

Council of Governors – Part 1 (in Public)

Tuesday 7th December 2021
1.00 pm
Via Zoom

agenda

1. **Apologies for Absence:**
2. **Presentation**
3. **Patient Story**
4. **Declaration of Interests Relating to Agenda Items**
5. **Minutes of the Council of Governors (CoG) meeting held on:**

Tuesday 27 th September 2021	NL	Item 5
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6. **Chair's Briefing**

	NL	Verbal
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7. **Performance and Operations:**

7.1 Digital Systems Update	KW	Item 7.1
7.2 Performance Report for Period Ended 31 st October 2021	HK	Item 7.2(a)
7.3 Finance Report for Period Ended 30 th September 2021	KE	Item 7.3
7.4 Financial Planning Update	KE	Presentation
7.5 Patient & Family Support Team Activity Report Q2	JM	Item 7.5
8. **Governor Issues**

8.1 Report of Joint CoG/BoD Development Day 09.11.2021	KW	Item 8.1
8.2 CoG Meeting Date Schedule 2022/23	KW	Item 8.2
8.3 Membership & Communications Sub Committee	DB	Item 8.3
9. **Governor Engagement during COVID Pandemic**

	NL	Verbal
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10. **Board of Directors**

10.1 Report from the Audit Committee	JF	Presentation
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11. **Action Log**

	NL	Item 11
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13. **Date and Time of Next Meeting:**
 Tuesday 1st March 2022 at 1.00 pm

Item 5

minutes

Council of Governors

Minutes of the Meeting of the Council of Governors held on Monday 27th September 2021 at 1pm (via Zoom)

Present:

Neil Large
Mark Allen
Lynne Addison
Joan Burgen
Dorothy Burgess
Wendy Caulfield
Terence Comerford
Charlie Cowburn
Megan Cromby
Elaine Holme
Karen Higginbotham
Peter Humphrey
Rachael McDonald
Allan Pemberton
Hollie Swann
Lindsey Van Der Westhuizen
Rachel Glynn Williams
Trevor Wooding

Chair
Public Governor - Cheshire
Public Governor – Rest of England and Wales
Public Governor – North Wales
Public Governor - Merseyside
Nominated Governor – Friends of Robert Owen House
Public Governor - Merseyside
Staff Governor – Registered and Non Registered Nurses
Staff Governor – Non Clinical
Public Governor - Merseyside
Nominated Governor - LJMU
Public Governor - Merseyside
Staff Governor – Non Clinical
Public Governor – Cheshire
Nominated Governor – University of Liverpool
Public Governor - Cheshire

Public Governor - Merseyside
Senior Governor/Public Governor - Merseyside

In attendance:

Nick Brooks
Bob Burgoyne
Margaret Carney
Ray Davis
Gill Donnelly
Karen Edge
Julian Farmer
Linda Griffiths
Hayley Kendall
Mary Liley
Professor Gregory Lip
Dave MacMillan
Karen Nightingall
Karen O'Hagan
Jane Tomkinson
Karan Wheatcroft

Non Executive Director
Non Executive Director
Non Executive Director
Public Member - Cheshire
Membership and Communications Officer (Minutes)
Chief Finance Officer
Deputy Chair/Senior Independent Director
Public Member - Merseyside
Chief Operating Officer
Head of Fundraising
Consultant Cardiologist
Head of Capital Projects and Decontamination
Chief People Officer
Non Executive Director
Chief Executive Officer
Chief Governance Officer

Apologies for absence:

Dr Rebecca Dobson
Cllr Sharon Connor
Sharon Faulkner

Staff Governor – Registered Medical Practitioners
Nominated Governor – Liverpool City Council
Staff Governor – Registered and Non Registered Nurses

Dorothy Price

Dusty Rhodes
Princey Santhosh
Peter Wareham

Staff Governor – Allied Healthcare Professionals, Technical & Scientific
Public Governor- North Wales
Staff Governor – Registered and Non Registered Nurses
Public Governor- North Wales

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 17th September 2021 by e-mail and post.

A template was circulated in advance for each Governor to complete individually. This gave each participant the opportunity to record comments and questions as they reviewed each paper prior to the meeting. Responses were collated and those questions/comments were raised by the Chair during the course of the virtual meeting. This pre-work enabled the Council of Governors meeting to be conducted efficiently given the number of participants. The Chair also invited governors to make contributions during the course of the meeting. Governors posed questions and made comments using the 'raise hand' or 'chat' functions on the video conferencing facility.

2. Apologies for absence

Noted above.

3. Presentation – Progress of LCCS – Professor Greg Lip

Professor Greg Lip thanked the Council of Governors for the opportunity to provide an update on the work of the Liverpool Centre for Cardiovascular Science (LCCS). This was a strategic collaboration between Liverpool Heart and Chest Hospital, Liverpool John Moores, University of Liverpool and Liverpool Health Partners. It was explained that over 750 research papers had been published which were affiliated by LCCS and 50 principal investigators since launch on 28th September 2018. A wide range of community engagement activities organised by LCCS were discussed including CPR workshops in local schools, presentations on Atrial Fibrillation and buildings lit up to mark World Heart Day.

There was a discussion from governors as to what extent the cardiac surgeons were involved in research. Professor Lip confirmed the surgical team were very involved in research and that aorta vascular service in particular were working in collaboration with LCCS. It was also confirmed that ARC was also closely linked with the work of the centre.

The CEO highlighted to the governors that research continued to be a high priority for the Trust and that colleagues continued to work hard on expanding the research and this remained a key ambition for the future.

The Chair thanked Professor Lip for his presentation and to him and his team for the remarkable impact they have made over the last two years.

The Council of Governors received the update.

4. Presentation: Be Civil, Be Kind

Dr Nigel Scawn, Deputy Medical Director and Lead for Patient Safety provided an update on the work he was leading on for the Be Civil, Be Kind initiative. It was explained that a multi-disciplinary team met weekly to discuss the work and drive this forward. Dr Scawn outlined that work was currently ongoing in changing the culture of the organisation and this had included setting standards for the expectations of behaviours and the production of a civility charter. A multi-disciplinary team entitled the 'Culture Club' had been engaged in this key work. It was explained that communications materials for this would be promoted trust-wide widely shortly to launch the initiative and ensure this becomes further embedded throughout the workforce.

The Chair thanked the Deputy Medical Director/Patient Safety Lead for this excellent and important work. There was a discussion amongst the Council of Governors who offered congratulations to the team for this initiative and asked if there had been a psychology input into this work as trauma could also impact on staff behaviour. The Deputy Medical Director confirmed that the Psychology team had supported this work and that staff would be supported to seek help if trauma had impacted on staff behaviours.

The Council of Governors received the update.

5. Patient Story

The Director of Nursing shared a patient story which highlighted the experience of a surgical patient who had spoken very highly of the Trust staff and the treatment they had received whilst in hospital. The patient noted they had been well supported to keep in touch with their family during their stay and that their family had received regular updates from the team. This had been much appreciated with the suspension of visiting due to Covid 19.

The patient thanked the team for their life-changing care and treatment. Following their discharge they had opted for a healthier and fitter lifestyle and explained their motivation had been to extend their life as long as possible to enjoy their grandchildren.

The Council of Governors received the story.

6. Declaration of Interests Relating to Agenda Items

None declared.

7. Minutes of the Council of Governors (CoG) held on 1st June 2021

The Council of Governors agreed the minutes were an accurate reflection of the meeting and approved these for the meeting held on 1st June 2021. It was noted that ARC operated in the North West and not just in Liverpool and this change would be noted.

8. Chair's Briefing

The Chair opened his briefing by welcoming Ray Davis, Roy Page and Linda Griffiths who would be joining as Public Governors at the end of the Annual Members Meeting 2021. The Chair thanked Rachel Glynn Williams, Public Governor – Merseyside and Lindsey Van Der Westhuizen, Public Governor –

Cheshire for their commitment to the role over the last three years who would be stepping down from their roles shortly. The Chair added that he was also pleased to welcome back Joan Burgen, Lynne Addison and Allan Pemberton back to their roles as they had all been re-elected for another term of office.

It was noted that Tim Fairbairn, Consultant Cardiologist had recently featured on BBC Morning Live highlighting the management of patients with coronary artery disease using heart flow technology. Dr Martin Ledson, Clinical Lead – Respiratory Medicine and team had re-launched the targeted lung health checks in the community to help catch lung cancer and treat it at a much earlier stage. It was added that a new spirometry unit had arrived at the Trust and the Respiratory Diagnostics team would commence this service shortly.

A programme to vaccinate Trust staff with a covid booster and flu jab had commenced.

The Chair explained that interviews were currently being held for the Chair of Cheshire and Merseyside Integrated Care System (ICS) and that an announcement was expected end of October 2021. It was added that similarly an appointment was being made for the CEO and this announcement was expected in December 2021.

9. Strategy & Service Improvement

9.1 Strategic Developments Update

Jonathan Develing, Director of Strategic Partnerships provided an update on the white paper and explained that the second reading in the Houses of Parliament had not yet happened. The de-establishment of CCGs and establishment of Integrated Care Systems was scheduled for 1st April 2022. From this date policies would be made once for Cheshire and Merseyside which will ensure one decision is made for the area and not conflicting decisions made for different CCGs.

The Director of Strategic Partnerships noted that the Trust would be turning objectives into actual plans for the delivery of care. Whilst objectives would always remain the delivery of these does change over time and are circumstantial. For example, covid and covid recovery plans, vaccination programme, waiting list recovery, finance and safety. It was noted that those areas now look very different now as they did when the Trust's strategy was produced. It was explained that as the Trust planned for the future it would need to consider how the key influences impact on clinical leadership, operational issues, financial systems and partnerships across the pathway.

Governors discussed the presentation and thanked the Director of Strategic Partnerships for his valuable update. It was noted that the ICS would be in place by 1st April 2022 however, it was expected that this would not be fully functional as work would need to be done to set up delegations to ensure this was fully operational.

The Council of Governors received the update.

10. Fundraising Strategy Update

Mary Liley, Head of Fundraising presented an update on the Trust's Fundraising Strategy. It was noted that in order to develop the strategy that a

review was completed of the charity's progress over the last five years. In a benchmarking exercise the Trust came second out of other local charities in the area when comparing funds raised versus fundraising cost expenditure. It was noted that this suggested that LHCH Charity had been on the right track. In addition to this, it was noted that going forward identifying engaging capital projects to fundraise for and building relationships with clinical leads would be key. A consultants fundraising group had been established to move this work forwards.

There was a discussion around the development of a simulation base which consultants and colleagues could use for education and training. It was highlighted that this was something that could be a potential fundraising campaign in the future.

The Council of Governors received the update.

11. Capital Projects Update

The Chief Operating Officer provided an update on the capital projects that are currently ongoing at the Trust. The Cath Lab Refurbishment project had been underway now for eighteen months and it was noted phase one had been completed. It was noted that there had been a delay on the handover of phase one and this had been investigated and issues resolved. In addition to this there had been a major upgrade of the Trust's electrical infrastructure which provided resilience to the core power supply. Works were nearing the end of the programme delivered within timescales and allocated budget.

The Council of Governors received the update.

12. People Plan Update

The Chief People Officer presented an update on the delivery of the People Plan. It was highlighted that there was a wide range of initiatives underway to ensure delivery of this. For example, the Be Civil, Be Kind campaign would have an impact on the health and wellbeing of staff. In addition to this, the Chief People Officer confirmed the Trust's Psychology team were involved in all of this work to support mental health and wellbeing.

There was a discussion from governors as to if the plan was achievable and it was confirmed by the Chief People Officer that it was an ambitious agenda but delivery would be monitored on an ongoing basis. It was also confirmed that agile working had been well received in assisting staff in enabling flexibility and achieving a good work life balance.

The Council of Governors received the update.

13. Performance & Operations

13.1 Performance Report for Period Ended 30th June 2021

The Chief Operating Officer noted that the Trust remained below plan in terms of referral to treatment waiting times due to the significant backlog accumulated during the covid pandemic. Performance in month stood at 76.8% for English commissioned activity and 78.9% for Welsh commissioners. The Chief Operating Officer explained the focus continued to be on reducing the number of long wait patients. In addition to this, patients waiting over 52 weeks had to undergo a harm review. It was added that sickness had 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 reported in June 2021.

There was a discussion from governors around the impact the petrol shortages had on staff at the Trust. The Chief Operating Officer confirmed this would be monitored via the daily safety huddles however there had been no issues reported to date.

The Council of Governors received the report.

13.2 Finance Report for Period Ended 30th June 2021

The Chief Finance Officer presented the finance report period ending 30th June 2021. It was confirmed that the financial performance for the three months ending 30th June 2021 was a £490k surplus, against a plan of £485K surplus. This was reliant on receipt of the Elective Recovery Fund (ERF). Income is £540k below year to date plan. Pay expenditure was broadly in line with the budget, reporting a £82k underspend in the year to date. 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 was 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. The Chair noted it was a challenging time as the Trust was unclear what the national settlements would be going forward.

The Council of Governors received the report.

13.3 Patient & Family Support Team Activity Report Q1

The Director of Nursing presented the Patient and Family Support Team Activity Report. It was explained that in this period there had been 8 formal complaints and 92 contacts received. The Trust had also received 27 compliments in that quarter. 3 formal complaints had been partially upheld and 1 was currently under investigation. The Director of Nursing provided assurance that the Trust's complaints process was robust.

The Council of Governors received the report.

13.4 Annual Patient Survey

The Director of Nursing explained that the Annual Patient Survey results had not yet been received. The report was expected on the 19th October and the outcome of this would be shared with governors at the next meeting.

The Council of Governors noted the update.

14. Governance and Assurance

14.1 Regulatory Updates: CQC

The Director of Nursing provided an update on the role of the Care Quality Commission (CQC). It was added that throughout the Covid pandemic the CQC had kept up its relationship phone calls with the Trust. It was explained that the focus had been on infection prevention, activity and review of waiting

lists to assess patients for harm. It was recognised that the Trust could be inspected at any time and therefore the Trust's EECS assessments would be re-introduced in October 2021 and combined with internal mock up inspections. These had been paused during the Covid 19 pandemic.

There was a discussion from governors around the impact the Integrated Care Systems (ICS) might have on the Trust's CQC rating. The Director of Nursing noted it was clear that hospitals would be rated on their standards within their organisations but also on how they are contributed to the wider healthcare pathway and influencing the standards across the ICS.

The Council of Governors received the report.

14.2 External Auditor Effectiveness Review

The Chief Finance Officer presented the report on the review of the effectiveness of 2021 audit. The feedback received had been questionnaire based and the feedback had been mostly positive from colleagues at the Trust involved with the audit. However, a few areas for improvement had been identified around the timeliness and flexibility of the auditors working with the Trust team. It was recommended to the Council of Governors that a one year extension be approved for the 2021/22 audit which would be subject to suitable fee arrangement being agreed.

There was a discussion around if the feedback from the review had been fed back to the audit team. The Chief Finance Officer confirmed this had been fed back and the audit team were open to these discussions and had taken on board this learning.

The Council of Governors approved the recommendation to re-appoint Grand Thornton for the period of one year during 2021/22.

14.3 Report to BoD of the Freedom to Speak Up Guardian

The Chief Executive presented the Freedom to Speak Up Guardian report. It was noted by governors that the ratings from the FTSU Index had been positive with the Trust ranking highly nationally in this as the top acute specialist Trust in the country. There was a discussion from governors as to where the bullying and harassment was focused and the CEO confirmed that this was between staff and it was envisaged that the culture work on Be Civil, Be Kind would reduce this.

The Council of Governors received the report.

15. Governor Issues

15.1 Governor Elections 2021

Gill Donnelly, Membership and Communications Sub Committee presented the election report and noted the election process had now been completed filling six public governor seats. It was added that the elections had been administered by an independent electoral administrator and by following model election rules outlined in the Trust Constitution.

The Council of Governors received the report.

15.2 CoG Objectives 2021: Progress Report

The Chair 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.

15.3 Membership & Communications Sub Committee Hot Topics

Dorothy Burgess, Public Governor – Merseyside presented the hot topics report from the Membership and Communications Sub Committee. The events calendar focusing on a variety of health topics were highlighted and governors were welcomed to attend and to requested to assist in the promotion of these. In addition to this, it was noted that Marine Football Club had approached the Trust for CPR training and this was being facilitated by the Resuscitation Lead. Dorothy Burgess, Public Governor also encouraged governors to read the latest edition of Members Matters.

The Council of Governors received the report.

16. Boards of Directors

16.1 Report from the Audit Committee

Julian Farmer, Deputy Chair presented the report from the Audit Committee. The Audit Committee was well attended and running effectively. Performance was good overall in compliance with the requirements and the audit work remained on track. It was added that the feedback from the internal auditor MIAA had been positive and the committee had been pleased that there had been no significant issues from the Grant Thornton's Final Audit Findings Report. The Deputy Chair also referred to feedback provided earlier in the meeting in relation to the effectiveness of the external auditor on Item 14.2.

The Council of Governors received the report.

16.2 Report from the Quality Committee

Nick Brooks, Non Executive Director presented the report from the Quality Committee. It was noted that the role of the committee was to provide the Board of Directors with an independent and objective review of quality governance. In addition, to review and scrutinise assurances that the Trust's strategic priorities for quality and safety improvement are identified. Also, to ensure that appropriate quality standards in relation to clinical outcomes, safety and patient and family experience are set and compliance with them was monitored. It was explained that the committee had met via Microsoft Teams during 2020/21 and attendance had been excellent and the annual report 2020/21 reported assurance on all aspects of safety and quality. The priorities for 2021/22 would be on mortality, infection prevention, sepsis diagnosis and management, consent for treatment and care of patients with stroke.

The Council of Governors received the report.

16.3 Report from the Charitable Funds Committee

Bob Burgoyne, Non Executive Director presented the report from the Charitable Funds Committee. It was noted that the fundraising strategy had been very positively received by the Charitable Funds Committee and in particular the launch of the new consultants fundraising group which was a new initiative. It was noted that it had been a record year for LHCH Charity which had raised £1.3 million which is significantly higher than the previous year. This had included a significant donation from NHS Charities. Bob Burgoyne, Non Executive Director paid tribute to the hard work and dedication of the LHCH Charity and Finance team for their hard work in making this possible.

The Council of Governors received the report and congratulated the teams involved.

16.3.1 LHCH Charity Annual Report and Accounts 2020/21

Bob Burgoyne, Non Executive Director presented the LHCH Charity Annual Report and Accounts.

The Council of Governors received the report.

17. Action Log

Action 1 – open and in progress
Action 2 – open and in progress
Action 3 – completed and closed
Action 4 – completed and closed
Action 5 – completed and closed
Action 6 – completed and closed

18. Date and Time of Next Meeting

Tuesday 7th December 2021 at 1pm

Council of Governors (in Public) Item 7.1

Subject:	Digital Systems Update
Date of Meeting:	Tuesday 7th December 2021
Prepared by:	Kate Warriner, Executive CDIO
Presented by:	Kate Warriner, Executive CDIO
Purpose of Report:	To Note

1. Executive Summary

The purpose of this report is to provide the Council of Governors with a digital update including the national direction of travel and local Digital Excellence progress.

Key headlines include:

- National digital developments
- Engagement with new regional ICS digital lead
- Submission of initiatives for national Unified Tech Fund resources
- Good progress with Digital Excellence delivery
- Good progress with digital clinical and safety developments
- High levels of operational performance against agreed key performance indicators
- Developments with the iDigital service

The Council of Governors is asked to receive the report and note good progress to date.

2. National & Regional Digital Update

2.1 NHSX Strategy

The NHSX strategy for technology in health and care is to digitise services, connect them to support integration and, through these foundations enable service transformation. These themes are intended to guide Integrated Care Systems in their local digital plans. To support clarity in terms of national expectations, NHSX have a range of publications as listed below.

- NHS Data Strategy - published July 2021
- 'What Good Looks Like' Framework (WGLL) – published August 2021
- 'Who Pays for What' (WPfW) – proposals published August 2021
- Unified Tech Fund – prospectus published August 2021

2.2 What Good Looks Like Framework

The WGLL Framework (<https://www.nhsx.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/>) sets out a clear set of expectations for local systems and organisations with regards to

good digital practice across health and care. Its aim is to provide clear guidance for leaders to digitise, connect and transform services safely and securely.

The framework is based around seven success measures aligned to the top line themes of digitise, connect, transform.

WGLL Success Measures
1. Well led
2. Ensure smart foundations
3. Safe practice
4. Support people
5. Empower citizens
6. Improve care
7. Healthy populations



An initial assessment against WGLL success measures has been undertaken. Progress against key criteria is good, any gaps are understood and included as part of the digital programme and future plans. As an ICS, providers in Cheshire and Merseyside are to trial the early prototype of the national assessment system.

2.3 Who Pays for What and Unified Tech Fund

The WPfW (<https://www.nhsx.nhs.uk/digitise-connect-transform/who-pays-for-what/who-pays-for-what-proposals/>) proposals are currently draft and requesting feedback. WPfW has been developed to support health and care organisations by streamlining the way in which digital funds are coordinated and distributed. The ultimate aim is to facilitate more local control over funding distribution placing a lot of emphasis on ICS leadership.

For 21/22, the proposals are to:

1. Consolidate national funding for some areas into a single 'Unified Tech Fund' in order to support ICS's to make better investments
2. Enable applications for funding through a single portal
3. Improve metrics for benchmarking
4. Provide tools and case studies to help with benefits realisation
5. Review national policies

A range of bids have been submitted through the Unified Tech Fund Progress against a number of key areas to further develop our frontline digitisation in line with the published criteria. The outcome of these bids are awaited as they are reviewed nationally. Additional investment for cyber security investments has been supported by NHSX across the NHS.

2.4 Regional/ICS Developments

From a C&M ICS perspective, the new Chief Digital and Information Officer for C&M commenced in post in October 2021. Work is underway in partnership to review the digital strategy, governance and priorities within the ICS. LHCH is playing an active role in these developments with local digital leaders.

3. Digital Excellence Strategy Update

LHCH's digital strategy, Digital Excellence, sets out a direction of travel to deliver digital excellence for our patients, staff and population. The strategy describes a vision to ensure our patient and staff experience of using technology at LHCH is parallel to the care we provide – outstanding. Our aim is for digital technology, intelligence and innovation to enable excellent outcomes and safe care.

The strategy is being delivered through a range of themes and programmes including connecting with families and patients, digital safety, insight led care and a back to basics approach. It is supported through the national Digital Aspirant programme.

3.1 Digital Excellence / Digital Aspirant Programme Progress

The Digital Excellence programme is on track and progressing well. The governance arrangements are now well established, and the Digital Excellence Committee (DEC) is convening every 6 weeks. This is chaired by the Chief Executive and the meeting receives reports on progress, risk, key decisions and benefits realisation. The programme milestone for the second funding envelope of £2M has been successfully achieved by the programme and delivery team.

A range of business cases to enable delivery of the Digital Excellence strategy have been supported through the appropriate internal governance routes. Business cases supported to date are entering deployment phases with delivery managed through the DEC with external programme support from NHS Digital.

A key component of the programme and LHCH's digital journey is the achievement of the next level of Healthcare Information and Management Systems Society (HIMSS) Stage 6 international digital accreditation. An accreditation assessment is planned imminently. This accreditation demonstrates how electronic patient records and technology is used to improve patient care and safety and is a prestigious internationally recognised award. There are currently three UK HIMSS Stage 6 hospitals and three HIMSS Stage 7 hospitals.

3.2 Back to Basics

As outlined in the strategy, the fundamental technology must be in place to provide a solid platform to deliver and support the more innovative initiatives. The 'back to basics' workstream has delivered some key solutions in the last reporting period. The device refresh programme has now reached many new devices across the organisation, providing a better experience for staff. A plan has now been agreed to replace a number of Pharmacy carts across ward areas. To complement this, there have been improvements made to the Trust Wi-Fi, for both patients and staff, ensuring better connectivity when interacting with the technology.

The Trust has successfully migrated all staff onto the Office 365 platform, providing a more modern, enhanced experience when accessing Microsoft applications and enabling staff to work flexibly from any location. Given that more staff are now working remotely, alongside an increase in cyber-attacks, the need for a more secure infrastructure has never been prevalent. There has been significant investment and delivery recently in tools and technology that help further protect the information of staff and patients at LHCH.

3.3 Clinical and Nursing Digital Developments

Further to the back to basics and service improvement work, there has been good progress within the digital transformation element of the Digital Excellence Programme. The team worked collaboratively with the Community Staff to transition the clinical and operational data capture, for the Knowsley Respiratory Service to a new digital platform earlier in the year.

To support nursing teams working closer to the patient's bedside when completing tasks and recording clinical information in the EPR, over 40 mobile devices have been delivered across all Inpatient wards. Staff have reported a 50% increase in user experience through using these devices following a short survey across the

nursing teams. Scoping of remaining services included Theatres, Critical Care and personal clinician devices is underway.

Concurrently, further solutions have been progressed as outlined in the Digital Excellence Strategy. From a technical perspective, there is a significant piece of work underway around improving the internet connection and infrastructure, which will help provide a better performance for staff accessing clinical systems and when interacting with external organisations. The device refresh programme will continue, as more devices become in scope they will be refreshed and replaced accordingly. This includes a bespoke, focussed plan on the Community Staff who have slightly different workflows.

To further improve clinical workflows, the Trust has invested in 'Single Sign On' technology, which assists staff in accessing Trust devices and systems through a tap of their ID badge. This will speed up the process and release more time for direct patient care alongside, reducing the number of different passwords staff have to remember. Key clinicians have completed testing successfully and a deployment plan is being established, which is aimed to deliver from December.

3.4 Digital Safety Programmes

From a Digital Safety perspective, great strides have been made in relation to closed loop technology for bloods and medication. Both solutions deliver supporting technology to help nurses positively identify patient and product before administration or collection.

In early November, the rollout of Closed Loop Medication commenced. This has been positively received by staff. Pharmacy, Digital and Nursing Teams have worked together to support the wards through a floorwalking programme.

In relation to Closed Loop Technology for Blood Products, the future processes have now been approved by the Senior Nursing and Transfusion Team, as well as Liverpool Clinical Laboratories. Work is underway to establish a test environment, which will enable the clinical and nursing staff to practically assess the system, before formally signing off the solution.

It is widely evidenced that the implementation of these solutions will reduce human errors and decrease the risk of patient harm. Anticipated safety benefits have been baselined and will be tracked to monitor the impact of these new technologies.

3.5 Digital Innovations

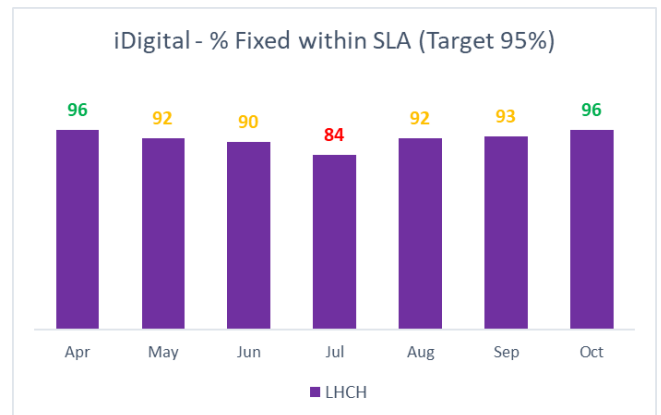
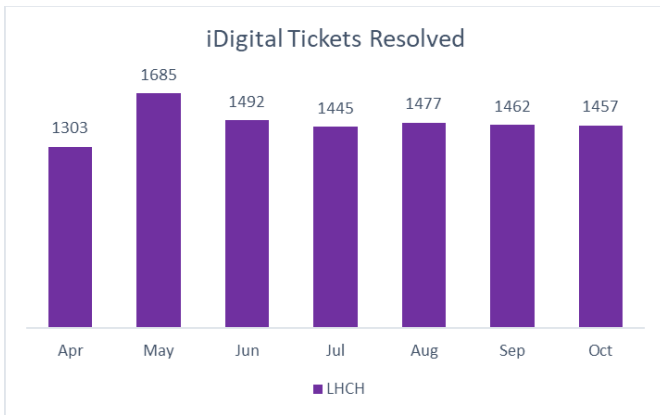
The Digital Team has worked in tandem with Human Resources to transform the current platform for receiving and managing HR Submissions across LHCH. The new platform provides a modern, easy to use, single point of access for staff at LHCH to log their HR requests. Not only will it improve the experience for the staff logging the requests, but its automated features will help save time and improve the efficiency and performance of the team. The first phase of the solution was launched in November 2021.

4. Operational Performance

Performance against key performance indicators has improved over the last 2 months and trending towards the target of 95%. The number of incidents or requests reported via the service desk is relatively consistent each month, however, the activity is around 10% higher than the same period last year.

Nearly 50% of all tickets each month are resolved at the first line level by the service desk. Resolution through the service desk demonstrates quicker resolution and better experience for staff. Nearly 70% of all tickets reported via the service desk are fixed within 1 working day, be it the service desk or local iDigital support teams.

Most incidents & requests reported by trust staff to the service desk is via telephone. Plans are being developed to promote self-service and live chat to further modernise this approach, as this would improve the efficiency of the service and increase the first level fix % and tickets resolved within target.



5. Digital Partnership – iDigital

The iDigital partnership with Alder Hey was launched in June 2021. This reporting period has seen the acceleration in collaboration and integration of teams and services. Workgroups have been established for shared learning, delivery, personal and service development.

Work continues to review other services to share and integrate and this includes the recently approved decision to establish a new data quality team across both organisations, and this follows the approval to integrate the two Information Governance and Freedom of Information teams.

The iDigital governance group is in place with representation from both Trusts to oversee the partnership development and service delivery.

In terms of staff engagement, bi-annual all-staff development sessions have been scheduled. The first of these was held in summer 2021 and the next is planned for December 2021. The summer development session included a range of presentations, staff development, team building, an EDI presentation and service celebration through the inaugural staff awards. The winter development time will have a theme on talent, celebration and sharing best practice.

As approved by the trust executive team and the iDigital partnership group the integrated digital service will be expanded to a joint Data Quality service which is aimed to be live for the end of the year and onboarding of the LHCH Training Team into the iDigital Service.

6. Summary and Recommendations

Since the previous reporting period, there have been lots of developments and progress delivered at pace. Progress against plans is excellent. Our national and external reputation and profile is high and internal feedback from colleagues is positive.

The Board of Directors is asked to receive the report and note good progress to date.

Council of Governors (in Public)

Item 7.2

Subject: Month 7 SOF Performance Report
Date of Meeting: Tuesday 7th December 2021
Prepared by: Executive Directors
Presented by: Hayley Kendall, Chief Operating Officer
Purpose of Report: For Information

1. Executive Summary

The purpose of this paper is to present an update on the Trust performance for the period ending 31st October 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:

- Six week diagnostic performance has narrowly underperformed in month with a position of 97.55% against a target of 99%. This was due to specific challenges on staffing additional sessions, significant work has gone into planning for the rest of the year and the forecast is that of a compliant position.
- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. Performance in month stands at 79.21% for English commissioned activity and 82.32% for Welsh commissioners, a slightly improved position compared to the previous month. This performance is in line with the Trust recovery trajectories.
- There were 54 patients waiting longer than 52 weeks at the end of October, an improved position compared to previous months. There are several challenges forecast for November in relation to critical care staffing that may impact on performance against the trajectory next month.
- Sickness increased slightly to 5.5% in month, 0.6% higher compared to the same period last year. The teams are focused on clear and early intervention to avoid long term sickness where appropriate.

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

Other performance exceptions to note are summarised as follows:

- Cancelled operations 28-day breaches – there were two breaches of the standard in month that were directly related to the reduced capacity in critical care towards the end of the month. Both patients have been dated for their operation in November.
- 28-day faster diagnosis standard – performance in month stood at 56%, the main challenges relate to EBUS and CT Guided Biopsy capacity with clear action plans in place to address both aiming for compliance in January 2022.
- HSMR – both indicators showing as non-compliant for the Trust, reasons and mitigations will be discussed under the Mortality Improvement Strategy on the Board of Directors November 2021 meeting.
- 62-day consultant upgrade – performance was non-compliant in month due to one patient that breached the target due to them having Covid, and not being able to receive treatment until after the isolation period.

2. Financial Position

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

The Trust is planning a break-even position for H2 with a number of risks and mitigations to be worked through in the coming months.

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

Capital expenditure is showing slippage related to Estates schemes and equipment replacement purchases, but the forecast remains 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

The Trust is performing well against the suite of statutory and Trust level KPIs as well as the recovery trajectories that were developed earlier in the year. The Trust is experiencing challenges with staffing across Cath Labs, Theatres and Radiology but these are being mitigated as far as possible. The clinical and operational teams are well sighted on the required performance which is managed through the divisional governance structures and Operational Board.

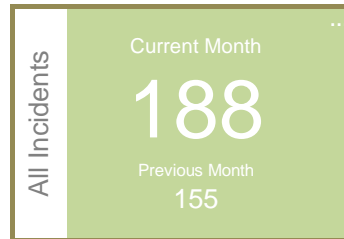
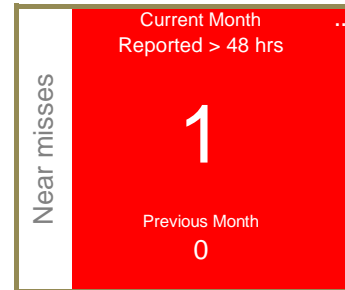
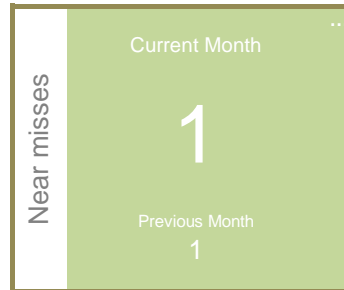
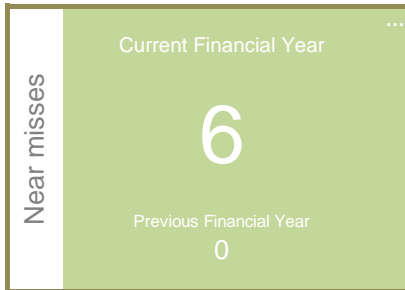
4. Recommendation

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

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%	79.21%		Cancer: 14 day GP referral to 1st Outpatient Appointment	93.0%	100.0%		Venous thromboembolism (VTE) risk assessment	95.0%	96.06%		Staff Sickness (All Staff)	3.4%	5.5%	
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	0		Staff Turnover	10.0%	11.15%	
Maximum 6-week wait for diagnostic procedures	99.0%	97.55%		Cancer: 31 day Second or subsequent treatment (surgery & drug)	94.0%	100.0%		MRSA Bacteraemias	0	0		Executive Team Turnover	25.0%	22.7%	
Dementia - Find	90.0%	100.0%		Cancer: 62 day Consultant Upgrade	85.0%	80.0%		MSSA Bacteraemias	0	0		Mandatory Training Compliance	95.0%	94.41%	
Dementia - Assess	90.0%	100.0%		Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	95.0%	82.32%		Gram Negative Bacteraemias	0	0		Appraisals Compliance	90.0%	89.18%	
Dementia - Refer	90.0%	100.0%		In-Hospital mortality	17	11		Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses	101	175		Recurrent CIP identified	100.0%	76.43%	
Cancelled Operations for non-clinical reasons	2.0%	6.9%		Quantity of complaints	6	0		Hospital Standardised Mortality Ratio (HSMR) - all diagnoses	101	157		Liquidity (days)	0	24	
Patients not booked in within 28 days (non clinical cancellations)	0	2		Occurrence of any Never Events	0	0		Incidents - Serious incidents, Never Events, Adverse Events (Red)	1	1		I & E distance from target (cumulative) - £,000	0	-14	
Delayed Transfers of care	5.0%	4.23%		Mixed sex accommodation breaches	0	0		Clostridium difficile – infection rate	0	0		Better Payment Practice Code	95.0%	99.0%	
Bed Occupancy	80.0%	79.08%		Inpatient scores from Friends & Family Test - % positive	95.0%	100.0%		Patient Safety Alerts not completed by deadline	0	0					
Referral to treatment - Incomplete Pathways 52+ weeks	0	54						NHS Staff Survey - Staff recommendation of the organisation as a place to work	76.0%	76.0%					
								NHS Staff Survey - Staff recommendation of the organisation as a place of treatment	96.0%	92.0%					



LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

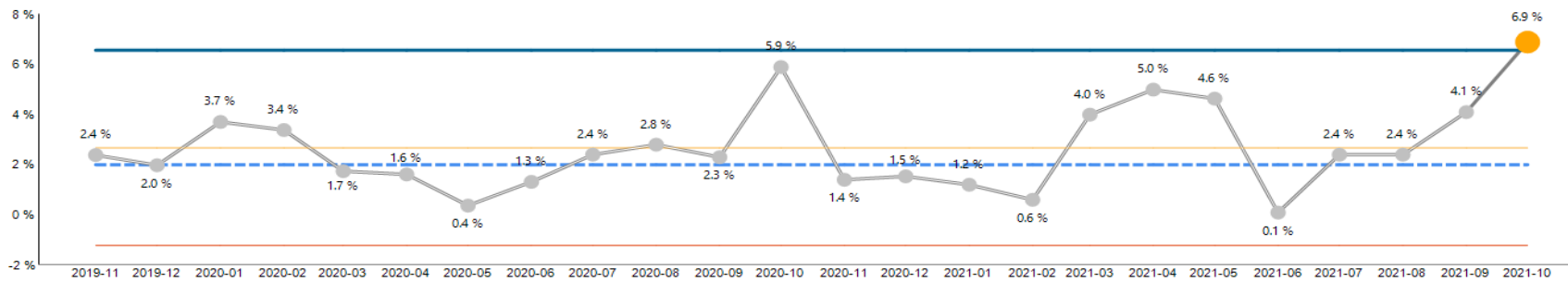
Cancelled Operations for non-clinical reasons

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
<=2%	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%	2.4%	2.4%	4.1%	6.9%



Concern



ucl	6.57%
mean	2.67%
target	2.0%
lcl	-1.22%

Commentary:

There were significant challenges at the end of October in relation to cancelled operations that were driven by critical care staffing and reduced capacity. Plans are in place to improve performance and these have been implemented during November with improved performance.

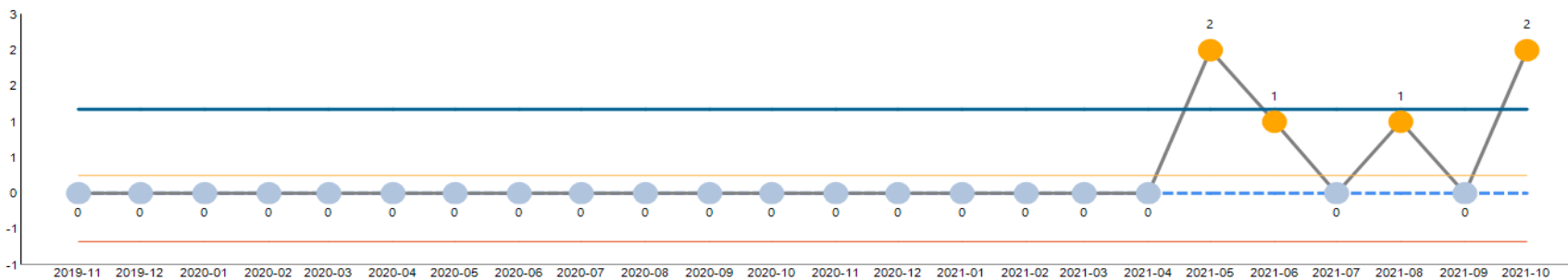
Patients not booked in within 28 days (non clinical cancellations)

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	1	0	2



Concern



ucl	1
mean	0
target	0
lcl	-1

Commentary:

Significant cancellations due to critical care staffing pressures leading to 2 patients not being treated within 28 days.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

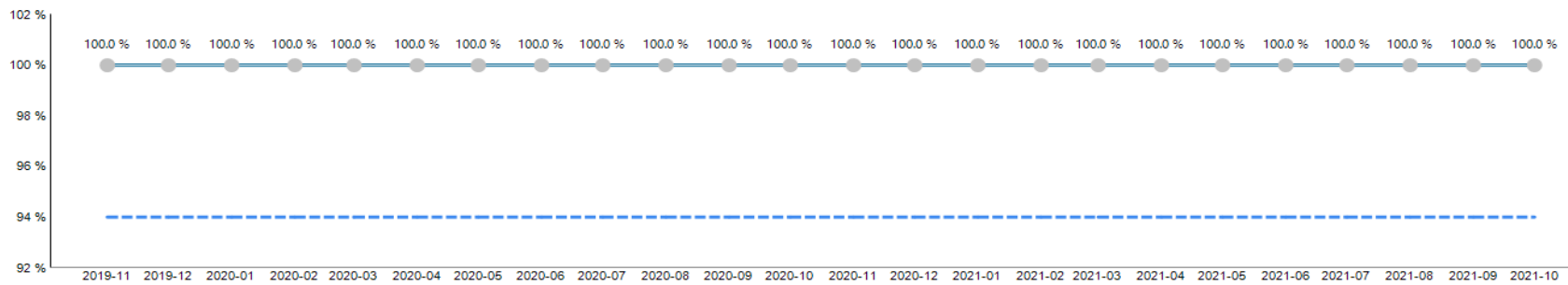
Cancer: 31 day Second or subsequent treatment (surgery & drug)

Patients waiting a maximum of 31 days for all subsequent treatments

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=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:

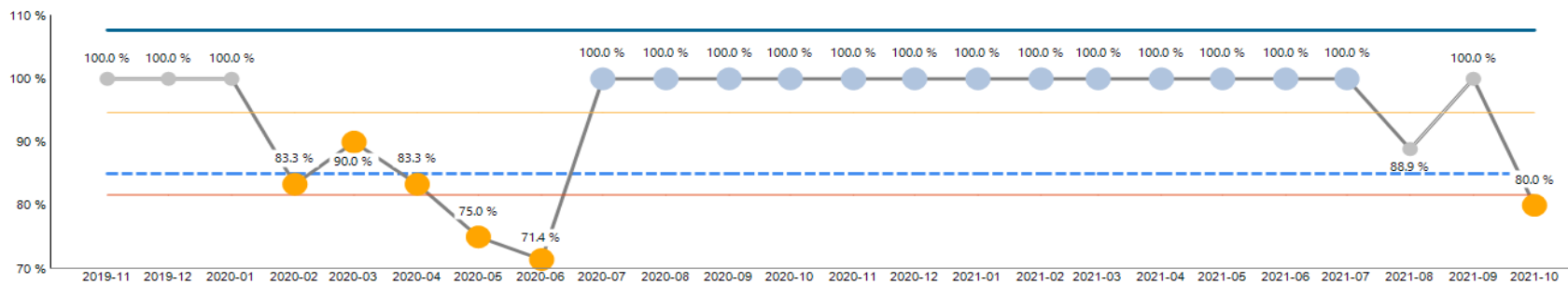
Cancer: 62 day Consultant Upgrade

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	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=85%	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%	100.0%	88.9%	100.0%	80.0%



Concern



ucl	107.7%
mean	94.67%
target	85.0%
lcl	81.64%

Commentary:
One patient breached the target as they were Covid positive and no adjustments can be made to the pathway.

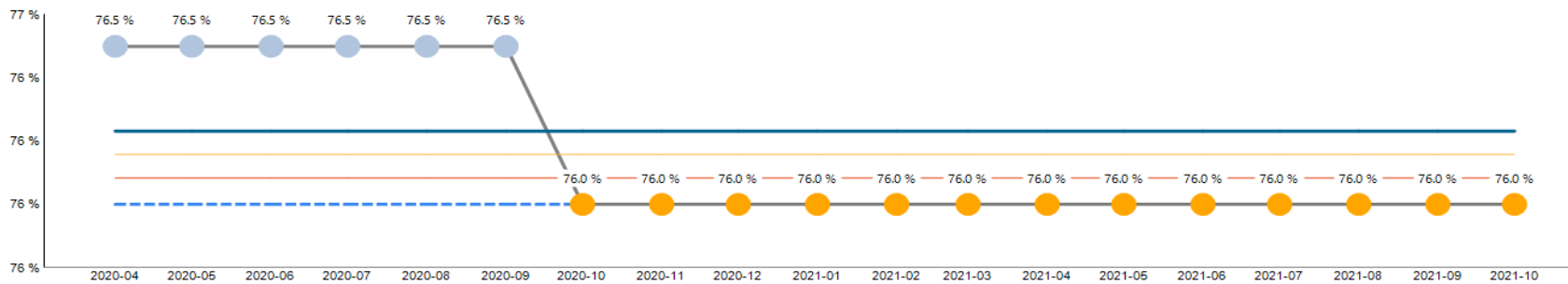
LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

NHS Staff Survey - Staff recommendation of the organisation as a place to work

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	2021-07	2021-08	2021-09	2021-10
>=76%	76.5%	76.5%	76.5%	76.5%	76.5%	76.5%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%	76.0%



Concern



ucl	76.23%
mean	76.16%
target	76.0%
lcl	76.08%

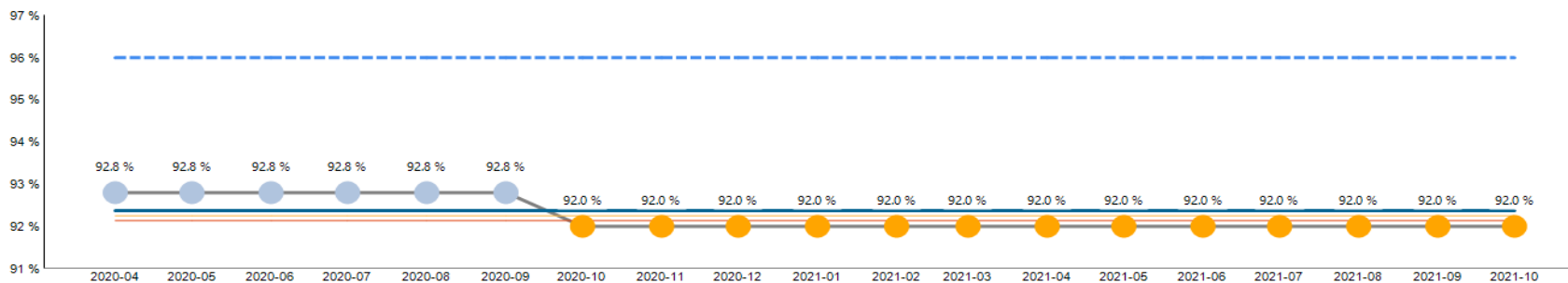
commentary:

NHS Staff Survey - Staff recommendation of the organisation as a place of treatment

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	2021-07	2021-08	2021-09	2021-10
>=96%	92.8%	92.8%	92.8%	92.8%	92.8%	92.8%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%



Concern



ucl	92.37%
mean	92.25%
target	96.0%
lcl	92.13%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

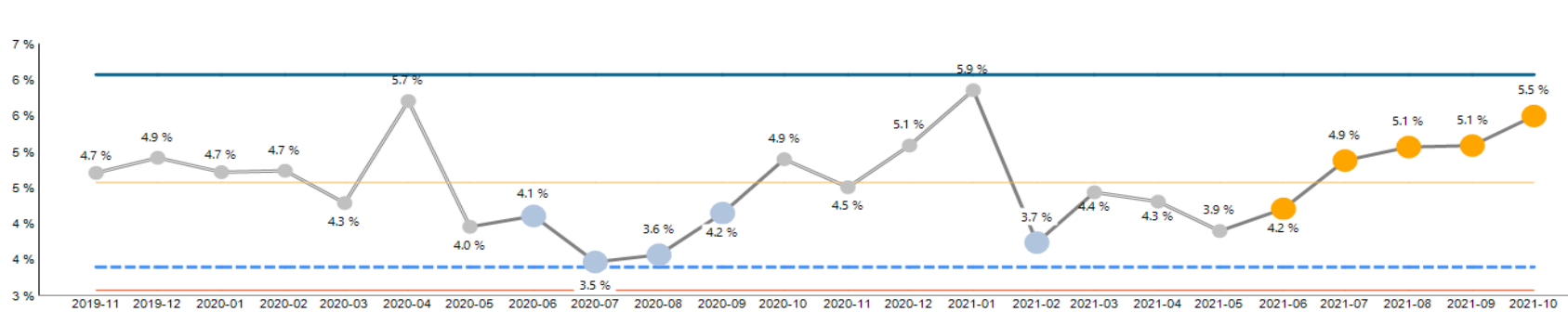
Staff Sickness (All Staff)

Rate of sickness across all staff

Target	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	2021-07	2021-08	2021-09	2021-10
<=3.4%	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%	4.9%	5.1%	5.1%	5.5%



Concern



ucl	6.08%
mean	4.58%
target	3.4%
lcl	3.08%

Commentary:

Slight rise in absence in October and it is 0.6% higher than this time last year. There is a continued focus on attendance and early intervention whilst anxiety, stress and depression remains the highest non-covid absence reason

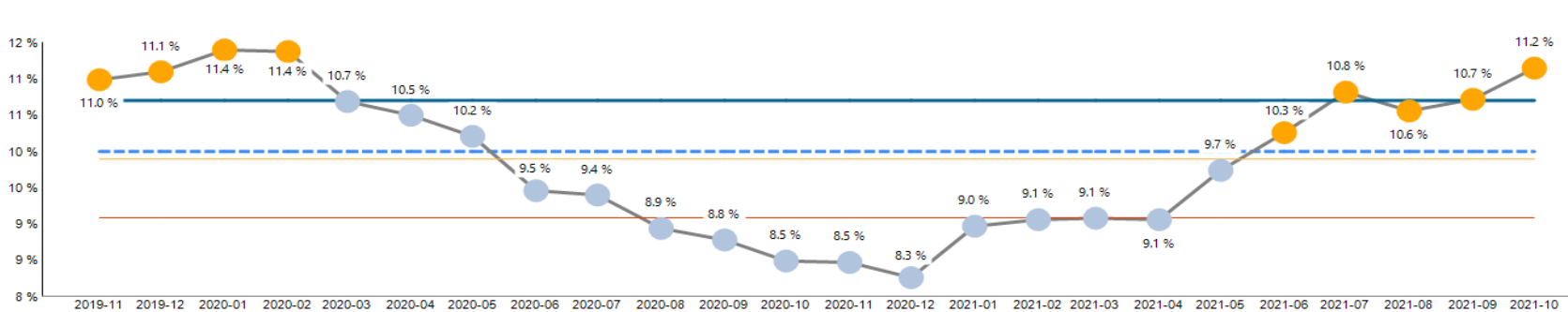
Staff Turnover

Rate of turnover among voluntary leavers

Target	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	2021-07	2021-08	2021-09	2021-10
<=10%	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%	10.8%	10.6%	10.7%	11.2%



Concern



ucl	10.7%
mean	9.9%
target	10.0%
lcl	9.09%

Commentary:

Voluntary turnover has increased to 11.2% which is a return to November 2019 levels. A retention group has been set up and a retention summit will be held in November; the latter will concentrate on RN and HCA retention

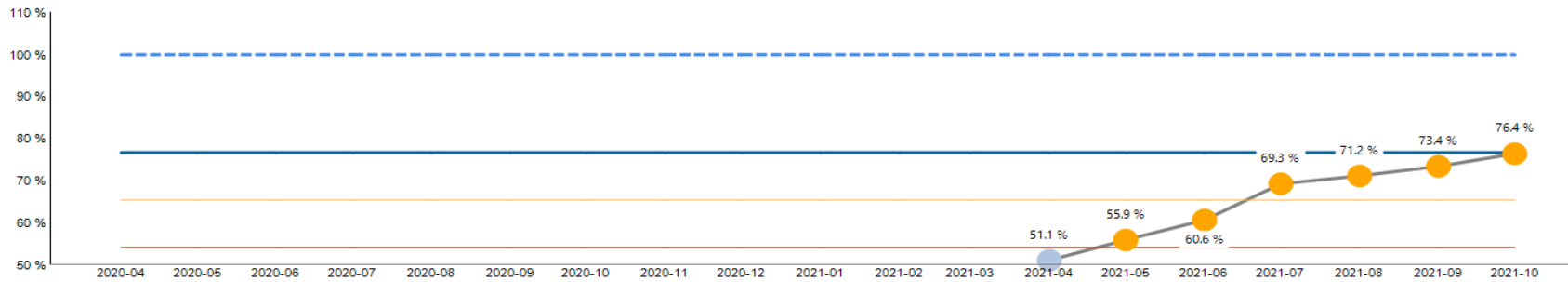
LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

Recurrent CIP identified

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	2021-07	2021-08	2021-09	2021-10
100%													51.1%	55.9%	60.6%	69.3%	71.2%	73.4%	76.4%



Concern



ucl	76.66%
mean	65.41%
target	100.0%
lcl	54.16%

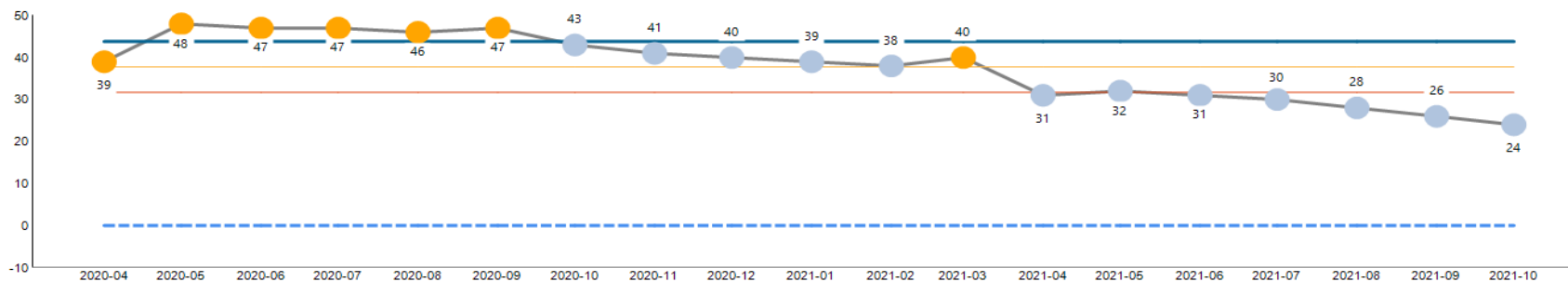
commentary:

Liquidity (days)

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	2021-07	2021-08	2021-09	2021-10
0	39	48	47	47	46	47	43	41	40	39	38	40	31	32	31	30	28	26	24



Improvement



ucl	44
mean	38
target	0
lcl	32

commentary:

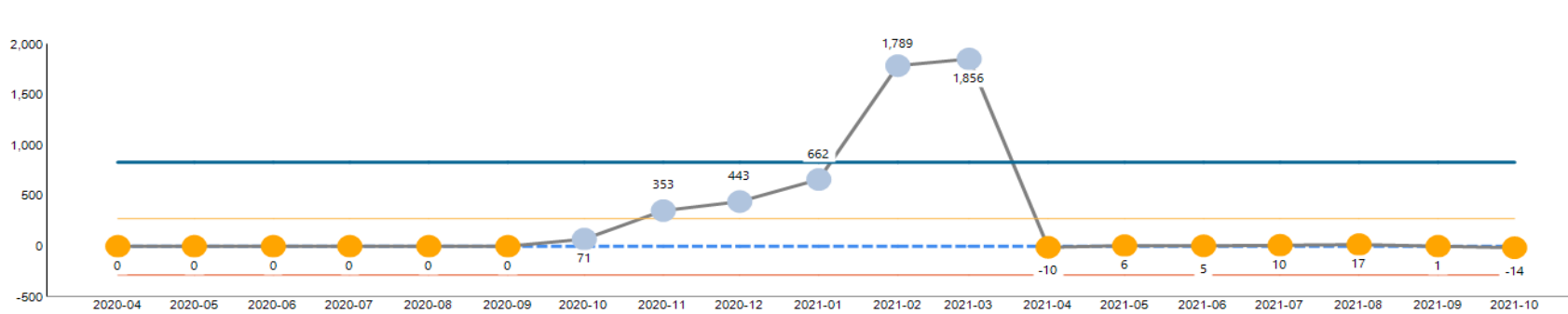
LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

I & E distance from target (cumulative) - £,000

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	2021-07	2021-08	2021-09	2021-10
0	0	0	0	0	0	0	71	353	443	662	1,789	1,856	(10)	6	5	10	17	1	(14)



Concern



ucl	832
mean	273
target	0
lcl	-286

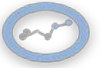
commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

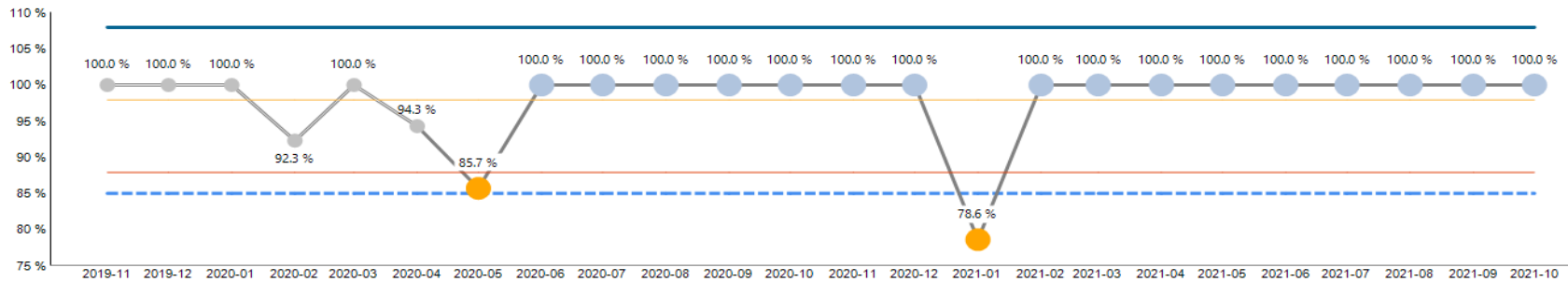
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer

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	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=85%	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%	100.0%	100.0%	100.0%	100.0%



Improvement



ucl	107.99%
mean	97.95%
target	85.0%
lcl	87.92%

commentary:

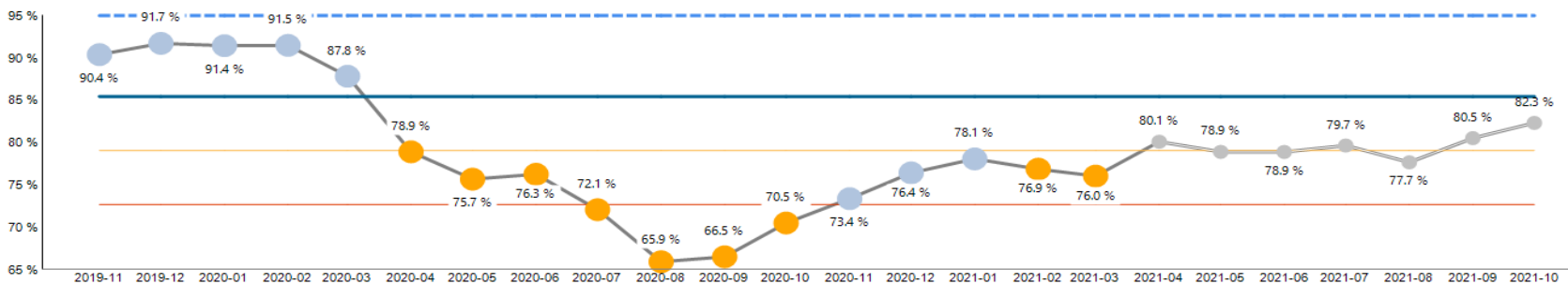
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete

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	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=95%	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%	79.7%	77.7%	80.5%	82.3%



Common Cause



ucl	85.45%
mean	79.06%
target	95.0%
lcl	72.67%

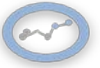
Commentary:
The backlog of patients remains consistent and performance is in line with the recovery trajectory set as part of the phase one elective recovery plans and is monitored weekly through the Executive Committee.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

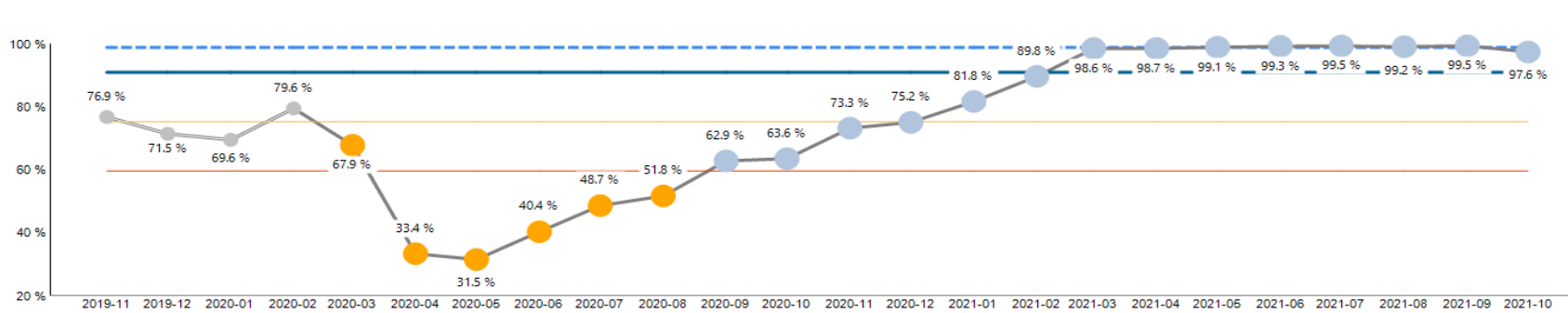
Maximum 6-week wait for diagnostic procedures

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=99%	76.9%	71.5%	69.6%	79.6%	67.9%	33.4%	31.5%	40.4%	48.7%	51.8%	62.9%	63.6%	73.3%	75.2%	81.8%	89.8%	98.6%	98.7%	99.1%	99.3%	99.5%	99.2%	99.5%	97.6%



Improvement



ucl	91.08%
mean	75.39%
target	99.0%
lcl	59.7%

Commentary:

After strong performance the Trust failed the target by less than 10 patients in October due to workforce challenges and not being able to staff an additional session. Staff have been recruited but are currently in the pipeline. Performance is expected to return to complaint in November.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

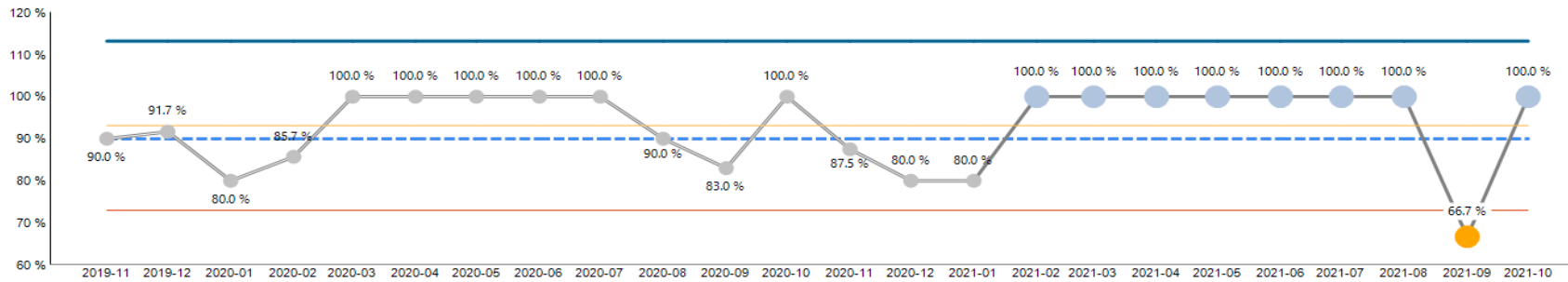
Dementia - Find

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	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=90%	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%	100.0%	100.0%	66.7%	100.0%



Improvement



ucl	113.23%
mean	93.11%
target	90.0%
lcl	72.99%

commentary:

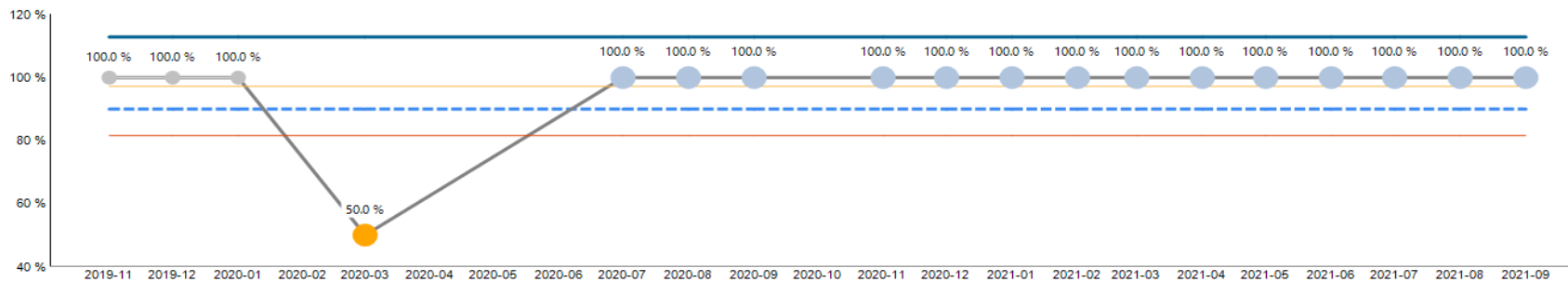
Dementia - Assess

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	2019-11	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	2021-06	2021-07	2021-08	2021-09
>=90%	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%	100.0%	100.0%	100.0%	100.0%



Improvement



ucl	112.87%
mean	97.22%
target	90.0%
lcl	81.58%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

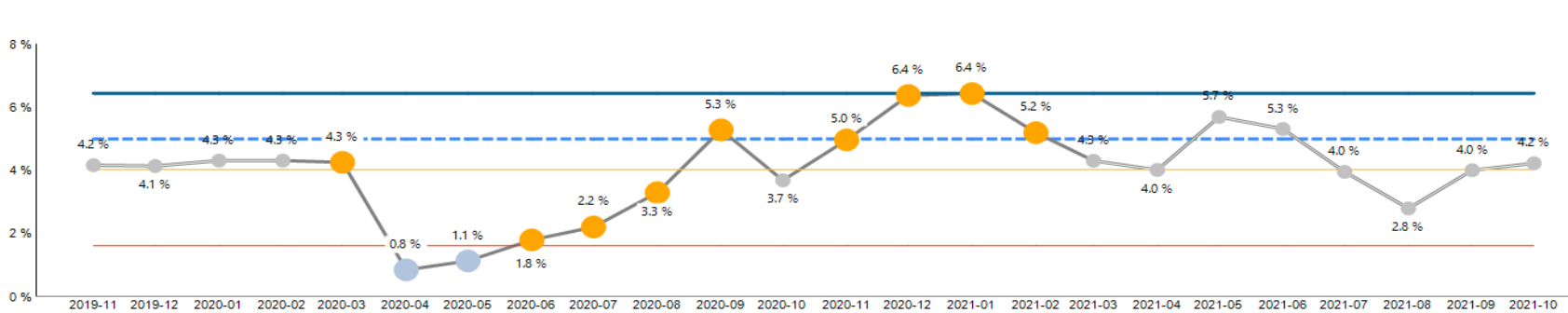
Delayed Transfers of care

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
<=5%	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%	4.0%	2.8%	4.0%	4.2%



Common Cause



ucl	6.45%
mean	4.03%
target	5.0%
lcl	1.62%

commentary:

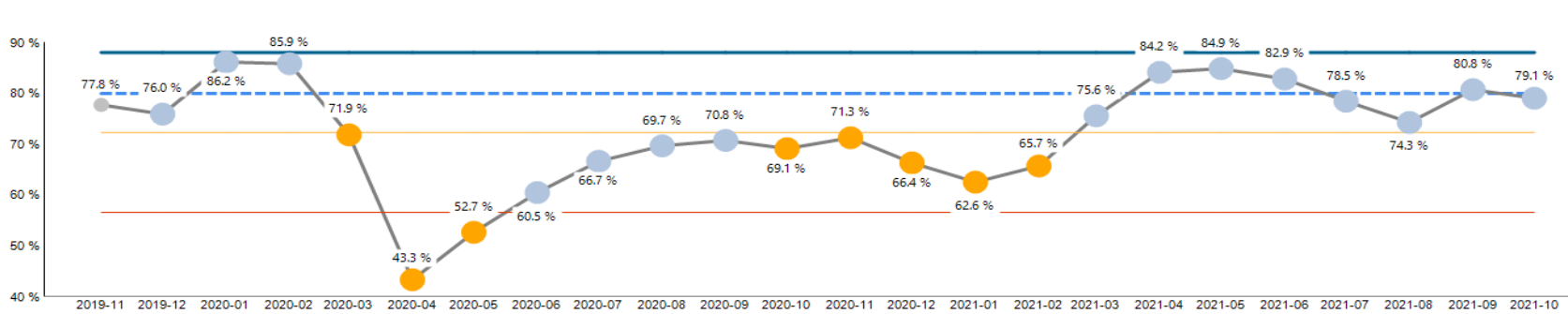
Bed Occupancy

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

Target	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	2021-07	2021-08	2021-09	2021-10
>=80%	77.8%	76.0%	86.2%	85.9%	71.9%	43.3%	52.7%	60.5%	66.7%	69.7%	70.8%	69.1%	71.3%	66.4%	62.6%	65.7%	75.6%	84.2%	84.9%	82.9%	78.5%	74.3%	80.8%	79.1%



Improvement



ucl	88.1%
mean	72.36%
target	80.0%
lcl	56.63%

Commentary:
Bed occupancy was high towards the end of the month but then challenges within critical care staffing reduced surgical throughput and thus overall occupancy was lower than expected. During November the Trust has seen occupancy into the 90% as elective activity increases.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

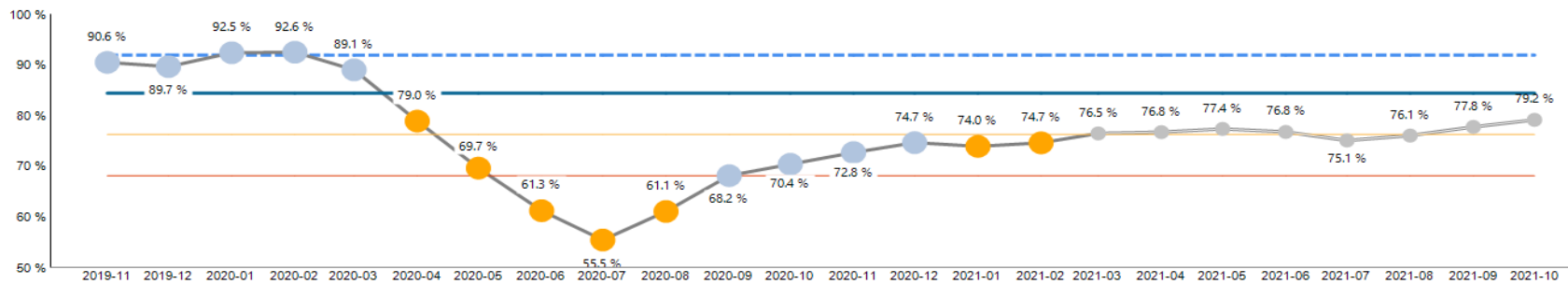
RTT 18 weeks in aggregate - Incomplete Pathways

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=92%	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%	75.1%	76.1%	77.8%	79.2%



Common Cause



ucl	84.47%
mean	76.31%
target	92.0%
lcl	68.14%

Commentary:
Slight improvement in performance in month but backlogs still remain high as an output of the pandemic. Performance is in line with the recovery trajectories set and are monitored weekly through the Executive Committee.

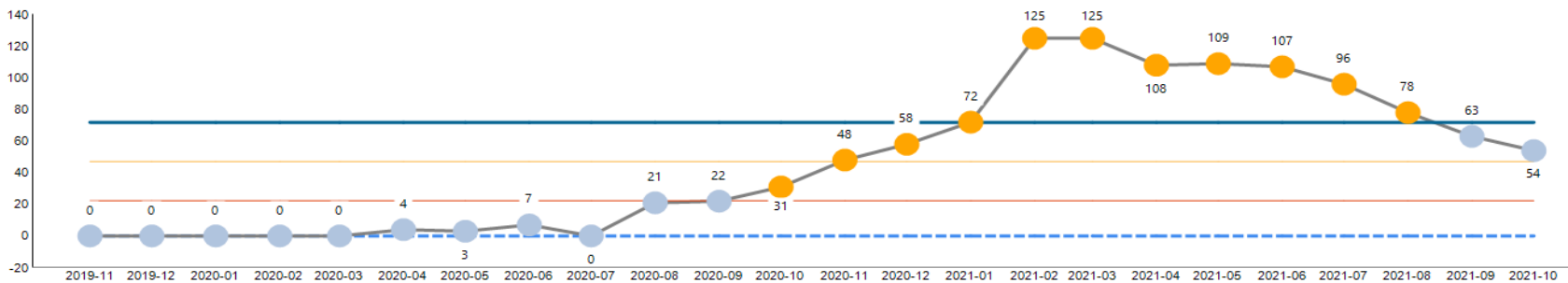
Referral to treatment - Incomplete Pathways 52+ weeks

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

Target	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	2021-07	2021-08	2021-09	2021-10
<0	0	0	0	0	0	4	3	7	0	21	22	31	48	58	72	125	125	108	109	107	96	78	63	54



Improvement



ucl	72
mean	47
target	0
lcl	22

Commentary:
Although the Trust aims for zero 52+ week waits this was a direct impact of the pandemic. The Trust has ambitious plans to reduce the 52 week waiters to an absolute minimum by the end of the financial year and performance in month is in line with the Trust trajectory.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

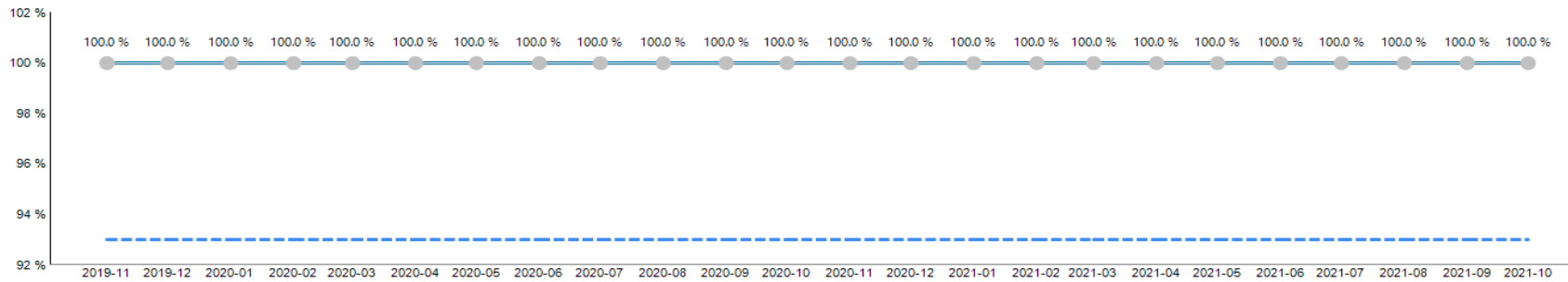
Cancer: 14 day GP referral to 1st Outpatient Appointment

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=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:

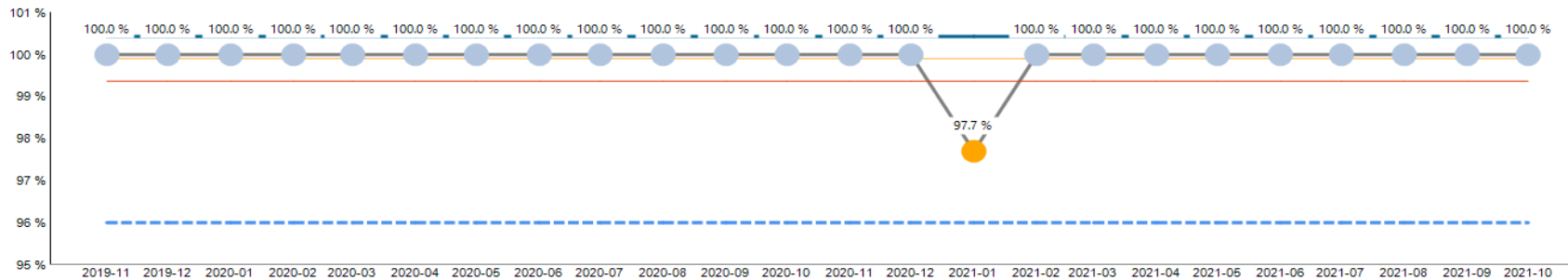
Cancer: 31 day diagnosis to 1st treatment for all cancers

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=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%	97.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Improvement



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

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

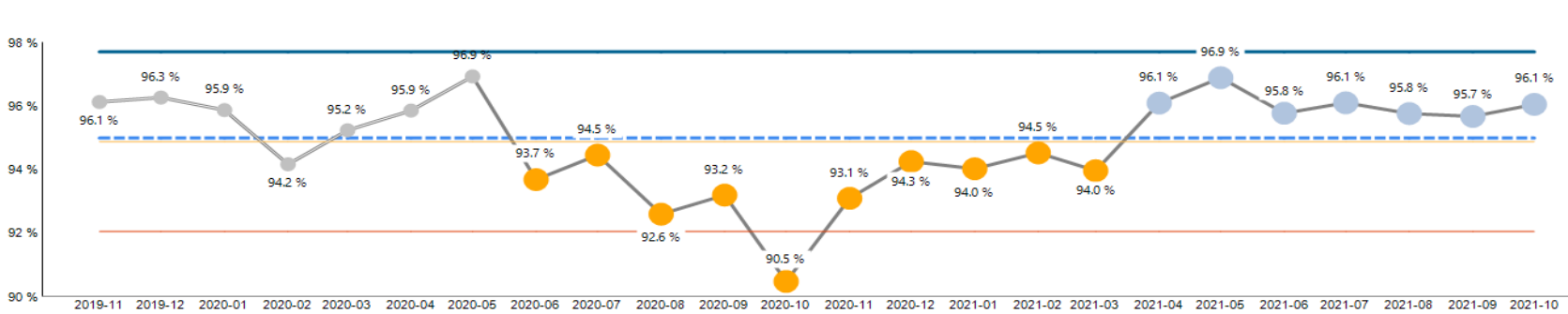
Venous thromboembolism (VTE) risk assessment

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=95%	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%	96.1%	95.8%	95.7%	96.1%



Improvement



ucl	97.72%
mean	94.88%
target	95.0%
lcl	92.05%

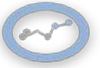
commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

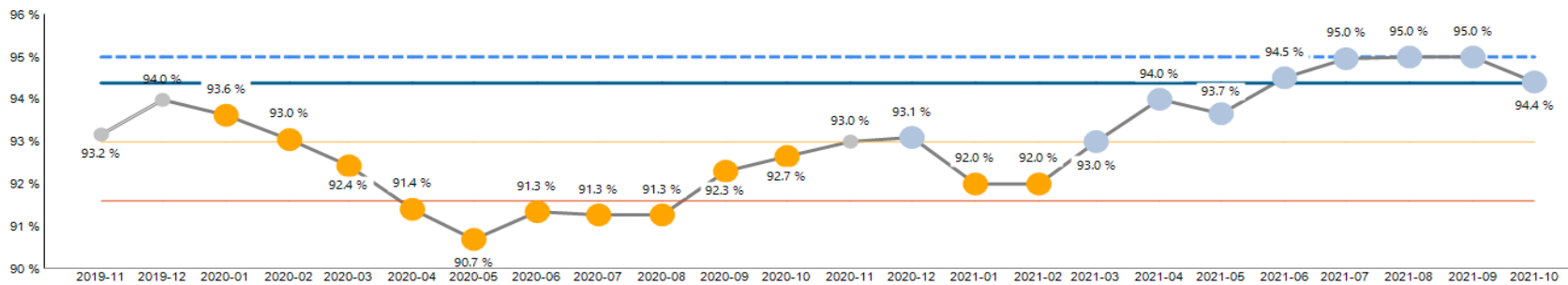
Mandatory Training Compliance

Percentage of completed mandatory training

Target	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	2021-07	2021-08	2021-09	2021-10
>=95%	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%	95.0%	95.0%	94.4%	



Improvement



ucl	94.39%
mean	92.99%
target	95.0%
lcl	91.6%

Commentary:
Mandatory training is 94.4% and efforts are being made to increase this to the 95% target

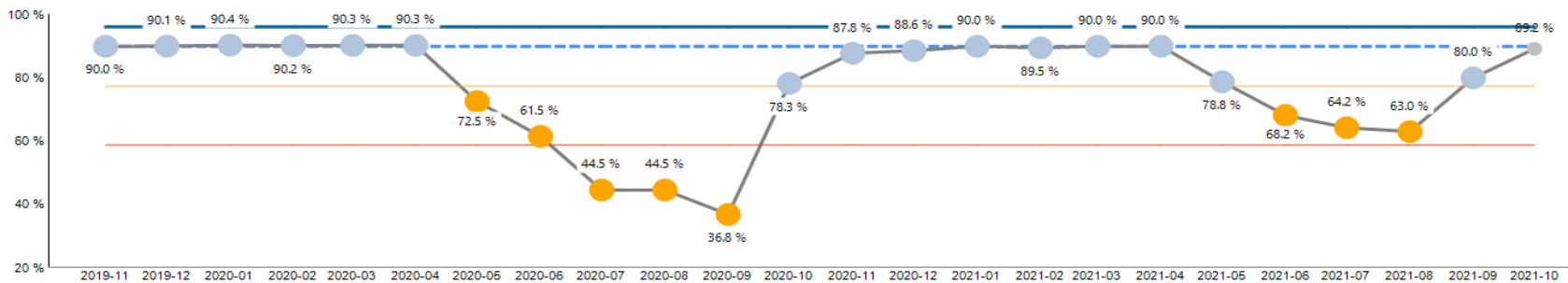
Appraisals Compliance

Percentage of annual appraisals completed

Target	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	2021-07	2021-08	2021-09	2021-10
>=90%	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%	89.5%	90.0%	90.0%	78.8%	68.2%	64.2%	63.0%	80.0%	89.2%



Common Cause



ucl	96.11%
mean	77.44%
target	90.0%
lcl	58.76%

Commentary:
Target almost achieved in month with a final focus on the staff who haven't been appraised.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

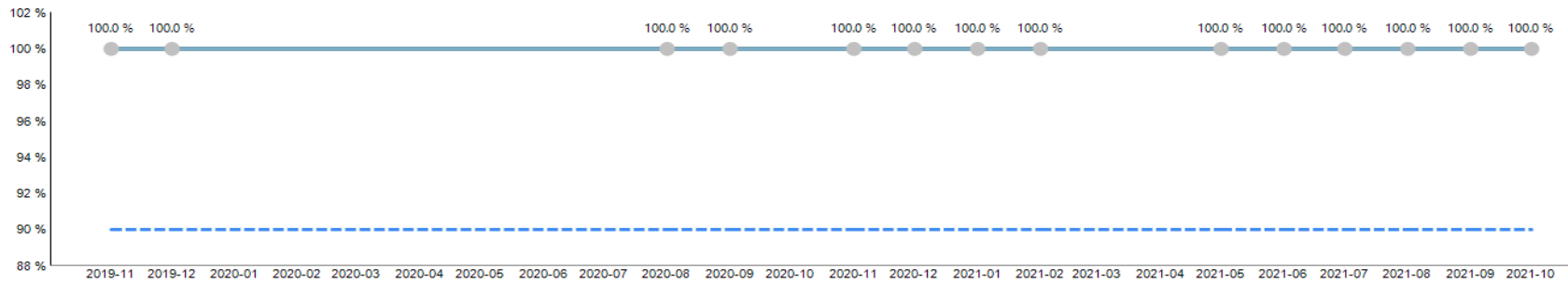
Dementia - Refer

The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours identified as potentially having dementia or delirium where the outcome was positive or inconclusive who are referred on to specialist services

Target	2019-11	2019-12	2020-08	2020-09	2020-11	2020-12	2021-01	2021-02	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10
>=90%	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	90.0%
lcl	100.0%

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

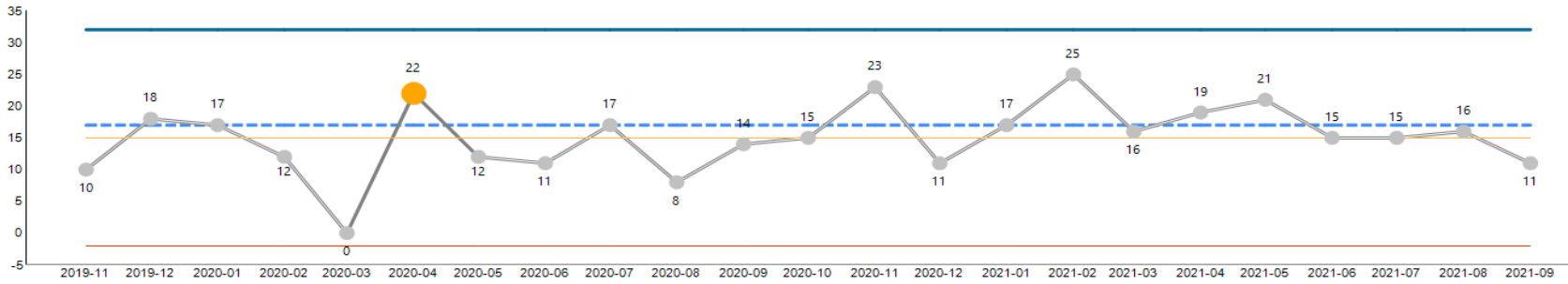
In-Hospital mortality

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

Target	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	2021-07	2021-08	2021-09
<=17	10	18	17	12	0	22	12	11	17	8	14	15	23	11	17	25	16	19	21	15	15	16	11



Common Cause



ucl	32
mean	15
target	17
lcl	-2

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

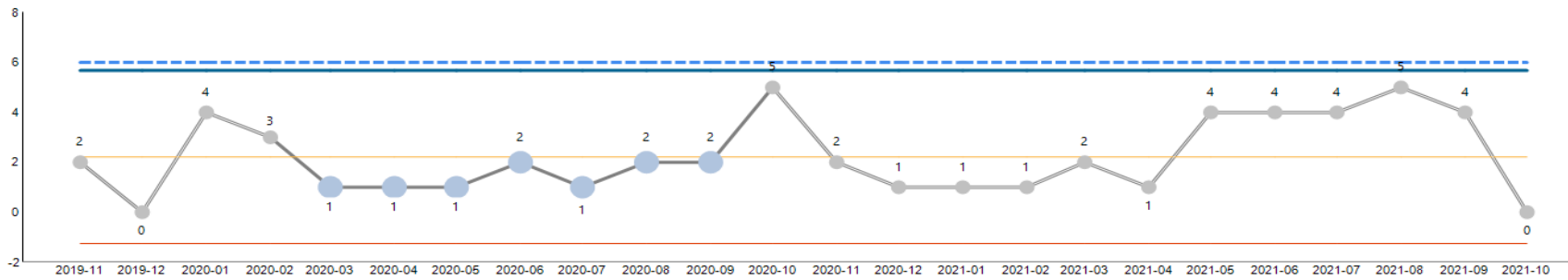
Quantity of complaints

Quantity of complaints

Target	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	2021-07	2021-08	2021-09	2021-10
<=6	2	0	4	3	1	1	1	2	1	2	2	5	2	1	1	1	2	1	4	4	4	5	4	0



Common Cause



ucl	6
mean	2
target	6
lcl	-1

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

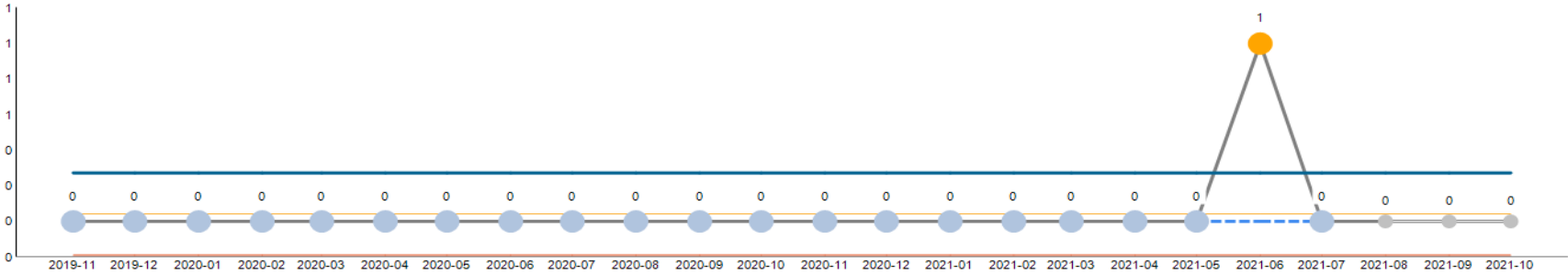
Occurrence of any Never Events

Count of Never Events

Target	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	2021-07	2021-08	2021-09	2021-10
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0



Common Cause



ucl	0
mean	0
target	0
lcl	-0

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

Cancer - 28 day wait for Faster Diagnosis Standard

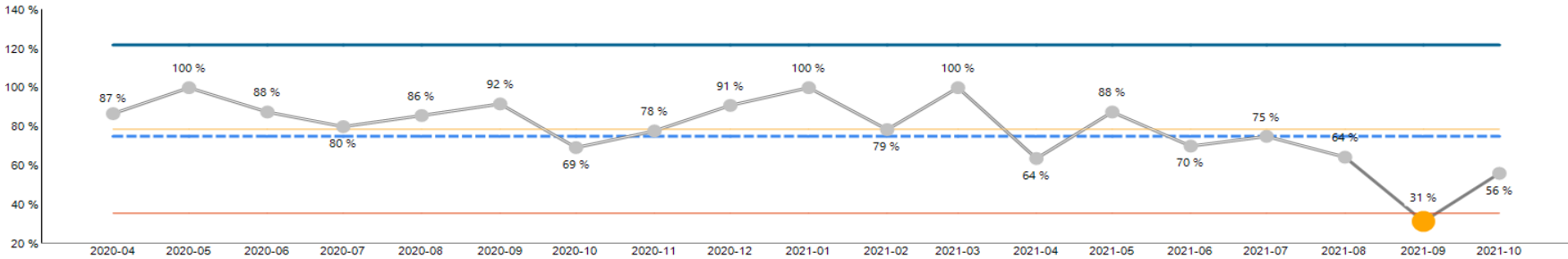
maximum 28 days from:

Receipt of two week wait referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of two week wait referral of any patient with breast symptoms

	2020/21												2021/22						
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	2021-07	2021-08	2021-09	2021-10
>=75%	86.7%	100.0%	87.5%	80.0%	85.7%	91.7%	69.2%	77.8%	90.9%	100.0%	78.5%	100.0%	63.6%	87.5%	70.0%	75.0%	64.3%	31.3%	56.0%



Common Cause



ucl	122%
mean	79%
target	75%
lcl	36%

Commentary:

The Trust has an action plan to ensure performance is achieved in January 22, particular challenges relate to CT Guided Biopsy and EBUS. There are also challenges with PET capacity that is provided externally to the Trust.

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

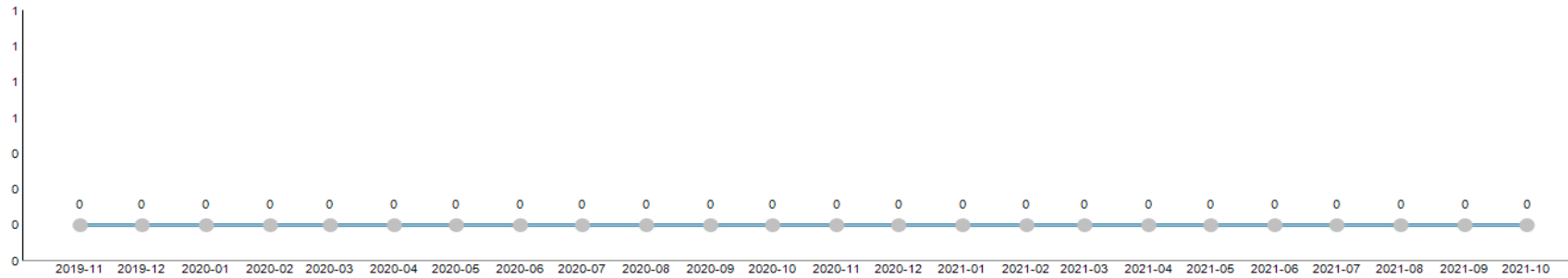
Mixed sex accommodation breaches

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

Target	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	2021-07	2021-08	2021-09	2021-10
	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

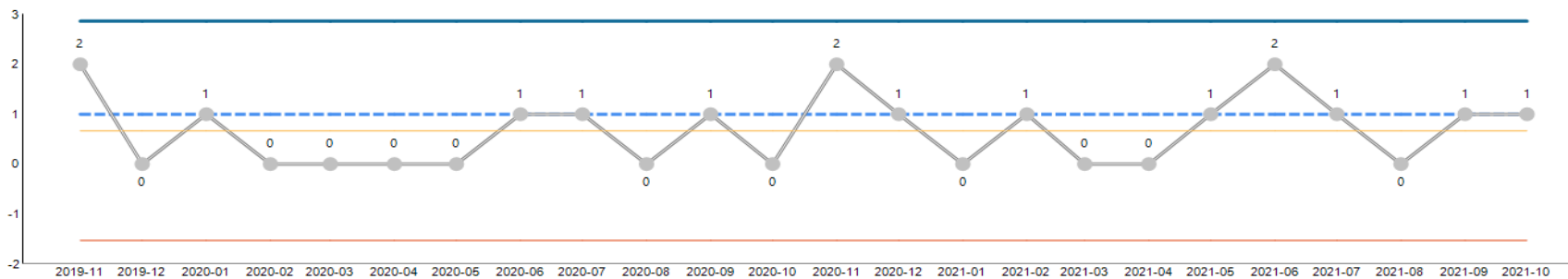
commentary:

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

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
1	2	0	1	0	0	0	0	1	1	0	1	0	2	1	0	1	0	0	1	2	1	0	1	1



Common Cause



ucl	3
mean	1
target	1
lcl	-2

commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

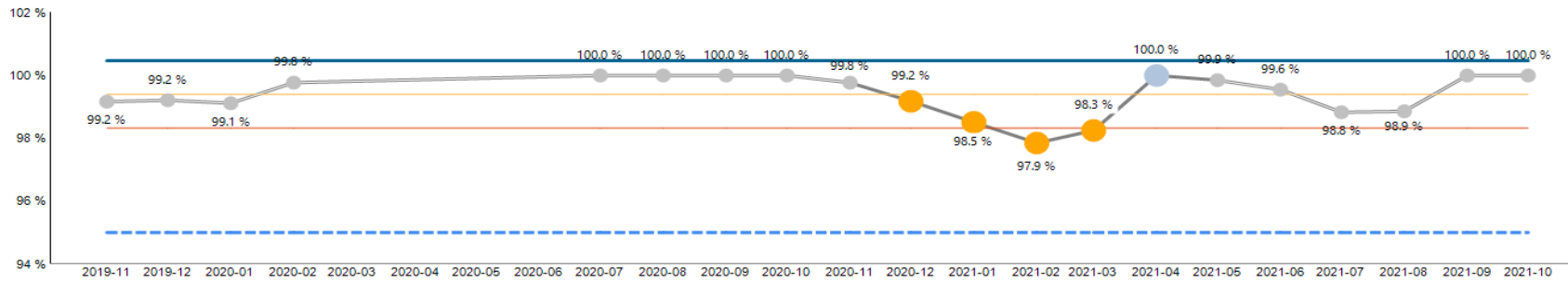
Inpatient scores from Friends & Family Test - % positive

Percentage of inpatients rating the service good or very good

Target	2019-11	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	2021-07	2021-08	2021-09	2021-10
>=95%	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%	98.8%	98.9%	100.0%	100.0%



Common Cause



ucl	100.47%
mean	99.4%
target	95.0%
lcl	98.32%

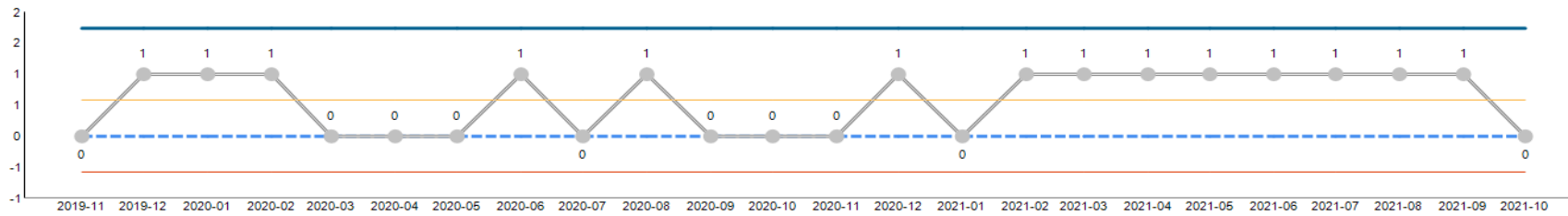
commentary:

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

	2019/20					2020/21												2021/22									
	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	2021-07	2021-08	2021-09	2021-10			
6	0	1	1	1	0	0	0	1	0	1	0	0	0	0	1	0	1	1	1	1	1	1	1	0			
						0	0	1	1	2	2	2	2	3	3	4	5	1	2	3	4	5	6	6			



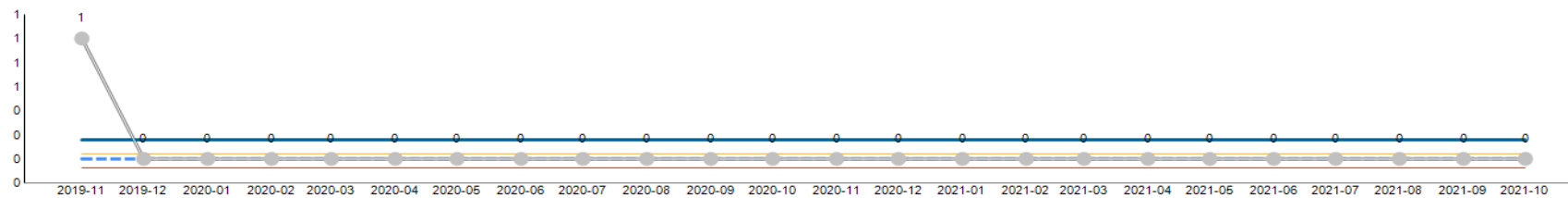
ucl	2
mean	1
target	0
lcl	-1

commentary:

MRSA Bacteraemias

Count of trust assigned MRSA infections

	2019/20					2020/21												2021/22									
	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	2021-07	2021-08	2021-09	2021-10			
0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			



ucl	0
mean	0
target	0
lcl	-0

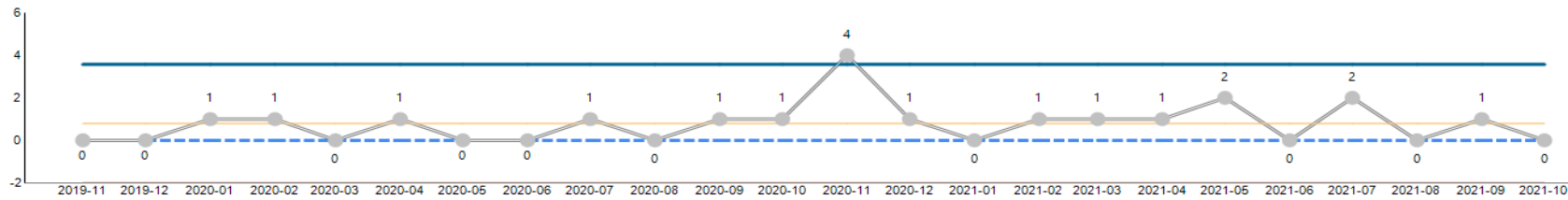
commentary:

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

MSSA Bacteraemias

Count of trust assigned MSSA infections

	2019/20					2020/21										2021/22									
	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	2021-07	2021-08	2021-09	2021-10	
9	0	0	1	1	0	1	0	0	1	0	1	1	4	1	0	1	1	1	2	0	2	0	1	0	
						1	1	1	2	2	3	4	8	9	9	10	11	1	3	3	5	5	6	6	



Common Cause

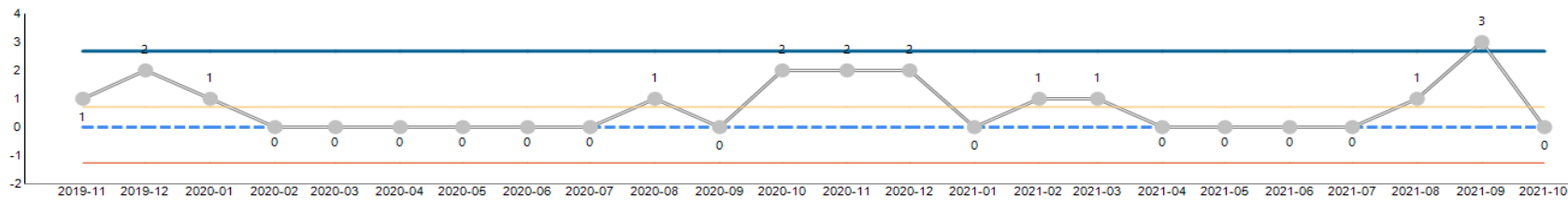
ucl	4
mean	1
target	0
lcl	-2

commentary:

Gram Negative Bacteraemias

Count of trust assigned Gram Negative Bacteraemias infections

	2019/20					2020/21										2021/22									
	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	2021-07	2021-08	2021-09	2021-10	
13	1	2	1	0	0	0	0	0	0	1	0	2	2	2	0	1	1	0	0	0	0	1	3	0	
						0	0	0	0	1	1	3	5	7	7	8	9	0	0	0	0	1	4	4	



Common Cause

ucl	3
mean	1
target	0
lcl	-1

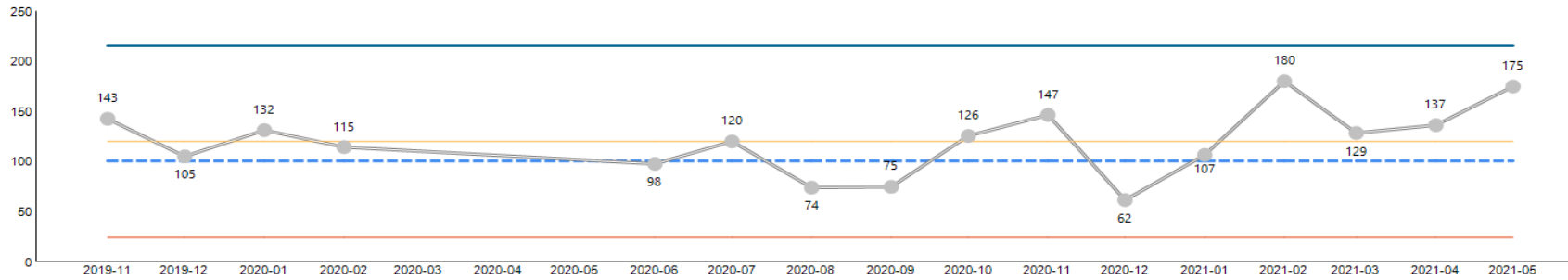
commentary:

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	2021-03	2021-04	2021-05
<=100	143	105	132	115	98	120	74	75	126	147	62	107	180	129	137	175



Common Cause

ucl	216
mean	120
target	101
lcl	25

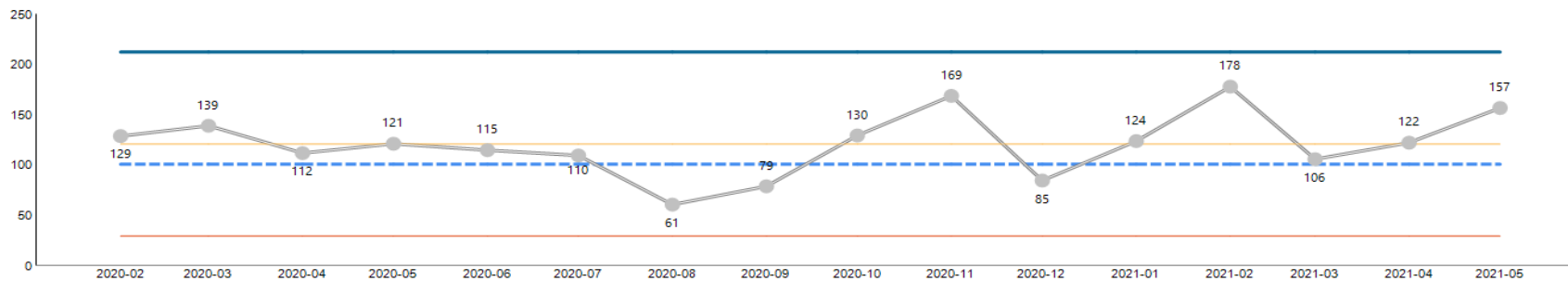
Commentary:

Mortality review group formed and paper to board november 2021

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	2021-03	2021-04	2021-05
<=100	129	139	112	121	115	110	61	79	130	169	85	124	178	106	122	157



Common Cause

ucl	213
mean	121
target	101
lcl	29

Commentary:

Mortality review group formed and paper to board november 2021

LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

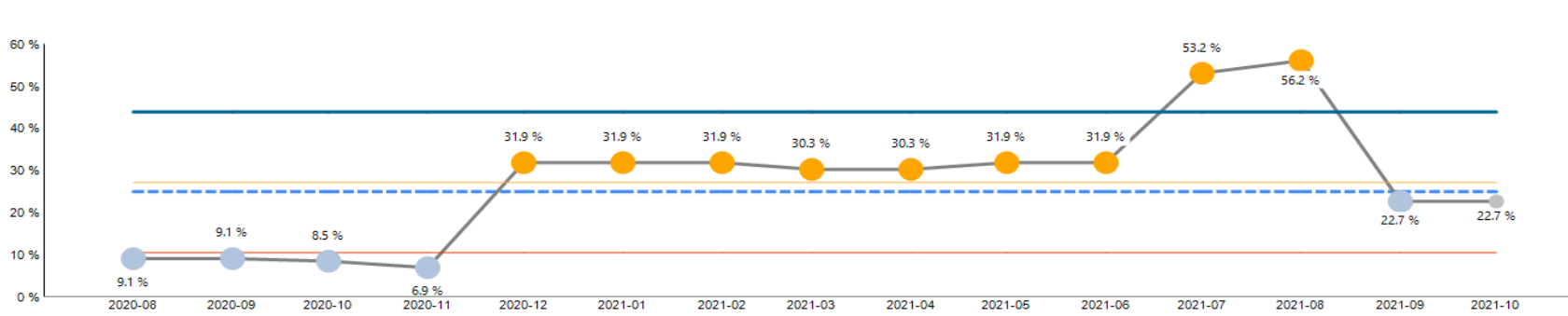
Executive Team Turnover

Rate of turnover among the executive team

Target	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10
<=25%	9.1%	9.1%	8.5%	6.9%	31.9%	31.9%	31.9%	30.3%	30.3%	31.9%	31.9%	53.2%	56.2%	22.7%	22.7%



Common Cause



ucl	43.95%
mean	27.23%
target	25.0%
lcl	10.5%

commentary:

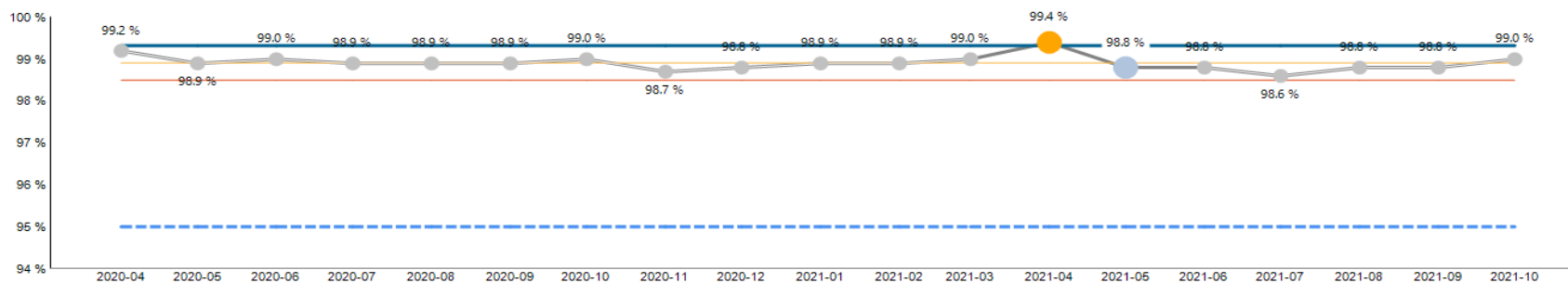
LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

Better Payment Practice Code

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	2021-07	2021-08	2021-09	2021-10
100%	99.2%	98.9%	99.0%	98.9%	98.9%	98.9%	99.0%	98.7%	98.8%	98.9%	98.9%	99.0%	99.4%	98.8%	98.8%	98.6%	98.8%	98.8%	99.0%



Common Cause



ucl	99.32%
mean	98.91%
target	95.0%
lcl	98.5%

commentary:

Council of Governors (in Public) Item 7.3

Subject: Finance Report for the Period Ended 30th September 2021
Date of Meeting: Tuesday 7th December 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 six months ending 30th September 2021 is a £1k surplus, against a breakeven plan, achieving the planned position for the first half of the year (h1). This has been reliant on receipt of the Elective Recovery Fund (ERF), which is a non-recurrent resource.

ERF income has been finalised for quarter 1 but remains provisional for quarter 2. In July, NHSE notified providers that the thresholds for the ERF income will be amended from July 2021. This has made it more difficult to earn ERF income in the second quarter, and across the ICS, no ERF income has been recognised from July onwards.

The summary month 6 position is outlined in the table below;

M6 Financial Position	In Month Plan £'000	In Month Actual £'000	In Month Variance £'000	H1 Plan £'000	H1 Actuals £'000	H1 Variance £'000
Total Income	19,096	18,365	(731)	104,639	103,906	(732)
Total Expenditure	(18,532)	(17,778)	754	(100,351)	(99,645)	706
Depreciation & Technical	(715)	(877)	(162)	(4,288)	(4,414)	(125)
Surplus / (Deficit)	(150)	(290)	(140)	(0)	(152)	(152)
Removal Transactions Relating to Donated Assets	0	123	123	0	153	153
Surplus / (Deficit) on a control total basis	(150)	(166)	(16)	(0)	1	1

Key issues to note in the month 6 position are as follows:

- The Trust achieved a breakeven position in H1.
- Income is £732k below the year to date plan with key reasons being:
 - Total ERF income is £524k below plan. ERF income for English patients is £2,187k behind the original plan. Confirmation of the ERF for quarter 1 has been received and is £4,214k. However, across the ICS, the July to September threshold is expected to not have been met and so no further income has been assumed in the position for quarter 2. To date, the Welsh ERF income is £1,663k which partially offsets the English ERF shortfall against plan.

- Research income is £334k behind the year to date plan.
 - Other income generation schemes are £146k above plan which is mainly driven by income from seconded posts.
 - The Isle of Man and Private Patients income remains on a cost per case arrangement. The total variance is £108k above plan in the year to date position.
- Pay expenditure was above plan reporting a £62k overspend for H1, predominantly due to bank and agency usage to cover vacancies and additional shifts.
 - 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 90% of 2019/20 activity in September and 96% of 19/20 levels year to date, highlighting the significant increase in activity as Covid pressures have eased.
 - Performance against the Cost Improvement Programme (CIP) remains a risk, but work continues to identify further recurrent schemes in order to ensure financial sustainability going forward.
 - Capital expenditure was £5,395k against a plan of £7,492k, with much of the variance caused by revisions to the phasing of certain capital projects.

2. Conclusion

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

3. Recommendation

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

Council of Governors (in Public) Item 7.5

Subject: Patient & Family Support Team Activity Report Q2
Date of meeting: Tuesday 7th December 2021
Prepared by: Laura Allwood, Patient & Family Support Manager
Presented by: Joan Mathews Deputy Director of Nursing and Quality
Purpose of Report: To Note

1. Executive Summary

This report outlines the informal concerns and complaints captured in Q2, 1st July-30th September 21. The Trust received a total of 12 formal complaints for Quarter 2. In addition, 94 contacts were made, of which 63 were informal concerns and 31 requests for information or advice.

Of the 12 formal complaints received in Q2, 1 has been led by another Trust and 1 led by LHCH with input from Liverpool University Foundation Trust needed. There is 1 complaint that remains under investigation, 8 complaints were not upheld and 3 partly upheld. There was no trend in area or subject of the complaints and some related to different time periods.

The Trust has received 20 compliment letters/emails in this quarter-all shared and feedback to appropriate teams and directorates.

2. Contacts - Informal Concerns, Advice & Information Table1

<p>Quarter 1 Contacts -Overall Total = 94</p> <p>63 Informal Concerns – themes</p> <ul style="list-style-type: none"> • Visiting- doctor told relative they could visit but hadn't told ward team. Relative onsite and wanted to visit as patient was anxious. Exceptional circumstance consideration for visiting given. • Appointment- relative not allowed into outpatient department (OPD), Transcatheter aortic valve implantation (TAVI) clinic-administration/communication issues, concerns over heart failure and recent clinic letter, TAVI clinic- information not sent to warfarin clinic and GP. • Surgery- cancelled surgery-plan needed, concerned over surgery date due to consultant leaving, unhappy with surgical consultation. • Inpatient- cedar-relative concerned that patient was deteriorating and unstageable pressure ulcer. Concerned discharged too soon. • Cedar ward- 2 patients relatives contacted patient and family support around not having regular updates. • Rowan- poor experience following cancellation of surgery, delay in getting medication returned and late discharge. • Rowan- Preoperative property missing • Referral- chasing patent foramen ovale (PFO) referral, patient not for surgery and unsure of medical management, recent MDT await outcome. • Vaccine- 2nd vaccine not on system • Radiology- CT cancelled error and couldn't make another appointment- system error.

<ul style="list-style-type: none"> • Lack of follow up/OPD- Respiratory medicine patient, wanted diagnosis and appointment. Unsure of plan following appointment. Long time to wait for follow up. Change in consultant requested. Issue around incident in OPD of a patient who was admitted to the ward. • Radiology- Manual handling issues with a wheelchair patient, Cancelled appointment second time and MRI cancelled and patient unaware. Patients reimbursed for journey. • Administration - A few concerns raised around inaccuracies in the discharge summary, confidentiality issues and DVLA form to be signed and a long wait. • Delay in tests- due to staffing • Cardiac diagnostics- arrived for 24hr tape and was cancelled and unaware-patient was very aggressive towards staff. • Travel expenses • Post bereavement concerns/queries raised by 3 families
<p>31 Advice & Information - Subjects include:</p> <ul style="list-style-type: none"> • Bereavement- info request for a young death, GP request why was the patient sent for a post mortem and data update of a death. Support needed. • How to complain requests • 2nd Vaccine not on system • Relatives concerns about facilities on discharge • Chasing tests sent from another trust • Chasing results from CT and cardiac perfusion. • Surgery information • Ombudsman enquiry. • Post TAVI advice Wife rang- husband had TAVI 4 weeks prior is on dialysis and has a low HB- wanted advice difficulty getting through to the TAVI team • Robert Owen- palliative family- cost enquiry • Upcoming appointment details
<p>Informal complaints- requiring more in-depth investigation included:</p> <ul style="list-style-type: none"> • Heart failure patient sent a letter with questions around the referral system – written response provided. • Meeting held between surgical/medical teams- a patient who came in and queried surgery, but contracted covid-19 was sent home but later reviewed as not needing surgery had many questions- resolved and plan set. • Patient raised concerns around an Xray she had whilst an inpatient and the procedure being painful- written response provided. • Patient requesting money towards dental work as dental problems post-surgery- written letter provided. • Post-surgery concerns raised around communication with secretary, cancellation reasons- meeting and letter provided. • Appointment notification concerns and errors noted by a patient and communication by a doctor- written response provided.

3.

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

Number of complaints per month/division				
Total/month in brackets	Surgery	Medicine	Corporate	Clinical Services
April 21	1	0	0	0
May 21	0	2	1	0
June 21	1	3	0	0
July 21	2*	4	0	0
Aug 21	4*	0	0	1*
Sept 21	2*	0	0	1*
Oct 21				

Nov 21				
Dec 21				
Jan 22				
Feb 22				
Mar 22				
Total	10*	9	1	2*

*joint

Table 3 below shows the complaints received in Q2 formal complaints and learning outcomes per division.

Ref:	Division	Summary of complaint	Outcome/Learning
Q2 2021/22			
09	Medicine	Patient referred for potential Patent foramen ovale (PFO) closure and family raised concerns was there a delay.	Closed- not upheld
10	Surgery	WIRRAL CCG- Daughter raised concerns around a none or mis- diagnosis of amiodarone induced pulmonary toxicity- patient later died on intensive care.	Closed- not upheld
11	Medicine	Patient experience- consultation experience in OPD	Closed- not upheld
12	Medicine	JOINT Complaint- Led by Southport Hospital – during an admission in December potential diagnosis of heart failure which family were not aware of and not provided on discharge letter from LHCH	Closed- not upheld
13	Medicine/Surgery	Issues raised around poor patient experience, conversations with doctors and other aspects of care. Patient sadly passed away after cardiac surgery.	Open-under investigation
14	Surgery	Patient underwent oesophageal cancer surgery in January 2020 and tested positive for covid-19 a few days after and sadly passed away. Issues raised around decision for surgery, appropriate allocation of patients in LHCH.	Closed- not upheld
15	Surgery	Patient had a fall post-surgery and sadly died, fractured neck of femur. Several issues raised around care at all stages pre and post fall, support post bereavement and accessible information delays and issues.	Closed- partly upheld
16	Surgery	Patient had thoracic surgery was discharged and later readmitted to another hospital and treated for hospital acquired pneumonia. Issues raised around appropriate allocation on the ward, staff cleaning standards and on-going problems.	Closed- not upheld
17	Clinical services/surgery	Delay in CT SCAN post thoracic surgery- CT scan delayed and when had CT scan cancer had returned.	Closed-partly upheld
18	Surgery	Incident relating to suture trimming on maple ward following thoracic surgery September 2020.	Closed- Not upheld
19	Clinical services	Blood administration- Patient had heart surgery in 2010, in May 2021 diagnosed as HIV positive is concerned around the blood transfusion she had during surgery.	Closed-Not upheld
20	Surgery	Post-surgery complications- after surgery can't feel his left arm and unsure of diagnosis and no treatment offered.	Closed-partly upheld

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

3.2 Parliamentary Health Service Ombudsman (PHSO)

No new complaint requests.

3.3 Complaints Review Panel

Quarter 2 meeting has been arranged and will be taking place soon. There has been a delay due to the higher volume of complaints in Q2 received and these complaints still being under investigation. All complaints except for one have now been fully investigated and resolved.

3.4 Medical examiners concerns raised

Lead Medical Examiner Officer (MEO) from Countess of Chester contacted the MEO at LHCH regarding a patient who had thoracic surgery on the 16th June 21. He was transferred to Countess of Chester Hospital on the 24th June 21 for continued rehabilitation. Unfortunately, he very rapidly became unwell on transfer and sadly died in July 21. LHCH was asked to do a mortality review to review decision making to perform surgery. Full mortality review undertaken and concluded that the patient was considered appropriately for surgery and on transfer the patient's condition was good and observations were stable.

4. Recommendations

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

Council of Governors (in Public)

Item 8.1

Subject: Joint Board of Directors and Council of Governors
Development Day, 9th November 2021
Date of meeting: Tuesday 7th December 2021
Prepared by: Gill Donnelly, Communications and Membership Officer
Presented by: Karan Wheatcroft, Interim Chief Governance Officer
Purpose of Report: To Note

1. Executive Summary

This paper documents the work undertaken by Governors on 9.11.21 to:

- Evaluate effectiveness of Council of Governors in 2021 and considering what had been achieved and how. Governors also considered what, if anything, could be improved.
- Set objectives for the Council of Governors in 2022.
- Consider with the Board of Directors progress in delivering the LHCH Strategy – Patients, Partnerships and Populations; and engage with this shaping the Trust's strategic direction.

The discussions throughout the day concluded that the Council of Governors had made good progress and met its objectives for 2021. This was really positive considering the constraints the Council of Governors had experienced in being unable to meet face to face since pre-pandemic.

New objectives for 2022 were considered and Governors took the opportunity to engage with the Board around the implementation of the Trust's long term strategy, strategic objectives, financial framework and CQC National Adult Inpatient Survey Results 2020. A summary of the day's work and 2022 objectives recommendations for approval are set out below.

2. Background

The annual Joint Council of Governors and Board of Directors Development Day was held on 9th November 2021. The morning session was for Governors only, with the Board Directors joining for the afternoon session. 21 (out of 25) Governors attended the day. (Attendance list attached at Appendix 1). This year's session followed the same format as 2020 and was held online utilising Zoom video conferencing for safety reasons, due to the covid pandemic and social distancing restrictions currently in place.

The objectives for the day were agreed and the session began with an 'ice-breaker' introductory exercise which provided opportunity for governors to get to know each other. The remainder of the day was then structured around the objectives as listed in 1.0 above, with a summary of the discussions and actions documented below.

3. Summary of Themes Discussed

Neil Large, Chair led a presentation highlighting how governors hold to account and obtain assurance both from external and internal sources. Examples of external reports had been provided to governors prior to the meeting as examples of good external assurance and included the CQC Outstanding Report, NHS Staff and Inpatient Survey Result Reports, FTSU Index ranking and NHS England Trust Segment Rating. Current assurance included the Council of Governor meetings which Non Executive Directors (NEDs) and Executive Directors attend, present and take questions.

Neil Large, Chair highlighted some of the future challenges for the Trust and added this continued to be a challenging period particularly working through the re-set and recovery from Covid 19. The establishment of Integrated Care Systems (ICS) and work undertaken with the Cheshire and Merseyside Provider Collaboratives, Liverpool System Provider Collaboratives and Specialist Trusts Group would all play a key part in the future of Liverpool Heart and Chest Hospital.

3.1 Reflection of 2021

Objective 1 – To successfully induct and integrate new governors into CoG.

It was noted that the annual Induction Day held virtually and facilitated by Ann Utley had been successful and a key resource particularly for new governors. It was added that all new governors had continued to be provided with an electronic induction pack and 1-1 individual induction meetings with the Chair.

Objective 2 – To ensure effective succession plans are in place for Chair and Non Executive Directors.

It was explained that the Nominations & Remuneration Sub Committee members had attended Govern Well training this year to support the process of recruiting NEDs and the Chair. It was added that the recruitment process for new NED and Chair's appraisal had been completed and the recruitment process for the Chair was underway.

Objective 3 – To hold the NEDs to account for the performance of the Board of Directors.

It was highlighted that despite the difficulties there had been a fully functioning Council of Governors during covid pandemic by meeting virtually. Governors had been kept up to date on updated CQC inspection arrangements, received the right information in terms of reports and presentations. It was added that governors were provided with the option to attend Board of Directors meetings to observe. Governors were encouraged to attend a Board of Directors at least once a year as part of their development and this would help enrich and develop their knowledge.

It was noted that the attendance at Board of Directors meetings varied from 6 to 2 governors attending each of the Board meetings to date during 2021. In addition to this NED led groups to explain the terms of reference for the assurance committees had been held in May 2021 and would be organised for later in the year.(GD)

It was requested in the meeting that an update on the Trust's digital strategy and digital aspirant programme was brought to a future Council of Governors meeting. (KWh)

There was a discussion around the challenges of the Council of Governors operating entirely virtually due to social distancing restrictions currently in place. It was explained that in the absence of governor walkabouts and face to face meetings that Staff Governors were an excellent 'temperature check' of how things are working on the frontline within the Trust. There was a discussion around the possibility of a drop in

session via Microsoft teams with staff governors to support this interaction however, it was noted that it was important that key items were discussed in meetings so all governors were aware and up to date. It was noted that the open sessions via zoom that run 30 minutes prior to Council of Governor and Chair meetings could be used for this purpose.

(All)

Objective 4 – To refresh and deliver our membership strategy.

The Membership and Communications Sub Committee had reviewed the Membership Strategy this year and developed a membership, communications, recruitment and engagement plan. A programme of virtual events had been organised and promoted via number of channels.

Objective 5 – To engage effectively with the BoD 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.

It was explained that today's joint development day would be a good opportunity to engage with the Board of Directors and shape the Patients, Partnerships and Populations strategy. In addition to this there had been an increased frequency of Chair's Lunch meetings to ensure monthly contact between the Chair, Director of Corporate Affairs and governors. There had also been regular updates from the Board of Directors at quarterly Council of Governors meetings.

3.2 2022 Council of Governor Objectives

From discussions on the day the following objectives are proposed for 2021:

Objective 1 - To successfully induct and integrate new governors into the Council of Governors and introduce, integrate and evaluate governor mentor scheme

It was discussed that governors would continue with the existing induction process. For example, the externally facilitated annual induction day, introductory meeting, electronic induction pack and ongoing development/training opportunities from external providers. It was requested that a log of governor training undertaken in the year was added to the governor attendance reports at Council of Governor meetings **(GD)**.

It was added that as an alternative to walkabouts it would be beneficial to invite a member of staff to attend future meetings to discuss what is happening on the front line and key changes. A proposed timetable was communicated and included Meet the Chair Designate (Dec 2021), Support Services/Facilities Update (Jan 2021), Critical Care & Nurse Recruitment Challenges (Feb 2021) and AHP, Technical and Scientific Update (March 2021).

It was added that a mentoring scheme had been introduced for the three new public governors who had been linked with an experienced governor. Ruth Dawson, Head of Education would be providing a mentoring session to help support and inform this process.

Objective 2 – To ensure succession plans are in place for the Chair/Non Executive Directors

The Nominations and Remuneration Committee (NEDs) would play their key role in the recruitment and appointment of new Chair. Council of Governors would support this recruitment process and approve appointments and support the transition to new Chair following appointment.

Objective 3 - Appointing the external auditor

It was noted that the appointment of the external auditor was scheduled for 2022 and this would be a priority for the Council of Governors in this time period.

Objective 4 - Hold Non Executive Directors to account for the performance of the Board

The Council of Governors would continue to hold Non Executives Directors to account as follows:

- Seek assurance in relation to maintaining CQC standards and action plans.
- Seek assurance that the Patients, Partnerships and Populations strategy is proceeding as it should in terms of the six enabling strategies.
- Keep well informed of how covid recovery plan is progressing.
- 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).
- Governors to attend and observe Board of Directors meetings
- Organise follow on NED Led Development groups to discuss the terms of reference of each Board committee e.g. Audit, Quality, People, Finance/Performance and Charitable Funds. A vote was conducted amongst governors and it was agreed that the re-run of these sessions would start with People Committee followed by the Quality Committee and then the Finance Committee.

There was a request for clarity on Research and Innovation and how this is moving forward. Neil Large, Chair added that Professor Jay Wright, Director of Research would be invited to a future Council of Governors meeting **(KWh)**.

Objective 5 - To deliver the refreshed Membership Strategy including:

- Delivery of a programme of virtual health events in collaboration with other support groups and local communities as much as possible.
- Take opportunities for partnership work with LHCH Charity in terms of community events when possible.
- All Governors to support this programme of events bringing in their own contacts/groups where possible.
- Monitor the representation of membership and consider recruitment to improve this.

Objective 6 - ICS Developments

This will be an on-going developmental programme for Governors to participate to fully understand the ICS agenda and Governor's roles including:

- Cheshire and Mersey ICS briefings and Governor Events. It was noted that an ICS monthly stakeholder briefing was produced and could be circulated to governors for information. **(NL/GD)**.
- Council of Governors updates at Council of Governor meetings
- NHS Providers - Governor Events & Briefings
- Joint Annual Council of Governors and Board of Directors Development session.

3.3 Strategic Planning Session with the Board of Directors

Jane Tomkinson, CEO opened the afternoon session of the joint development day and noted that there would be changes to the Board of Directors shortly with the Chief Operating Officer leaving for a new role and the recruitment process was currently underway for a Chair to commence from 1st April 2022. It was added that the Trust would

have advocates and a voice within the Integrated Care System (ICS) and would continue to work closely with other specialist Trust's through the specialist trust alliance.

Sue Pemberton, Director of Nursing provided a presentation which highlighted the recently published National Adult Inpatient Survey Results 2020. It was noted that the response rate had been high at 70.81% compared with a national response rate of 46%. It was highlighted that the Trust's results were much better than most trusts for 12 questions and ranked fourth in the country for Overall Patient Care. It was added that the Trust had performed very well in the survey results however, there were some areas for improvement which have been identified and an action plan was being drafted to address these. The Council of Governors received the report.

Jonathan Develing, Director of Strategic Partnerships provided an update on the plans for the NHS to change structure and legislation and the changes aim to support NHS organisations to collaborate to improve care and manage resources. This included the plans for the abolishment of the Clinical Commissioning Groups (CCGs) and establishment of a system wide working approach. The Director of Strategic Partnerships facilitated a workshop to enable Council of Governors to split into working groups to consider and discussed three themes:

- 1) Early intervention and how does LHCH seek to support health inequalities,
- 2) Collaborations and how will the development framework work for specialist providers
- 3) Expectations - if you were a governor on the ICS Board what would your expectation be for LHCH?

A key theme from the discussions was that the Trust and its people had the expertise, knowledge and education abilities to support other hospitals, organisations and communities moving forward.

Karen Edge, Chief Finance Officer provided a presentation explaining the financial regime and how this had changed during Covid 19 emergency response, recovery and restoration. In 2022/23 it was expected that there would be a return to business as usual and a step-down of additional short-term NHS investment related to the pandemic. The payment reform proposals were developed by NHS England/Improvement in line with the NHS Long Term plan, involving moving away from activity based payments to one that is mainly population based. It was noted that at present, all proposals by NHSE/I were still in development and could be subject to change. It was noted that the new regime for capital meant a loss of autonomy, limitation of resources where prioritisation is required as a system.

Jonathan Develing, Director of Strategic Partnerships shared a presentation which highlighted the Trust's strategy Patients, Partnerships and Populations and the six strategic goals which each had a number of objectives and were each led by an executive director.

Neil Large, Chair closed the session thanking governors for attending the event and sharing their thoughts on both sessions during the course of the day. He also thanked the Directors for joining the session and for providing governors with the opportunity to engage the Trust's strategic objectives.

4 Recommendation

The Council of Governors is asked to note to contents of the report, actions identified and to approve the 2022 objectives.

Joint CoG and BoD Development Day 9.11.21

In Attendance:

Governors - public:

Mark Allen, Public Governor – Cheshire (pm only)
Lynne Addison, Public Governor – Rest of England & Wales (pm only)
Joan Burgen, Public Governor – North Wales
Dorothy Burgess, Public Governor – Merseyside
Terence Comerford, Public Governor – Merseyside
Ray Davis, Public Governor – Cheshire
Linda Griffiths, Public Governor - Merseyside
Elaine Holme, Public Governor – Merseyside
Peter Humphrey, Public Governor – Merseyside
Roy Page, Public Governor - Cheshire
Allan Pemberton, Public Governor – Cheshire
Dusty Rhodes, Public Governor – North Wales
Peter Wareham, Public Governor – North Wales
Trevor Wooding, Senior Governor

Governors – nominated:

Karen Higginbotham, Nominated Governor - LJMU
Hollie Swann, Nominated Governor – University of Liverpool (am only)

Governors – staff:

Megan Cromby, Staff Governor – Non-Clinical
Dr Rebecca Dobson, Staff Governor – Registered Medical Practitioners
Sharon Faulkner, Staff Governor – Registered & Non-Registered Nurses
Dorothy Price, Staff Governor –AHP, Technical and Scientific
Princey Santhosh, Staff Governor – Registered and Non-Registered Nurses (pm only)

Neil Large – Chair
Karan Wheatcroft– Interim Chief Governance Officer
Gill Donnelly – Membership and Communications Officer

Apologies:

Apologies – Wendy Caulfield, Charlie Cowburn, Cllr Sharon Connor, Rachael McDonald

Directors (PM only):

Jane Tomkinson, CEO
Karen Nightingall, Chief People Officer
Sue Pemberton, Director of Nursing & Operations
Jonathan Develing, Director of Strategic Partnerships
Karen Edge, Chief Finance Officer
Julian Farmer, Deputy Chair
Nick Brooks, NED
Bob Burgoyne, NED

Apologies: Dr Raphael Perry, Deputy CEO/Medical Director, Hayley Kendall, COO, Kate Warriner, CIO, Margaret Carney, NED, Karen O'Hagan, NED

Council of Governors (in Public) Item 8.2

Council of Governors

Schedule of Key Meeting Dates 2022/23

Council of Governors Meetings - Formal and Informal

Tuesday 3rd May 2022	Chair's Informal Lunch, 12.30pm (optional)
Tuesday 7th June 2022	Council of Governors Formal Meeting, 1pm
Tuesday 19 th July 2022	Chair's Informal Lunch, 12.30pm (optional)
Monday 26 th September 2022	Council of Governors Formal Meeting, 1pm
Monday 26 th September 2022	Annual Members Meeting, 4pm
Tuesday 11 th October 2022	Chair's Informal Lunch, 12.30pm (optional)
Tuesday 8 th November 2022	Joint CoG & BoD Development Day
Tuesday 6 th December 2022	Council of Governors Formal Meeting, 1pm
Tuesday 17 th January 2023	Chair's Informal Lunch, 12.30pm (optional)
Tuesday 21st February 2023	Chair's Informal Lunch, 12.30pm (optional)
Tuesday 7th March 2023	Council of Governors Formal Meeting, 1pm

Other Key Dates

TBC October 2022	Annual Governor Induction Day
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Council of Governors (in Public) Item 8.3

Subject: Membership and Communications Sub-Committee Hot Topics
Date of Meeting: Tuesday 7th December 2021
Prepared by: Gill Donnelly, Membership & Communications Officer
Presented by: Dorothy Burgess, Public Governor - Merseyside
Purpose of Report: To Note

1. Executive Summary

The Membership and Communications Sub-Committee met on 4th November 2021 and the following key points were discussed:

- All key performance indicators within the Membership Strategy had been achieved year to date. The election turnout had been at the higher end of the range for the national average for acute trusts.
- The Membership Communications, Recruitment and Engagement Plan for 2021/22 was discussed including virtual health events for this time period and a CPR/Defibrillator training session that would be taking place for Marine Football Club.
- The Members' Survey had been circulated and was open until the end of November 2021 at least. The quality of responses had been excellent with a number of members sharing their patient experience stories. A full summary of responses would be presented at the next meeting.
- The next edition of Members Matters was being drafted and would be published electronically in the new year 2022.

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

2. Hot Topics of the meeting held on 4th November 2021

Membership Analysis

It was highlighted that 8,864 public members were registered on 1st November 2021 which exceeded the minimum target of 8,000 public members. It was noted that the annual turnover rate of members stood at 4.07%. It was noted that all key performance indicators had been met year to date.

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

Performance Indicator	Year to Date Position at 1st November 2021	Status
Minimum number of 8,000 public	8,864	

members		
Annual churn rate (public members removed) <5%	361 (4.07%)	
Staff opt outs = nil	0	
Elections: turnout during 2021	Elections completed and turnout as follows:	
National Average (from CES)	Contested election (4 candidates for 3 seats) - 14.4% Cheshire	
Average Public turnout is 10-15%	Contested election (3 candidates for 1 seat) - 16.8% Merseyside	
Average Staff turnout is 15-20%		
Results and Return Rate from bi-annual Membership Survey to match or show improvements (5.25% in 2018).	Survey open until 30 TH November 2021	
Fully Functioning Council of Governors	<ul style="list-style-type: none"> • Yes – met quorum set in constitution • 25 out of 25 seats currently filled in Council of Governors 	

Membership Communications, Recruitment and Engagement Plan 2021/22

The membership communications, recruitment and engagement plan for 2021/22 was discussed which included the below forthcoming events' programme. It was agreed that moving forward the focus would be on organising events in conjunction with community groups which would also provide the opportunity for governors to engage and fulfil their statutory duty to represent members and the public.

-'Cardio Oncology' Talk with Dr Rebecca Dobson, Consultant Cardiologist held in conjunction with Ainsdale Medical Centre Patient Participation Group and open to all via Microsoft Teams - Thursday 11th November 2021, 6.30pm (led by TW).

It was explained that plans were all in place for the virtual presentation in conjunction with Ainsdale Medical Centre. All governors were welcome to attend.

-Marine FC Link (led by DB)

It was highlighted that LHCH Charity volunteers had been invited to do a collection at a recent match at Marine FC and this had been well received. It was added that plans were in place for the Trust to attend Marine FC later in November to provide CPR training. Feedback from the most recent World Heart Day virtual CPR session had been that a credit card sized card prompt and reminder of what to do in an event of a Sudden Cardiac Arrest would be helpful and this could be taken forward for future training sessions. It was noted that a close link between community events and LHCH Charity would be beneficial going forward.

The sub committee discussed forging potential links for member recruitment and the

need to particularly focus on recruiting members in younger age groups. For example, in sixth form colleges or universities. It was suggested this could also promote health awareness in colleges or careers at the Trust. It was noted that the timing was not right at present due to the ongoing Covid 19 pandemic and many schools/colleges were avoiding face to face visiting. However, it would be picked up by the sub committee as soon as reasonably possible

Members Matters Update

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

Date and time for the next meeting

Tuesday 22nd February 2022 at 11am via Zoom

3. Recommendations

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

Item 11

Council of Governors (in Public) Action Log

Updated 27th September 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	Complete	December 2021	Information shared in the AM session on the Joint CoG and BoD Development Day 9.11.21
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	
27th September 2021						
3	Item 13.4	Annual Patient Survey Results to be brought to the next meeting.	SP	Complete	December 2021	Completed at the Joint CoG and BoD Development Day 9.11.21