Annual Report 2020 and National FTSU updates:

The National Guardian's Office published the 2020 Annual Report which is available at https://nationalguardian.org.uk/wp-content/uploads/2021/04/NGO_AR_2020_Digital.pdf. The impact of the COVID 19 crisis was acknowledged and the role FTSU Guardians in supporting workers during the pandemic was noted. 2019/20 saw a 32% increase in case reported to the NGO through the national network of FTSU Guardians.

In June 2021 the NGO announced in that the National Guardian for the NHS, Dr Henrietta Hughes OBE, will be stepping down in September 2021, after five years in the role, to take up a new role as the Chair of The Institute of Integrated Systemic Therapy – Childhood First charity, which promotes and furthers the care, treatment and rehabilitation of children and adolescents who are psychologically and emotionally disturbed. The CQC in association with NHS England /Improvement will lead the competitive recruitment process for the next National Guardian for the NHS post which will be advertised shortly.

3.8 Training

Nationally, the NGO is focusing highly on raising the speak up culture by encouraging workers and leaders to undertake speak-up and listening training modules:

- Speak-Up Core training for all workers: <https://www.e-lfh.org.uk/programmes/freedom-to-speak-up/>
- Newly launched Listen-Up training – “for all line and middle managers, focused more on listening up and the barriers that can get in the way of speaking up.” <https://www.e-lfh.org.uk/programmes/freedom-to-speak-up/>
- Follow Up Training – “for all senior leaders including executive board members (and equivalents), Non-Executive Directors, and Governors is in the pipeline.
- Within LHCH the training modules are now accessible at the trust's ESR system and is completed by the FTSU network as part of mandatory training. There is not clear definition yet of how include speak-up training mandatory for the wider workforce, but the guardian is in liaison with education leads with this regard, with efforts being made to raise staff awareness.
- The NGO has also created guidance for the FTSU Champions / Ambassadors roles. In view of this, the champions' role description in the trust will be reviewed to align with the NGO's guidance.

3.9 FTSU Index Report

The National Guardian's Office has published Freedom to Speak Up Index Report 2021, which is available on the NGO's website at:

<https://nationalguardian.org.uk/wp-content/uploads/2021/05/FTSU-Index-Report-2021.pdf/>

The FTSU Index is a metric for NHS trusts drawn from four questions incorporated within the NHS Annual Staff Survey, to assess whether workers in NHS feel safe, knowledgeable, supported and encouraged and to raise concerns, and if they would be treated fairly if they were involved in an error, near-miss or safety incidents.

Overall results of the FTSU Index:

- North West was the 3rd best performing region = 79.9% average
- Community Trust were top by Trust Type = Average 84.6%
- Acute Specialist Trust 2nd best = 82.0%
- Highest Trust Index Scores (Top Cambridgeshire Community Services NHS Trust = 87.6%)
- LHCH top acute specialist Trust in the country
- LHCH top Trust in Cheshire and Mersey and across North West
- LHCH 10th best Trust in the country = 84.7%

At a national level and rated against the organisations with most improvement, LHCH scores although high have remained static from the previous year, while other organisations who hadn't performed well in the past made improvements. The Trust guardian will be working closely with the Human Resources Improving Practice business partners to continue to improve on the FTSU index.

3.10 Benchmarking

- Rated against other Cheshire & Mersey Trusts on the FTSU Index overall scores, LHCH Trust had the top score of 84.7%, with the lowest score in the trust in the region scoring 75.7%. A detailed report of the regional index score has been provided in Appendix 1.
- In overall ratings FTSU Index against other Acute Specialist Trusts, LHCH also got the top score of 84.7%, with Clatterbridge Cancer Centre NHS Foundation Trust scoring second at 84.1%, and the Walton Centre NHS Foundation Trust 3rd at 83.1%. Details of the Acute Specialist Trusts FTSU Index are available at Appendix 2.

3.11 Learning Opportunities for LHCH

The NGO Report included 3 case studies from FTSUGs of organisations that had made the biggest improvements in their FTSU index between 2019 and 2020. Many of the examples are already embedded at LHCH but some further opportunities for consideration are as follows:

- Commission video / talk on psychological safety at work – 'silence isn't safe' and refresh on Civility Saves Lives work
- Consider whether Champions can have ringfenced time for FTSUG work – walkarounds, attend HWG / Inclusion Group/ junior doctors forum,
- Conversation café concept in staff hub / virtual via Teams
- Ensure FTSU features prominently in new Quality & Safety Strategy and People Delivery Plan

- Link with Hospital Chaplains
- Link with TU representatives
- Include FTSU training module in Mandatory Training for all staff

4. Conclusion

The Freedom to Speak-Up channel compliments the well-established safety culture in the trust where staff are encouraged to raise concerns. While workers are encouraged to speak openly to enable feedback, FTSU network provided an alternative channel for staff to speak confidentially or anonymously and for workers to be supported while concerns are investigated.

This quarter has seen a rise in the number of concerns raised anonymously which suggests there is still work-to-do in instilling confidence and reassurance to colleagues who fear they might suffer detriment if they speak-up. One of the case reports produced by the NGO relates to response to anonymous speak-ups; part of this response is already practiced at LHCH trust where senior leaders have addressed departments and offered assurance to staff that concerns will be investigated and addressed.

FTSU agenda for 2021/22 is progressing well – some of plans set at beginning of the year to be actioned as follows:

- FTSU Strategy (this was paused in 2020/21 due to the coronavirus pandemic) will be revisited and launched and ensure it is aligned with the new Quality and Safety Strategy.
- Facilitate a Board review of the national self-assessment toolkit for FTSU which is due for review by November 2021
- Upcoming - review the Freedom to Speak Up (Raising Concerns) policy.
- Plan for FTSU awareness month – October 2021
- The FTSU Guardian will maintain an active role in engaging with the staff to raise FTSU profile.
- FTSU Guardian will continue to engage with the National Office and regional network to ensure LHCH continues to lead the way in relation to best practice, and
- Continue to provide updates quarterly and in annual reports, on the number of concerns raised through the FTSU Network and any common themes to the Board of Directors.

5. Recommendations

The Council of Governors is asked to:

- i) note the quarter 1 2021/22 report;
- ii) note the FTSU Index summaries (raised in Appendices 1 and 2)
- iii) accept assurance that local FTSU arrangements are in place and meet best practice guidance.

Appendix 1: Cheshire & Mersey Trusts – FTSU Index:

Trust	%
Liverpool Heart and Chest Hospital	84.7%
Wirral Community Health and Care NHS Foundation Trust	84.2%
The Clatterbridge Cancer Centre NHS Foundation Trust	84.1%
The Walton Centre NHS Foundation Trust	83.1%
Mersey Care NHS Foundation Trust	82.9%
Bridgewater Community Healthcare NHS Foundation Trust	82.7%
St Helens and Knowsley	82.3%
North West Boroughs Healthcare NHS Foundation Trust	81.9%
Alder Hey Children's NHS Foundation Trust	81.7%
Cheshire and Wirral Partnership NHS Foundation Trust	81.6%
Mid Cheshire Hospitals NHS Foundation Trust	81.3%
Warrington and Halton Teaching Hospitals NHS Foundation Trust	80.4%
Countess of Chester Hospital NHS Foundation Trust	79.4%
East Cheshire NHS Trust	78.0%
Liverpool Women's NHS Foundation Trust	77.8%
Liverpool University Hospitals NHS Foundation Trust	76.8%
Wirral University Teaching Hospital NHS Foundation Trust	75.7%

Appendix 2: Acute Specialist Trusts – FTSU Index

Trust	%
Liverpool Heart and Chest Hospital	84.7%
The Clatterbridge Cancer Centre NHS Foundation Trust	84.1%
The Walton Centre NHS Foundation Trust	83.1%
The Royal Marsden NHS Foundation Trust	83.1
Royal Brompton and Harefield NHS Foundation Trust ¹⁴	82.3
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	82.2
Royal Papworth Hospital NHS Foundation Trust	82.1
Queen Victoria Hospital NHS Foundation Trust	81.8%
Alder Hey Children's NHS Foundation Trust	81.7%
Royal National Orthopaedic Hospital NHS Trust	81.0%
The Christie NHS Foundation Trust	81.0%
Birmingham Women's and Children's NHS Foundation Trust	80.9%
Great Ormond Street Hospital for Children NHS Foundation Trust	80.5%
Moorfields Eye Hospital NHS Foundation Trust	80.3%
The Royal Orthopaedic Hospital NHS Foundation Trust	79.1%
Liverpool Women's NHS Foundation Trust	77.8%

Council of Governors (in Public) Item 14.1

Subject: Governor Elections 2021: Final Report of Voting
Date of Meeting: Monday 27th September 2021
Prepared by: Gill Donnelly, Membership & Communications Officer
Presented by: Gill Donnelly, Membership & Communications Officer
Purpose of Report: To Note

1. Executive Summary

The purpose of this paper is to present the results of the recent governor election held for six Public Governor seats. All seats have been filled with four filled following contested elections and two seats were elected uncontested.

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

2. Background

The Governor Elections concluded at 5pm on 6th September 2021. The Uncontested Report was received on 21st July 2021 and the Final Report of Voting received on 7th September 2021.

Civica Election Services (CES) was appointed to act as the independent electoral administrator for this election. The elections were held in accordance with the Model Election Rules contained within our Trust Constitution. This is confirmed in the Uncontested Report within 14.1a and Final Report of Voting within 14.1b.

The below table reflects the outcome of the recent election:

Seats	Elected	Turnout (if applicable)
1 Public Governor - North Wales	Joan Burgen (re-elected)	Uncontested
3 Public Governors - Cheshire	Allan Pemberton (re-elected) Ray Davis Roy Page	4 candidates for 3 seats 14.4%
1 Public Governor - Merseyside	Linda Griffiths	3 candidates for 1 seat 16.8%
1 Public Governor – Rest of England & Wales	Lynne Addison (re-elected)	Uncontested

All of the above elected Governors will commence their three year term at the end of the Combined General Council of Governors and Annual Members' Meeting on Tuesday 12th October 2021.

3. Recommendations

The Council of Governors is requested to note the results of the recent elections outlined within this report.

LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 21 JULY 2021

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: NORTH WALES 1 TO ELECT
The following candidate is elected unopposed: Joan Burgen

PUBLIC: REST OF ENGLAND 1 TO ELECT
The following candidate is elected unopposed: Lynne Addison

Ciara Hutchinson
Returning Officer
On behalf of Liverpool Heart and Chest Hospital NHS Foundation Trust



LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST
ELECTION TO THE COUNCIL OF GOVERNORS
CLOSE OF VOTING: 5PM ON 6 SEPTEMBER 2021
CONTEST: Public: Cheshire

RESULT		3 to elect
PEMBERTON, Allan	189	ELECTED
DAVIS, Ray	149	ELECTED
PAGE, Roy	144	ELECTED
MCALLISTER, Denis	138	

Number of eligible voters		2,028
Votes cast by post:	237	
Votes cast online:	55	
Total number of votes cast:		292
Turnout:		14.4%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		291

CONTEST: Public: Merseyside

RESULT		1 to elect
GRIFFITHS, Linda	374	ELECTED
BROMILOW, David	204	
FERGUSON, Ian	165	

Number of eligible voters		4,468
Votes cast by post:	626	
Votes cast online:	126	
Total number of votes cast:		752
Turnout:		16.8%
Number of votes found to be invalid:		9
Total number of valid votes to be counted:		743





Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Liverpool Heart and Chest Hospital NHS Foundation Trust

Council of Governors (in Public)

Item 14.2

Subject: Council of Governor Objectives 2021 - Progress Report
Date of meeting: Monday 27th September 2021
Prepared by: Gill Donnelly, Membership and Communications Officer
Presented by: Neil Large, Chair
Purpose of Report: To Note

1. Executive Summary

The purpose of this paper is to report on progress against the five set objectives approved at the Council of Governors meeting on 1st December 2020 for the Council of Governors to achieve in 2021. The objectives were formulated through discussions held at the Joint Council of Governors and Board of Directors Development Day on 10th November 2020.

The progress report is set in the context that 2020/21 has been an exceptional year due to the continuation of the global pandemic which has meant working differently and reprioritising planned work, where this has been necessary both to release capacity and to ensure compliance with travel restrictions, social distancing and other safety requirements.

The Council of Governors is asked to note progress in relation to the objectives outlined below which will be discussed in greater detail at the Joint Council of Governors and Board of Directors Development Day on Tuesday 9th November 2021. Objectives will also be discussed and determined at this meeting for 2022.

2. Council of Governors' Objectives 2021 Update

Objective	Actions	Status
Objective 1 To successfully induct and integrate new governors into Council of Governors	<ul style="list-style-type: none"> - Induction Day is an important method of induction. - Induction Pack to be available electronically for new and existing governors. -All new governors to attend a one to one meeting with Chair and Director of Corporate Affairs. -New Governors to be offered mentoring support from a more experienced governor for their first 6-12 months in office. 	<ul style="list-style-type: none"> -Complete - Induction Day was held virtually on 26th October 2020 and scheduled for 25th October 2021. - Complete – available via a weblink. - Complete – induction meeting offered to all new governors. - Arrangement in place since November 2020 for Sharon Faulkner to provide mentor support to Megan Cromby and Dot Price to

		Rachael McDonald.
<p>Objective 2</p> <p>To ensure effective succession plans are in place for Chair and Non Executive Directors</p>	<p>-Ensure membership of the Nominations and Remuneration Committee (NEDs) contains the skill mix and experience required and provide training if needed</p> <p>-Implement the Chair and NEDs Succession Plans -two NED tenures end in 2021 and the Chair's tenure ends in March 2022.</p> <p>-Ensure national frameworks for Chair and NED remuneration are followed per national guidance Complete the Chair's Appraisal</p>	<p>-Nominations and Remuneration Committee (NEDs) members attended virtual NHS Providers Govern Well training on governor role in NED recruitment on 9th June 2021.</p> <p>-Nominations and Remuneration Committee (NEDs) have completed NED recruitment process to appoint one new NED, Margaret Carney. Chair recruitment process underway.</p> <p>- Chair's appraisal complete in line with national frameworks and report brought to CoG at the meeting on 1st June 2021.</p>
<p>Objective 3</p> <p>To hold the Non-Executive Directors to account for the performance of the Board of Directors</p>	<p>-Seek assurance in relation to maintaining CQC standards and subsequent action plans along with financial sustainability and staff health and wellbeing including mental health during this challenging period.</p> <p>-Be aware of new CQC inspection regime requirements which are expected to be implemented in 2021</p> <p>-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).</p> <p>-Governors to attend and observe Board of Directors meetings</p>	<p>- Governors hold the NEDs to account utilising CoG meetings fully particularly regarding updates from assurance committees. BoD contact has been reduced due to government guidance during height of covid pandemic and ensuring 'reducing the burden' however, business critical updates brought to CoG March 2021. Normal CoG meeting format resumed with BoD attendance on 1st June 2021.</p> <p>- Governors to be kept updated via quarterly CoG meetings. Latest update on agenda for meeting on 27th September 2021.</p> <p>- Governors continue to receive right information, agendas and papers for CoG meetings. Governors continue to be invited and attend BoD meetings to observe. Current focus going forward is upon continued recovery and the implications of the White Paper.</p>

	<ul style="list-style-type: none"> - Convene NED-led groups in early 2021 to discuss the terms of reference of each the key Board committees and to better understand the role of the NED – Audit, Quality, People, Finance / Performance and Charitable Funds. 	<ul style="list-style-type: none"> - NED led groups held in May 2021 on People, Quality, Audit, Charitable Funds/Research and Finance/IPC. NED led groups to be repeated later in 2021 to provide governors with opportunity to attend a different session.
<p>Objective 4</p> <p>To refresh and deliver our membership strategy</p>	<ul style="list-style-type: none"> -Review and refine to ensure optimum representation of membership -Delivery of a programme of virtual health awareness events to support social distancing and involve communities as far as is possible. Topic areas to support LHCH strategy and fit in with prevention work e.g. Atrial Fibrillation. Events to be planned to coincide with relevant national or international awareness events. -All Governors to support the programme of engagement events. 	<ul style="list-style-type: none"> -Membership Strategy reviewed by Membership and Communications Sub Committee on 15th April and revised strategy brought to Council of Governors on 1st June 2021. -Programme of virtual health awareness events outlined within Membership Recruitment, Engagement and Communication Plan. - All events promoted via Council of Governors meetings, Chair's Lunch, fortnightly Chair's Update for governors, Members Matters, LHCH Website and Social Media.
<p>Objective 5</p> <p>To engage effectively with the Board of Directors and to support the positioning of LHCH in the wider health system such that strategic plans are aligned to the delivery of the best models of care for patients and families.</p>	<ul style="list-style-type: none"> -Input to annual plan and engage in wider systems development through joint development day, planning updates at Council of Governor meetings, members survey 2021 and more regular chair's lunch meetings. -Governor focus on the development of patient pathways and population health. There is a potential for difficult decisions putting wider population needs ahead of LHCH interests. -Be aware of the changes to regulation and CQC focus on how individual trusts are operating within the wider system. -Covid 19 pandemic recovery. 	<ul style="list-style-type: none"> - Joint development day scheduled for 9th November 2021. - Increased frequency of Chair's Lunch meetings to ensure monthly contact between Chair, Trust Secretary and Governors. - Regular updates from Board of Directors at quarterly Council of Governor meetings and Joint CoG and BoD Development Day.

3. Recommendations

The Council of Governors is asked to note the progress for the Council of Governors Objectives for 2021 to date.

Council of Governors (in Public) Item 14.3

Subject: Membership and Communications Sub-Committee Hot Topics
Date of Meeting: Monday 27th September 2021
Prepared by: Gill Donnelly, Membership & Communications Officer
Presented by: Elaine Holme, Public Governor - Merseyside
Purpose of Report: To Note

1. Executive Summary

The Membership and Communications Sub-Committee met on 15th July 2021 and the following key points were discussed:

- All key performance indicators within the Membership Strategy had been achieved year to date.
- The revised Membership Strategy had been approved at the last Council of Governors meeting on 1st June and since ratified by the Board of Directors.
- The Membership Communications, Recruitment and Engagement Plan for 2021/22 was discussed including a number of Virtual Health Events for this time period.
- The latest electronic edition of Members Matters was shared and it was noted that the Members' Survey and the Issue 3 of Members Matters were both scheduled to be published in autumn 2021.

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

2. Hot Topics of the meeting held on 15th July 2021

Membership Analysis

It was highlighted that 8,946 public members were registered on 12th July 2021 which exceeded the minimum target of 8,000 public members. It was noted that the annual turnover rate of members stood at 2.96%. It was noted that all key performance indicators had been met year to date.

Membership Strategy – Progress against Key Performance Indicators at 12th July 2021 (Year to Date)

a)

Performance Indicator	Year to Date Position at 12 th July 2021	Status
Minimum number of 8,000 public members	8,946	
Annual churn rate (public members)	265 (2.96%)	

removed) <5%		
Staff opt outs = nil	0	
Elections: turnout during 2021 National Average (from CES) Average Public turnout is 10-15% Average Staff turnout is 15-20%	Elections on-going summer 2021 and results to be confirmed.	
Results and Return Rate from bi-annual Membership Survey to match or show improvements (5.25% in 2018).	Survey scheduled for autumn 2021.	
Fully Functioning Council of Governors	<ul style="list-style-type: none"> • Yes – met quorum set in constitution • 24 out of 25 seats currently filled in Council of Governors 	
<p>Membership Communications, Recruitment and Engagement Plan 2021/22 The membership communications, recruitment and engagement plan for 2021/22 was discussed. The virtual events programme included:</p> <p>-World Heart Day– Wednesday 29th September 2021- Natalie Hudson, Resuscitation Lead had agreed to do a presentation on CPR and saving lives to mark World Heart Day.</p> <p>-Annual Members’ Meeting –12th October, 4pm</p> <p>-‘Cardio Oncology’ Talk with Ainsdale Medical Centre Patient Participation Group and open to all via Microsoft Teams - 11th November 2021</p> <p>-World COPD Day – Friday 20th November 2021</p> <p>World Sleep Day - 19th March 2022</p> <p>-Joint event with Liverpool Women’s Hospital to be explored – Jan-March 2022</p>		
<p>Members Matters Update</p> <p>Feedback from the current edition of Members Matters (Issue 2 2021) was positive. Ideas and suggestions for the next edition and the members’ survey were invited by contacting Gill Donnelly, Membership and Communications Officer directly.</p>		
<p>Any Other Business</p> <p>Suggestions for any potential links to support membership recruitment or engagement were invited to Elaine Holme or Gill Donnelly for further discussion at the next meeting.</p>		
<p>Date and time for the next meeting</p> <p>Thursday 15th July 2021, 11am via Zoom</p>		

3. Recommendations

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



Charitable Funds Annual Report 2020/21



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Chairman's welcome

Welcome to our annual report for 2020/21. We exist to support the work of Liverpool Heart and Chest Hospital NHS Foundation Trust and that support has never been more needed than during the past twelve months.

The pandemic had a profound effect on all our lives but none more so than the dedicated team working at LHCH. Thanks to the exceptional assistance we have received from our donors this year we have been able to do so much to assist our staff during some of the most testing times of their working lives. From the provision of a Staff Hub to a special Thank You gift at Christmas we have been able to show our appreciation for their outstanding efforts.

We have also, of course, been able to do more for our patients with the introduction of new ways of working such virtual clinics which reduce the need for unnecessary travel, helped our patients and their families stay connected when visiting was restricted with the use of tablets and established a vaccine hub for the benefit of the wider community.

None of this would have been possible without the overwhelming assistance that we have received not only from members of the general public but also from both national and local companies and grant making trusts and we owe them all our heartfelt thanks.



Liverpool Heart and Chest Hospital
NHS Foundation Trust

The Liverpool Heart and Chest Hospital Charity exists to support that work in three ways:

Extending the Excellence

Providing additional amenities and support for our patients, their families and our staff. Many of our patients travel long distance to access our specialist services and we help by providing accommodation for family and loved ones during what is often a very stressful time.

Tomorrow's medicine today

Research undertaken at Liverpool Heart and Chest Hospital could change the way heart and lung medicine is practised in the future.

The latest and the best

The LHCH Charity ensures that wherever possible our dedicated medical staff have access to the very latest and best in equipment and training. In this way we can make sure that our patients are always receiving the most up to date treatments available.

Key highlights of our year:

- Provision of the Staff Hub which provided a welcoming and relaxing space for our staff
- Supporting the introduction of a tele-medicine facility for those who could not visit the hospital due to having to shield
- Supporting education and training with a grant to complete the refurbishment of Highfield House making it a modern and accessible space for all our staff
- Making the hospital a more covid-safe space with the provision of additional facilities and equipment
- A continuing partnership with the University of Liverpool helping to identify joint fundraising partnerships

Bob Burgoyne – Chairman LHCH Charity



Who we are



The Liverpool Heart and Chest Hospital Charity exists to support the work of the hospital by providing additional support and resources that are above and beyond what would normally be available through statutory sources.

The Object of LHCH Charity is:-

“For any charitable purpose or purposes relating to the National Health Service wholly or mainly for the service provided by the Liverpool Heart and Chest Hospital NHS Foundation Trust”.

Aims of LHCH Charity:-

Heart and Lung diseases are amongst the 2 biggest killers in the UK today. Every 2 minutes someone has a heart attack and 1 in 5 people are affected by respiratory diseases.

LHCH Charity aims to support Liverpool Heart and Chest Hospital in its care and treatment of patients, their families and staff by:

- assisting the hospital with the purchase of the latest state of the art equipment, research and training
- supporting innovative research to improve our understanding of heart and lung Diseases
- providing patients, their families and our staff with additional amenities which would otherwise not be available from statutory sources.

By doing this LHCH Charity ensures that its legal purpose is fulfilled

How we achieve our aims

The strategy for achieving our aims breaks down into two separate strands:-

- Identification of areas for support
- A strategy for fundraising for the identified areas

a) Identification of areas for support

LHCH Charity, in conjunction with the Executive Team of the hospital, identify projects that have a criteria that fits within the 3 aims which will be supported via the General Fund. These projects are broken down by size in terms of cost into short, medium or longer term projects.

In addition each of the Funds which sit underneath the Charity umbrella have been requested to complete a form indicating how they propose to spend monies within each 12 month period. The recommendation for each Fund is that in line with best practice at least 33% of the Fund's opening balance is spent within the year unless they are planning on building funds towards a specific service or item of equipment.

b) Fundraising Strategy for identified projects.

The Head of Fundraising produces a yearly strategy which identifies the potential for fundraising for the short term aims (usually required within the financial year) as well as providing details of plans for achieving the medium and long term goals including Income and Expenditure projections as well as a Fundraising Ratio Cost and a Return on Investment Cost. This is approved by the Charitable Funds Committee and then, ultimately, the Corporate Trustee.

The Fundraising Strategy is then evaluated at each meeting of the Charitable Funds Committee in relation to its progress in achieving the support required for each of the projects.

How LHCH Charity Fundraises

LHCH Charity is guided in all of its fundraising by the Code of Fundraising Practice. Campaigns are run and managed by the charity's staff and the charity does not work with professional fundraisers or commercial participators in generating funds.

During the year LHCH Charity received no complaints from its donors or others about the standard of its fundraising approaches. It received no requests from the Fundraising Preference Service for donors to be removed from the database.

LHCH Charity and Social Investment

LHCH Charity was not involved in any social investment during the past 12 months

LHCH Charity and Grant Making

LHCH Charity was not involved in making grants to external organisations during the last 12 months but did make several grants to internal projects as per our aims and objectives during the year.

LHCH Charity and Donated Goods, services and volunteers

The Charity does occasionally receive goods for re-sale in its office premises at the hospital. These are recorded as gift in kind items and processed through the till with other purchased merchandise. If a gift equalling more than £1,000 is received then this is reported to the Charitable Funds Committee for noting.

The Charity did not work with any volunteers during the past 12 months.

Public benefit

Liverpool Heart and Chest Hospital NHS Foundation Trust is the main beneficiary of the charity and is a related party by virtue of being Corporate Trustee of the charity. By working in partnership with the Trust, the charitable funds are used to best effect for the benefit of the public served by the Trust. When deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to the main objectives, strategies and plans of the Trust, whilst ensuring that the grants reflect the wishes of patients and staff.

At the core of every charity is the requirement to provide benefit to the public. This is the foundation of their charitable status, and each charity must demonstrate how this requirement is met through their aims and activities.



The focus of our activities is to benefit the public who utilise the services of Liverpool Heart and Chest NHS Foundation Trust. This hospital mainly services the community of Cheshire, Merseyside, North Wales and the Isle of Man, all of whom have equal access to its facilities. Charitable expenditure is made by way of direct grants to the Liverpool Heart and Chest Hospital NHS Foundation Trust, to enhance the patient care already provided.

The Trustee refers to Charity Commission guidance on achieving public benefit when reviewing the aims and objectives of the charity and in the planning of future activities.

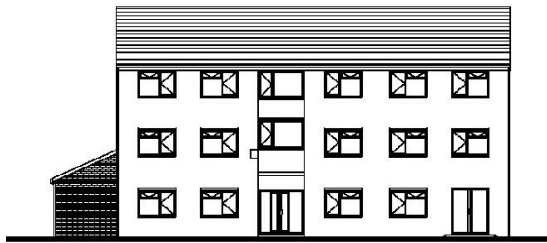
During the year the funds raised were distributed to provide a wide range of benefits, over and above what would be expected from statutory sources to our patients, their families and our staff.

The agents of the Corporate Trustee have complied with their duty to have due regard to the guidance on public benefit published by the Charities Commission in exercising their powers or duties.

Our achievements

Like many charities LHCH Charity faced many challenges during the year. Despite this we were still able to make a significant contribution to the health and well-being of our patients, their families and our staff.

The Highfield House Training and Education Centre



The care, education and training of our staff have never been more important than the last 12 months. New practices and procedures have had to be introduced at a pace to deal with the Covid-19 pandemic as well as, of course, the need for the continuous updating of skills to ensure that our staff are at the forefront of the latest developments. This is why the provision of a dedicated area for training, education and facilities for on-call staff was a priority for us during 2020.

The hospital had already provided nearly half a million pounds for this development and the charity was able to secure a further £200,000 of funding to make the new Highfield House Training Centre something really special.

It will provide:-

- Considerably expanded on-call facilities for our on-call staff, providing a place where they can rest and recharge
- Two dedicated training areas utilising the latest technology to ensure our expertise can be shared not only with our own staff but also those from other medical institutions
- A completely refurbished library space where students and staff can update their knowledge

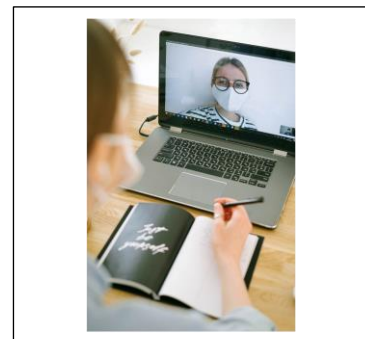
This new development will be key to ensuring that our staff stay as leaders in the field of heart and lung care for many years to come and we want to thank you for helping us to make this happen.

The Staff Hub

At the beginning of the pandemic LHCH Charity provided the funds to change an old record office into a warm and welcoming Staff Hub. A place where they could go, relax, recharge and share their experiences with others. This has proved an invaluable place for staff and has helped them to carry on during some of the most difficult times of their working lives.



Tele-medicine facilities



Thanks to you we were able to provide tele-medicine facilities for those patients who could not visit in person due to the risk. This is especially true of those living with Cystic Fibrosis who are very susceptible to infection but also most in need of routine monitoring of their condition.

Using tele-medicine meant that our patients could meet with multiple health professionals at one time to discuss their condition, minimising their risk, reducing their need to travel as well as making it more efficient for our staff enabling us to see more people.

This additional work would not have been possible had it not been for the support of LHCH Charity.

In addition to our two main priorities the charity also assisted in:-

The latest and the best – life in 3D

LHCH Charity helped to purchase a new 3D transesophageal echocardiogram machine for our theatres to enable our surgeons to have the state of the art equipment they need when operating on the heart.

Patient and Family Focused

The Robert Owen House Appeal supporters the provision of inexpensive overnight accommodation for relatives and friends of patients. This is particularly important given the wide catchment area of the hospital which extends across the entire North West Region, North Wales and for certain specialist treatments, nationally and internationally.

The provision of this accommodation has only been possible due to the on-going fundraising of various groups and individuals, in particular the Isle of Man Friends of Robert Owen House who donated £25k during 2020/21.

Tomorrow's medicine today

Supporting research is a key part of the remit of LHCH Charity. During the past year the Charity has supported a number of research initiatives including a 5 year grant of £20,000 per annum from a charitable trust in support of the work of a Patient Research Ambassador.

Monitoring our Performance:

LHCH Charity, through the Charitable Funds Committee and ultimately the Corporate Trustee, benchmarks its performance in a number of ways:-

- It identifies fundraising projects and measure its fundraising achievement against the targets set for the achievement of each project.
- It reviews the external factors which may affect the charity including national and local economic forecasts

- It provides comparator information with similar charities and measures itself against them in terms of performance, percentage fundraising costs and return on investment.

The impact of the Covid-19 pandemic played a major part in LHCH Charity significantly improving on its target raising £1,242,828 against a predicted target of £576,000.

A good balance of major gifts from charitable trusts, legacies, corporate support and donations from our supporters helped us to achieve this figure which enabled us to do so much more than would have been possible during a very challenging year for the hospital.

This year also saw the review of the 5 year Fundraising Strategy which was developed in 2016. During this period our key achievements have been

- A 43% increase in donations on the previous 5 year period
- The number of donations received increased by 51%
- A new brand identity was produced with associated print and electronic media
- Was the second highest performing charity amongst the comparator charities with regards to income against expenditure percentage costs.



How our Supporters Helped

Just like NHS Charities Together had Captain Tom – LHCH Charity had our own band of extraordinary supporters during the Covid-19 Crisis. Including:-



Jessica's Marathon Effort

5 year old Jessica O'Connor decided to run a marathon! Jessica said: "I've already run a mile so I can do this 25 and half times more to help the poorly people where Mummy works." And she did - raising over £1,151 for LHCH Charity.

The Wonderful Wigfields

When the Chest Half Marathon was cancelled Charlotte Wigfield decided that she would do it virtually and in support her whole family got together to undertake their own challenges raising an amazing £1,953 in total!



Handmade with Love



11 year old Lois Higgins developed the idea of making her own multi-coloured wristbands to raise funds. After many hours of work and over 500 wristbands produced she has raised the magnificent amount of £1,200 for both LHCH Charity and

Of course, it wasn't just individuals who showed their support this year. We are very grateful to the MailForce Charity for their magnificent donation of £284,000 to assist with the purchase of PPE and specialist equipment. We were also very grateful to receive support to a total of £202,000 from NHS Charities Together to help our staff and patients during the worst times of the pandemic.

Companies also played their part with Marks & Spencer, Morrison's, Tesco and other all making contributions to help us with our work.

To all who responded whether you undertook a marathon or wrote a cheque – from everyone here at LHCH thank you from the bottom of our hearts.

How You Can Help

You can get involved with LHCH Charity by:-

Ringling the Charity Office on: 0151 600 1409

Emailing s at:	enquiries@lhchcharity.org.uk
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Writing to us at: LHCH Charity, Freepost RRLL-KSHT-ZLKE,
Thomas Drive, Liverpool L14 3PE

There are so many things you can do:

- Show your support by making a donation by post, online or by calling the Charity Office
- Be one of our Charity Ambassadors and use your time to promote our work and get people involved – even set up your own local fundraising group
- Volunteer – you can help at events, at the Charity Office, be a collection box and badge placer, you can even work at home helping us with research

Structure, governance and management

Charity Structure

LHCH Charity is an umbrella charity which holds a number of individual funds under one Charity Registration Number (Charity Registration Number 1052813). The overall responsibility for the running of the charity lies with the Corporate Trustee i.e. the Board of Directors of Liverpool Heart and Chest Hospital.

The Charitable Funds Committee is established as a Committee of the Board of Directors of Liverpool Heart and Chest Hospital NHS Foundation Trust in order to ensure the Trust's duty as Corporate Trustee of its Charitable Funds has been discharged.

The Charitable Funds Committee operates within Terms of Reference authorised by the Board of Directors of Liverpool Heart and Chest Hospital NHS Foundation Trust. The Committee has no executive powers other than those specifically delegated in its Terms of Reference which are:-

- Develop the strategy and objectives for the Charity for consideration and approval by the Corporate Trustee
- Oversee the implementation of an infrastructure appropriate to the efficient and effective running of the Charity
- Oversee the development and delivery of the Fundraising Strategy, as aligned to the Trust's annual plan
- Oversee the expenditure of the Charity
- Oversee the Charity's Investment Plans
- Monitor the performance of all aspects of the Charity's activities and ensures that it adheres to the principles of good governance and complies with all relevant legal requirements
- Act as the Committee that discharges the Board's responsibilities (as sole Corporate Trustee) as they relate to Charitable Funds under the Trust's custodianship.
- Ensure that the charitable funds held by the Trust are managed in a manner

consistent with the requirements of the relevant regulatory and statutory frameworks and in accordance with the guidance on NHS Charities set out by the Charity Commission.

When in this role act solely in the best interests of the Charity and in a manner consistent with the Charity Commission's requirements and expectations of the Corporate Trustee.

Oversee the Charity's strategy, governance, major plans and key risks on behalf of the Corporate Trustee.

Establish, prioritise and approve major fundraising projects in accordance with the strategy and approve expenditure items in accordance with delegated authority levels set out in Standing Financial Instructions.

Monitor the performance of fundraising and marketing activity, ensuring that the return on investment is satisfactory and that income targets are met.

Devise and implement an investment strategy for the charity, including the appointment and monitoring of any investment managers

Ensure the approval and submission of statutory returns, annual accounts and Trustee's Report in accordance with the Charity Commission's Statement of Recommended Practice.

Approve any policies and procedures required for the effective management of the Fund

Members of the Charitable Fund Committee attend quarterly Charitable Funds meetings.

Recruitment and appointment of Trustees

Non-Executive Members of the Board of Directors are appointed by the Council of Governors and Executive Members of the Board are subject to recruitment by the Nominations and Remuneration Committee (Executive). Members of the Board of Directors and the Charitable Funds Committee are not individual Trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

Trustee Training and Induction

The Trust sees Trustee training as important and has provided access to resources and materials including:-

- LHCH Charity is a member of NHS Charities Together and regularly receive updates from this source. In the last year they have been able to provide access to webinars ranging from "A Legal Overview and

Update on NHS Charities” and “Investment Management in NHS Charities” to “Promoting Your Charity”.

- In October 2020 all Trustees had the opportunity to attend a webinar organised by the Fundraising Regulator on understanding their role as a Charity Trustee and their special responsibilities in relation to fundraising.
- In January 2021 CCLA (the Charity’s Investment Managers) attended the Charitable Funds Committee and provided a briefing on the status of the current portfolio, the results and predicted future performance.
- In addition the Trustees also received detailed information on “Using NHS Charitable Funds” from the Healthcare Financial Management Association which provided guidance on the legal and regulatory requirements for charitable expenditure.

Trustee Duties

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds, the Trustee respects the wishes of our generous donors for the advancement of health or saving lives, to provide patient and staff benefit or for the advancement of education and research.

Day to day management

The Trust has in place a scheme of reservation and delegation to support the day to day management of the charity.

The Head of Fundraising oversees the day to day running of the charity and the planning of fundraising activities for the charity. The Head of Financial Services acts as the principal officer overseeing the day to day financial management and accounting for the charitable funds during the year.

The charity does not directly employ any staff. The charity funds staffing costs of fundraising and administration staff who run and support the charity. These staffing contracts are held by the Foundation Trust and recharged accordingly. Pay grades for those working within the Charity are set using NHS Pay Scales.

Related parties

The Liverpool Heart and Chest Hospital NHS Foundation Trust is the main beneficiary of the charity and is a related party by virtue of being Corporate Trustee of the charity. The accounts of the charity are not consolidated into the accounts of the Trust as they are not material.

Charitable Funds

The Charity’s unrestricted fund was established using the model declaration of trust and all funds held on trust as at the date of registration were part of this unrestricted fund. Subsequent donations and gifts received by the charity that are attributable to the original fund are added to those fund balances within the existing charity.

Risk Management

Using the NHS Trust’s own Risk Register policies and procedures The Trustees have considered potential risks to which the charity is exposed. The LHCH Charity Risk Register is reviewed annually by the Charitable Funds Committee.

There are no major risks that have been identified

Contact us, Trustee and Advisors

Liverpool Heart and Chest Hospital Charity
 Registered Charity Number: 1052813
 (previous names: The Heart Appeal, The Merseybeat Appeal)

Members of the Liverpool Heart and Chest Hospital Board of Directors who served during the financial year were as follows:

Name	Title
N Brooks	Non-Executive Director
M Jones	Non-Executive Director
J Farmer	Non-Executive Director
B Burgoyne	Non-Executive Director from 1st April 2019
K O'Hagan	Non-Executive Director from 1st May 2019
J Tomkinson	Chief Executive Officer
R Perry	Medical Director & Deputy CEO
Karen Edge	Chief Finance Officer
S Pemberton	Director of Nursing & Quality

Principal Financial Advisors:

Banker:	Solicitor
Barclays Bank Plc North West Larger Businesses P O Box 378 71 Grey Street Newcastle Upon Tyne NE99 1JP	Hill Dickinson Pearl Assurance House Derby Square Liverpool L2 9XL

Investment Broker:	Auditor
CCLA Investment Management Senator House, 85 Queen Victoria Street, London EC4V 4ET	McLintocks (NW) Limited 2 Hillards Court Chester Business Park Chester CH4 9PX

Responsibility for the on-going management of funds is delegated by the Corporate Trustee to the Charitable Funds Committee which administers the funds on behalf of the Corporate Trustee. The names of the people who served as agents for the Corporate Trustee, as permitted under regulations 16 of the NHS Trust's (Membership and Procedures) Regulations 1990, were as follows:

Name	Position
Julian Farmer	Non-Executive Director
Nicholas Brooks	Non-Executive Director
Bob Burgoyne	Chair of Charitable Funds Committee
Jane Tomkinson	Chief Executive Officer
Karen Edge	Chief Finance Officer

Principal office

The principal office for the charity is:

Liverpool Heart and Chest Hospital Charity
 Thomas Drive
 Liverpool
 L14 3PE

For more information on the LHCH Charity please visit our website at www.lhchcharity.org.uk

Financial Review

The financial statements have been prepared in accordance with the historic cost basis, with the exception of investments which are included at re-valued amounts. The financial statements have been prepared on the going concern basis and in accordance with the Statement of Recommended Practice "Accounting and Reporting by Charities (SORP 2019)" issued in March 2015, applicable to charities preparing their accounts in accordance with the financial reporting standard applicable in the UK and Republic of Ireland (FRS 102), effective 1st January 2015.

The net assets of the charitable fund as at 31st March 2021 were £2,161k (2019/20 £1,687k), an increase of £474k during the financial year.

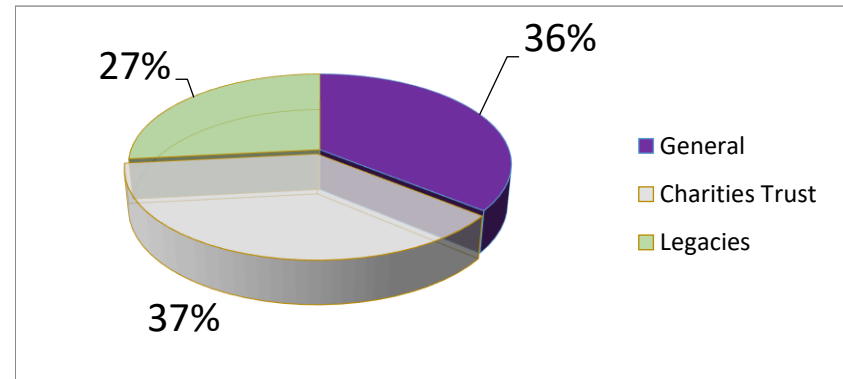
Total incoming resources this year amounted to £1,322k (2019/20 £714k). The incoming resources have increased due to 2 large legacies and donations arising from the pandemic.

Of the total expenditure of £982k (2019/20 £426k), expenditure on charitable activities was £852k (2019/20 £270k) and expenditure on raising funds was £127k (2019/20 £152k).

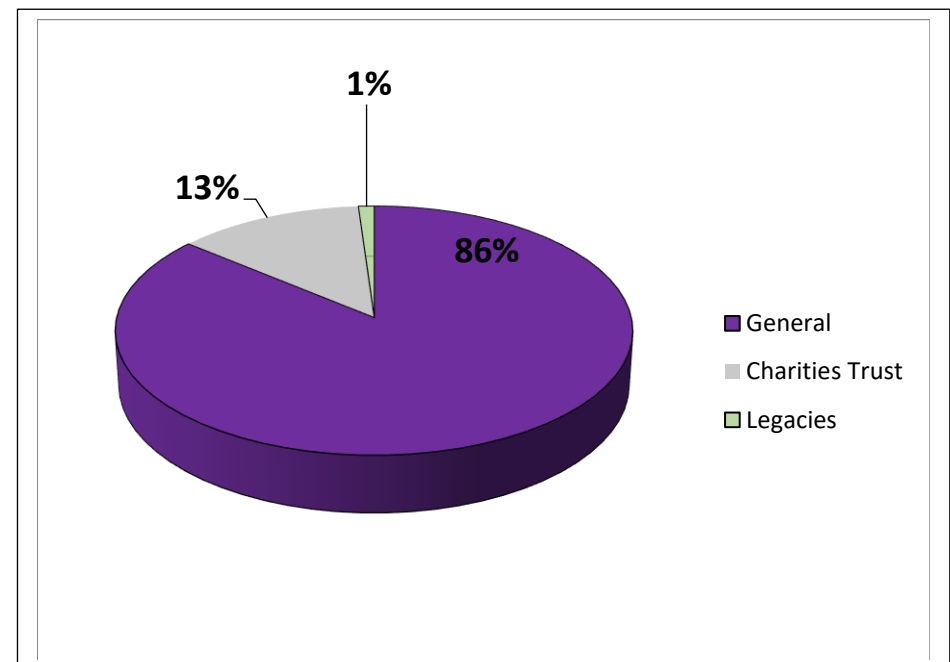
Income summary Table

		<u>2020-21</u>	<u>2019-20</u>
Donations	General	462,355	529,505
	Charitable Trusts	486,400	79,382
	Legacies	344,273	6,722
		<u>1,293,028</u>	<u>615,609</u>

Breakdown of Income Sources 2020/21



Breakdown of Income Sources 2019/20



Going Concern

The Trustee has a reasonable expectation that the Charity has adequate resources to continue as a going concern. Expenditure is discretionary and balanced against the reserves policy requirements. Accounting for income and expenditure is on an accruals basis to ensure all committed expenditure is reflected in the reporting process, and the Charity has sufficient resources to meet its committed expenditure for 12 months from the date that the financial statements were approved by the Charitable Funds Committee.

Reserves policy

The Trustee is under a legal duty to apply charity funds within a reasonable time of receiving them. In order to comply with this duty, the Trustee has developed a reserves policy to explain the level of reserves held and set out how they will be managed.

The reserves policy applies to unrestricted funds, and states that the level of reserves should be sufficient to:

- Ensure stability of grant funding;
- Cover between one and three years administration, fund-raising and support costs; and
- Maintain the level of investments at its current level in order to mitigate against significant fluctuations in the levels of donations

Therefore, the Trustee considers it prudent that the target range of unrestricted reserves is between £500,000 and £1,500,000 to ensure that the charity can run efficiently and meet the needs of its beneficiaries. The Balance Sheet shows unrestricted reserves of £2,161k at the end of the financial year. The value is outside the reserves range required by the policy. The charity had applications valuing £675k approved at the end of March which would give a reserves balance available for future approvals of £1,498k, which is consistent with the reserves range.

Restricted funds are excluded from this policy, in accordance with the Charity Commission guidance as they are subject to specific trusts and are not fully expendable at the discretion of the Trustee.

On an annual basis, the funds will be examined to ensure compliance with this reserves policy.

The Covid-19 pandemic has impacted significantly on the income expected during the financial year 2020/21 with the charity achieving double what it had projected for fundraising income.

This has meant that our current reserves are higher than anticipated however a significant proportion of the funds raised have already been identified for spending so the reserves will revert to compliance within the coming months.

Plans for future

In the coming years LHCH Charity aims to continue its work in raising funds in support of Liverpool Heart and Chest Hospital. In particular during the next 12 months it will seek to develop two major campaigns firstly to assist with the new Cath Lab development and also for equipment for our cancer services.

A strategy is being developed over the coming months to assist us with the planning of these major campaigns which will be overseen and supported by the Charitable Funds Committee and the Corporate Trustee. During this development phase the Charitable Funds Committee will review past fundraising initiatives and review the allocation of resources to the charity to enable it to fulfil its aims.

Investment Policy

The charity conforms to the investment powers given by the Charity Commission order for a NHS umbrella charity and the Trustee Act 2000.

Charitable funds are invested by the Chief Finance Officer in accordance with the Trust's policy and subject to statutory requirements.

The members of the Charitable Funds Committee review the performance of investment and banking at the quarterly meetings. The Committee has decided that the Charities Official Invest Fund (COIF) is to be used for the investment of charitable funds. In year the Committee has chosen to invest their monies in the

COIF charities ethical fund as this aligns with the Trust values and overall strategy as there are tighter restrictions on alcohol, tobacco and fossil fuels.

Amounts to be invested with COIF are decided by the Charitable Funds Committee. The amount originally invested in COIF was £400k. This investment has a current market value as at 31st March 2021 of £780k (31/03/2020 £646k).

At the end of the financial year the Charity held £2,344k (2019/20 £1,287k) in an instant access bank account.

The Charity has adopted the Trust's policy on investments. This means that all cash balances must remain in a comparatively liquid form and all investments resulting from them must be realisable and have maturity not exceeding three months.

Cash deposits are invested in accordance with the Trust's Treasury Management Policy which has been adopted by the Charity.

Short-term investments should be invested with banks rated: A+ Moody's rating

Long-term investments should be invested with banks rated: A+ Moody's rating

Dividends received are allocated to individual designated funds in proportion to their average closing balances for the relevant quarter.

The risk associated with the normal fluctuation in the value of investments are mitigated by holding investments in a diversified fund of investments and by only investing funds not required in the short or medium.

Re-appointment of Auditors

McLintocks (NW) Limited were appointed as auditor to the charity and a resolution proposing that they be re-appointed will be put at a General Meeting.

Disclosure of information to auditor

Each of the trustees has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such

relevant information and to establish that the auditor is aware of such information.

Fund Expenditure Policy

Expenditure against any Charitable Fund is conditional upon the item being within the terms of the appropriate fund and the procedures approved by the Board of Directors.

Before expenditure is incurred consideration is given to the following:

- The funds may be used for the benefit of hospital staff (both clinical and support) as long as it is in line with the objective of the fund and it does not go beyond what a good employer would consider reasonable to provide.
- The funds cannot be used to campaign or lobby on behalf of the Trust
- Should comply with the requirements of the Charities Act 2006 on the Public Benefit Test where there is an identifiable benefit or benefits and this benefit must be to the public or section of the public
- Should not generally be spent for the benefit of specific individuals
- To supplement the remuneration (directly or indirectly) of officers

The authorised signatories must consider the following:

- That the expenditure is within the general and specific restrictions placed upon the funds (the authorising officer must be aware of these)
- Must be applied for the purposes set out in the Governing Document
- That the funds are not freely available from other sources
- Must be applied with complete fairness between persons who are properly qualified to benefit from it.

Annual accounts 2020/21

Trustee responsibilities statement

The Corporate Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Charity and enable it to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008. It is also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Under charity law, the trustee is responsible for preparing the trustee's annual report and accounts for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of expenditure over income for that period.

In preparing these financial statements, generally accepted accounting practice requires that the trustee:

- selects suitable accounting policies and then apply them consistently
- makes judgments and estimates that are reasonable and prudent
- states whether the recommendations of the SORP FRS 102 have been followed, subject to any material departures disclosed and explained in the financial statements
- states whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements
- prepares the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the trustee to ensure that, where any statements of accounts are prepared by the trustee under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The trustee has general responsibility for taking such steps as are reasonably open to the trustee to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

Signed on behalf of the trustee:

Bob Burgoyne

Chair of Charitable Funds Committee

Karen Edge

LHCH Chief Finance Officer

Liverpool Heart & Chest Hospital Charity

Annual Accounts for year ended 2020/21

Foreword

The Charity was created in 1996 under statutory instrument

The Charity exists for any charitable purpose or other purpose relating to the NHS wholly or mainly for
the service provided by
Liverpool Heart & Chest Hospital NHS Foundation Trust

The Trustees are responsible for preparing the annual report and financial statements in accordance with applicable law and accounting standards. Company Law requires the charity trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including income and expenditure of the charity for that period. In preparing the financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SoRP (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity to continue in business

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. They are also responsible for safeguarding the assets of Charity and hence taking reasonable steps for the prevention and detection of fraud and other irregularities.

Bob Burgoyne
Chair of Charitable Funds Committee

Karen Edge
Financial Trustee

Liverpool Heart and Chest Hospital Charity

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES OF LIVERPOOL HEART AND CHEST HOSPITAL CHARITY

Opinion

We have audited the financial statements of Liverpool Heart and Chest Hospital Charity (the 'charity') for the year ended 31 March 2021 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2021 and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Enquiries of management and those charged with governance were held in order to identify any laws and regulations that could be expected to have a material impact on the financial statements. Throughout the audit, the team were updated with the outcomes of these enquiries including consideration as to where and how fraud may occur in the company.

The audit procedures undertaken to address any potential risk in relation to irregularities (which include fraud and non-compliance with laws and regulations) included: enquiries of management and those charged with governance on how the company complies with relevant laws, regulations and any cases actual or potential litigation or claims; examination of appropriate legal correspondence; review of board minutes; testing of journal entries for appropriateness; and analytical procedures on account balances to identify variances against expectation which may show indications of fraud.

No instances of material non-compliance were identified, although the prospect of detecting irregularities, including fraud, is inherently difficult. This is due to; difficulty in detecting irregularities; limits imposed by the effectiveness of the entity's controls; and the nature, timing and extent of the audit procedures performed. Irregularities as a result of fraud are inherently more difficult to detect than those that result from error. Despite this the audit has been planned and performed in accordance with ISAs (UK), there is an unavoidable risk that material misstatements may not be detected.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Other matters

Your attention is drawn to the fact that the charity has prepared financial statements in accordance with "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (as amended) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has now been withdrawn.

This has been done in order for the financial statements to provide a true and fair view in accordance with current Generally Accepted Accounting Practice.

Other matters which we are required to address

The prior year financial statements were subject to independent examination, as a result the prior year financial statements were not audited.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

McLintocks (NW) Limited

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**Chartered Accountants
Statutory Auditor**

2 Hilliards Court
Chester Business Park
Chester
Cheshire
CH4 9PX

McLintocks (NW) Limited is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under of section 1212 of the Companies Act 2006.

Statement of Financial Activities for the year ended 31 March 2021

	Note	2020-21 Total Funds £000	2019-20 Total Funds £000
Income and endowments from:	1.3		
Donations and legacies	1.4	1,293	616
Other trading activities		4	9
Income from Investments	6.3	24	25
Income from Charitable activities	1.5, 6.4	1	64
Total income and endowments		1,322	714
Expenditure on:	1.6, 1.7, 3.1, 4.1		
Raising funds	1.9, 4.2	(127)	(152)
Charitable activities	4.3	(852)	(270)
Other expenditure	4.4	(3)	(4)
Total expenditure		(982)	(426)
Net gains/(losses) on investments	9	134	(21)
Net income/(expenditure) and net movement in funds		474	267
Reconciliation of funds:			
Total funds brought forward		1,687	1,420
Total funds carried forward		2,161	1,687

All the Charity's funds are unrestricted.

Balance Sheet as at 31 March 2021

	Notes	Total at 31 March 2021 £000	Total at 31 March 2020 £000
Fixed Assets			
Investments	1.10, 6.1, 6.2	<u>780</u>	<u>646</u>
Total Fixed Assets		<u>780</u>	<u>646</u>
Current Assets			
Debtors	7.1	255	0
Stock		9	4
Cash at bank and in hand		<u>2,344</u>	<u>1,287</u>
Total Current Assets		<u>2,608</u>	<u>1,291</u>
Creditors: Amounts falling due within one year	8.1	<u>(1,227)</u>	<u>(250)</u>
Net Current Assets		<u>1,381</u>	<u>1,041</u>
Total Assets less Current Liabilities		<u>2,161</u>	<u>1,687</u>
Total Net Assets		<u>2,161</u>	<u>1,687</u>
Funds of the Charity			
Income Funds:			
Unrestricted	9.0	<u>2,161</u>	<u>1,687</u>
Total Funds		<u>2,161</u>	<u>1,687</u>

The Financial statements on pages 17 to 27 were approved by the Trustee and authorised for issue on and are signed on their behalf by:

Signed:

Date:

Statement of Cash Flows for the year ended 31 March 2021

	2020-21 Total Funds £000	2019- 20 Total Funds £000
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	<u>1,033</u>	<u>305</u>
Cash flows from investing activities:		
Dividends and interest from investments	24	25
Net cash provided by (used in) investing activities	<u>24</u>	<u>25</u>
Change in cash and cash equivalents in the reporting period	1,057	330
Cash and cash equivalents at the beginning of the reporting period	1,287	957
Cash and cash equivalents at the end of the reporting period	<u>2,344</u>	<u>1,287</u>
Reconciliation of net income/(expenditure) to net cash flow from operating activities:		
	2020-21 £000	2019- 20 £000
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	474	267
Adjusted for:		
(Gains)/losses on investments	(134)	21
Dividends and interest from investments	(24)	(25)
(Increase)/decrease in stock	(5)	(1)
(Increase)/decrease in debtors	(255)	12
Increase/(decrease) in creditors	977	31
Net cash provided by (used in) operating activities	<u>1,033</u>	<u>305</u>
Analysis of cash and cash equivalents:		
	2020-21 £000	2019- 20 £000
Cash at bank and in hand	2,344	1,287
Total cash and cash equivalents	<u>2,344</u>	<u>1,287</u>

Notes to the Account

Accounting Policies

1 1.1 Accounting Convention

The financial statements have been prepared on the basis of historic cost convention, as modified for the revaluation of certain investments. The financial statements have also been prepared in accordance with Accounting and Reporting by Charities Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard (FRS 102) (effective 1 January 2019) and applicable UK accounting standards and the Charities Act 2011.

1.2 Funds Structure

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by the donor. Where the restriction requires the gift to be invested to produce income but the Trustee has the power to spend the capital, it is classed as expendable endowment. Liverpool Heart & Chest Hospital Charity does not have any restricted funds or expendable endowments.

Unrestricted income funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds, where the donor has made known their non binding wishes or where the Trustee, at their discretion, have created a fund for a specific purpose.

1.3 Income Recognition

All incoming resources are included in full in the Statement of Financial Activities

as soon as the following three factors can be met:

- i) entitlement - arises when control over the rights or other access to the economic benefit has passed to the Charity;
- ii) probable - when it is more likely than not that the economic benefits associated with the transaction or gift will flow to the Charity; and
- iii) measurement - when the monetary value or amount of the income can be measured reliably and the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

1.4 Income from Donations and Legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is normally probable. This will be when:

- i) there has been a grant of probate;
- ii) the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and
- iii) any conditions attached to the legacy are either within the control of the charity or have been met.

There are no material legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities.

1.4 Income from Donations and Legacies (cont'd)

a) Donations

- i) All funds are unrestricted but may be designated. These include donations where particular parts of Liverpool Heart and Chest Hospital or its activities were nominated by the donor at the time that the donation was made. Whilst nomination is not binding on the Trustee, the designated funds reflect these nominations. The Charity does not have any restricted funds.
- ii) Where a preference is not expressed by the donor then the donation is applied to Liverpool Heart and Chest Appeal which has four key elements to our fundraising aims;
 - To raise funds for key pieces of medical equipment
 - To develop the Enhancing the Healing Environment programme
 - To support patient centred research
 - To continually invest in our staff to improve their clinical techniques so that we can provide our patients with an unrivalled patient experience.
- iii) Where possible the Trust reclaims tax on donations through the Gift Aid scheme.

1.5 Income from Charitable activities

a) Robert Owen House Accommodation Income

- i) Robert Owen House provides inexpensive overnight accommodation for relatives and friends of patients. Income received is applied to the upkeep and day to day running costs of the house.
- ii) Robert Owen House accommodation income is credited to incoming resources from Charitable Activities within the Statement of Financial Activities.
- iii) Robert Owen House Income is credited net of VAT based on the date of occupancy.
- iv) The Charity has treated income from Robert Owen House as Primary Purpose Trading and as such the profits are exempt from tax.

1.6 Expenditure

The funds held on Trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised when all of the following criteria are met:

- i) obligation - a present legal or constructive obligation exists at the reporting date as a result of a past event;
- ii) probable - it is more likely than not that a transfer of economic benefits, often cash, will be required in settlement; and
- iii) measurement - the amount of the obligation can be measured or estimated reliably.

Grants are mainly made to Liverpool Heart and Chest Hospital NHS Foundation Trust in furtherance of the charitable objects of the funds. A liability for such grants is recognised when approval had been given by the Trustee. The Foundation Trust has full knowledge of the plans of the Trustee, therefore a grant approval is taken to constitute a firm intention of payment which has been communicated to the Foundation Trust, and so a liability is recognised.

Expenditure on raising funds comprises the costs associated with attracting voluntary income. Expenditure on Charitable activities comprises those costs incurred by the Charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and any costs of an indirect nature necessary to support them.

Governance costs include only those costs associated with meeting the constitutional and statutory requirements of the charity and include audit fees and costs linked to the strategic management of the charity.

1.7 Irrecoverable VAT

Irrecoverable VAT is charged against the category of resources expended for which it is incurred.

1.8 Governance Costs

Establishment costs and Audit fees are apportioned to resources expended based on the value of transactions within each cost category at the end of the year.

1.9 The Costs of Raising Funds

These costs are salaries and other expenses associated with the Liverpool Heart and Chest Charity Fundraising Team and day to day expenses incurred in running Robert Owen House.

1.10 Fixed Asset Investments

Investments are stated at market value at the balance sheet date.

1.11 Gains and Losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.12

Change in the Basis of Accounting

There has been no change in the basis of accounting this financial year.

1.13 Stock

Stock are items that will be used by the charity in providing goods & services. Stock includes goods held for distribution.

2.0 Related Party Transactions

Under the guidance provided by the Financial Reporting Standard 8, Liverpool Heart & Chest Hospital NHS Foundation Trust is a related party as it is the Corporate Trustee of the charity. During the year the charity has had a number of material transactions with Liverpool Heart & Chest Hospital NHS Foundation Trust (e.g. grant giving). Details are included in note 12.

The Foundation Trust is the sole Trustee of the Liverpool Heart and Chest Charity and as such is considered to be a related party. During the year ended 31 March 2021, the Charity incurred £763k in expenditure and received £0k of income with the NHS Foundation Trust. Amounts owed by the Foundation Trust at 31 March 2021 were £0k and amounts owed to the Foundation Trust were £1,227K.

The Charitable Trust has made revenue payments to Liverpool Heart & Chest Hospital NHS Foundation Trust where agents of the Corporate Trustee (whose names are listed below) are also members of the Trust Board.

Bob Burgoyne - Trust Chair and member of Charitable Funds Committee

Jane Tomkinson - Chief Executive

Karen Edge - Chief Finance Officer

Nick Brooks - Non Executive Director

Julian Farmer - Non Executive Director

Lucy Lavan - Associate Director of Corporate Affairs

The Trustee's did not receive any remuneration for work performed in relation to the Charity (2020-21: £nil).

Grants made to institutions	3.1	Aggregate amount paid 2021	Aggregate amount paid 2020
Name of recipient and number of grants		£000	£000
Total resources expended		(982)	(426)
Less cost of generating funds		122	142
Less grants paid to individuals			
Less admin/audit and bank charges		35	33
Liverpool Heart & Chest Hospital NHS FT Trust		(825)	(251)

Analysis of Support Costs 4.1 Support costs are reapportioned across expenditure. The apportionment is based on the value of transactions within each of the expenditure categories reported.

The total value of support costs incurred in the reporting period is £32k and comprises £1k Establishment costs, £5k Audit fee and £26k Staffing Costs.

Expenditure on Raising Funds	4.2	Total costs 2021 £000	Total funds raised 2021 £000	Total costs 2020 £000	Total funds raised 2020 £000
Fund raising costs		(126)	1,297	(152)	625
		(126)	1,297	(152)	625

Included within the cost of raising funds are the following staff costs:

	Net Cost £000	National Insurance Employer £000	Pension Employer £000	Gross Cost 2021 £000	Gross Cost 2020 £000
Fundraising Staff	83	9		92	102

The average number of staff employed during the year was 2 (2019/20: 3).

Robert Owen House Supplies has been reclassified as a charitable activities expenditure.

Charitable activities

4.3

	Total 2021 £000	Total 2020 £000
Staff Welfare	(221)	(43)
Contribution to Liverpool Heart & Chest research	(145)	(21)
Purchase of new equipment	(133)	0
Patient welfare	(9)	(8)
Education, training and research expenses	0	(79)
New building and refurbishment	(233)	0
Expenditure	0	0
Robot Running Costs	(48)	0
Robert Owen House Repairs	4	(38)
Robert Owen House Supplies	(67)	(81)
	<u>(852)</u>	<u>(270)</u>

Other expenditure

4.4

	Total 2021 Funds £000	Total 2020 Funds £000
Miscellaneous expenditure	(3)	(4)
	<u>(3)</u>	<u>(4)</u>

Not e: Miscellaneous expenditure mainly consists of bank charges.

Net movement in Funds	5		Total	Total
			2021	2020
			Funds	Funds
			£000	£000
		Opening Balance	1,687	1,420
		Closing Balance	2,161	1,687
		Net movement in funds for the year	474	267
		Net movement in funds available for future activities	474	228

Analysis of Fixed Asset Investments	6		2021	2020	
			£000	£000	
		6.1	Fixed Asset Investments:		
			Market value at 1st April	646	667
			Net gain/(loss) on revaluation	134	(21)
		Market value at 31 March	780	646	
		Historic cost at 31 March	400	400	

6.2	Market value at 31 March :	Held in UK £000	2021 Total £000	2020 Total £000
	Investments in a Common Deposit Fund /			
	Common Investment Fund	780	780	646
		<u>780</u>	<u>780</u>	<u>646</u>

Analysis of gross income from investments	6.3	Total gross income	Held in UK £000	2020- 21 Total £000	2019- 20 Total £000	
			Investments in a Common Deposit Fund /			
			Common Investment Fund	134	134	21
				<u>134</u>	<u>134</u>	<u>21</u>

6.4	Income from Charitable activities		2020- 21 Total £000	2019- 20 Total £000
	Income from Robert Owen House accommodation/telephone charges and fundraising sales		1	64
			<u>1</u>	<u>64</u>

6.5 Other income

	2021	2020
	Total	Total
	£000	£000
Interest on short term deposit	<u>0</u>	<u>0</u>

The Corporate Trustees adopted the Treasury Management Policy of Liverpool Heart & Chest Hospital NHS FT & Chest Hospital NHS FT in respect of investments. The majority of cash balances are placed with Barclays, which attracts an interest rate of 0.14%.

Analysis of Debtors

7 Debtors (including trade debtors and loans receivable) are measured on initial recognition at settlement amount after any trade discounts or amount advanced by the charity. Subsequently, they are measured at the cash or other consideration expected to be received.

7.1	2021	2020
	£000	£000
Donations and legacies	252	0
Other debtors	0	0
Prepayments	3	0
Total debtors falling due within one year	<u>255</u>	<u>0</u>
Total debtors	<u>255</u>	<u>0</u>

Analysis of Creditors

8 The charity has creditors which are measured at settlement amounts less any trade discounts.

8.1	2021	2020
	£000	£000
Amounts falling due within one year:		
Trade creditors	0	(11)
Accruals	(1,047)	(72)
Balance owed to Liverpool Heart & Chest	(180)	(167)
Total creditors falling due within one year	<u>(1,227)</u>	<u>(250)</u>
Total creditors	<u>(1,227)</u>	<u>(250)</u>

Details of material designated funds - Unrestricted funds	9.0	Name of fund	Balance b/fwd 01 April 2019 £000	Incoming resources £000	Resources expended £000	Gains and (losses) £000	Balance c/fwd 31 March 2021 £000
		A Robert Owen House	151	58	68	3	144
		B Heart Appeal	234	5	4	9	244
		C LHCH Charity	760	1,247	879	69	1,197
		D Lung Cancer	69	1	1	2	71
		C Robotics Fund	266	0	46	1	221

Material funds are deemed at being in excess of £50,000

Robert Owen House provides inexpensive relatives accommodation.

The Heart Appeal purchases equipment on behalf of the Liverpool Heart & Chest Hospital NHS Foundation Trust. The LHCH Charity is for any charitable purpose or purposes relating to services provided by LHCH NHS FT.

The Lung Cancer funds facilitates education and research into adult lung cancer and provides support for patients with this condition.

The Robotics Fund was created for a specific campaign in 2017-18 to fund a Davinci Robot purchased to improve outcomes and recovery time for patients

Contingencies 10 There are no contingent losses or gains included in the accounts

Commitments, Liabilities and Provisions 11 There are no commitments, contingent liabilities or provisions included in 2020-21

11.1 There are no commitments or provisions included in the accounts

Trustee and Connected Persons Transactions 12

12.1 The Charitable Trust delivers the charitable objectives by making grants to the Liverpool Heart & Chest Hospital NHS Foundation Trust. Grants made amounted to £825k in 2020/2021 (2019/20 £251k).

At 31st March 2021, £1,227k was owed to the Liverpool Heart & Chest Hospital NHS Foundation Trust (2019/20 £239k).

12.2 There was no Trustee indemnity insurance during the year.

Loans or Guarantees Secured against assets of the charity 13

There were no loans or guarantees secured against assets of the Charity.

**Events
after the
reporting
date**

14 LHCH Charity and the Covid-19 Pandemic

It is likely, as with many other charities, that income to LHCH Charity will be impacted during the 20/21 Financial Year. Our Events Programme has had to be cancelled for the foreseeable future. The impact of the fluctuations on the stock market will almost certainly have an effect on applications to Charitable Trusts who will, as the result of falling share prices, have less disposable income and it is unlikely that corporates will be able to support in the ways that they have in the past. In order to mitigate potential falls in income in these areas the charity has refocussed its planning and is concentrating on other areas such as increasing regular giving, the introduction of a new "membership" club and the development of a new legacy programme. In addition it will be significantly increasing its on-line presence with a new website and a new social media programme.

Item 16

Council of Governors (in Public) Action Log

Updated 1st June 2021

No	Agenda Item	Action	By Whom	Progress	CoG Review	Note
2nd March 2021						
1	Item 8.2	Record attendance of governors at Board meetings to aid reflections at Joint CoG and BoD Development Day.	GD	In progress	November 2021	
1st June 2021						
2	Item 7	NED Development Groups to be re-visited to provide opportunity for governors to attend different sessions.	NL/GD	In progress	December 2021	
3	Item 7	Presentation providing summary of governor feedback on meeting arrangements to be circulated.	GD	Completed	September 2021	Completed 16 th July 2021
4	Item 8.1	Sue Pemberton, Director of Nursing to be invited to attend future meeting to provide update on role of CQC in ICS framework.	NL/SP	Completed	September 2021	Item 13.1 on agenda for CoG 27 th September 2021
5	Item 10.2	Socio economic data to be brought to the next Membership and Communications Sub Committee for information.	GD	Completed	September 2021	Completed on 15 th July 2021
6	Item 10.3	Governors to contact Gill Donnelly if they required further information around the election process.	CoG	Completed	September 2021	