

Council of Governors – Part 1 (in Public) Item 5

minutes

**Monday 5th March 2018
1.00pm
LHCH Conference Room**

Present:

Neil Large
Lynne Addison
Mark Allen
John Black
Ken Blasbery
Peter Brandon
Dorothy Burgess
Charlie Cowburn

Elaine Holme
Vera Hornby
Michelle Laing
Allan Pemberton
Ruth Rogers
Lynne Trayer-Dowell

In Attendance:

Julie Adam
Nicholas Brooks
Gill Donnelly
Lesley Hughes
Tina Kenny
Lucy Lavan
Sue Pemberton
Dr Raph Perry
Julie Roy
Joanne Twist
Tony Wilding

Robin Wiggs

Claire Wilson

Apologies for Absence:

Chair
Governor – Rest of England
Governor – Cheshire
Governor – Merseyside
Governor – Cheshire
Governor – Cheshire
Governor – Merseyside
Governor – Registered & Non-Registered
Nurses
Governor – Merseyside
Governor – Merseyside
Governor – Partner Organisation
Governor – Cheshire
Governor – Merseyside
Governor – Registered & Non-Registered
Nurses

Occupational Therapist (Item 1 only)
Non-Executive Director
Membership & Communications Officer
Executive Office Manager (Minutes)
Matron – Surgery (Item 1 only)
Director of Corporate Affairs
Director of Nursing & Quality
Deputy CEO/Medical Director
Matron – Medicine (Item 1 only)
Director of Workforce Development
Director of Strategic Partnerships & Chief
Operating Officer
Assistant Director – Business
Development
Chief Finance Officer

Amanda Clarke
Glenda Corkish
Kerry Fitzpatrick
Sharon Hindley
Dot Price

Alexandra Thompson
Trevor Wooding

Governor – North Wales
Governor – Partner Organisation
Governor – Registered & Non-Registered Nurses
Governor – Allied Healthcare Professionals, Technical & Scientific
Governor – Non-Clinical Staff
Senior Governor - Merseyside

1. Presentation: End Pyjama PJ Paralysis

Julie Adam/Occupational Therapist, Tina Kenny/Matron – Surgery and Julie Roy/Matron – Medicine were in attendance to provide an update on the on-going work within the Trust to improve patient outcomes.

The presentation outlined statistics from hospital associated research showing the impact of extended hospital stays, both physically and mentally. The ambitions of the “End PJ Paralysis” campaign launched in September 2017 were to change the culture around patient recovery, and raise awareness of deconditioning such that staff would encourage patients to get dressed and mobile. Patients were encouraged to wear casual comfortable clothing and advised of this pre admission via information leaflets, face to face during their pre-admission appointment, on admission and by way of posters displayed throughout the Trust.

It was noted that to date uptake had been limited, however further action would be taken to promote the scheme, supported by Sue Pemberton/Director of Nursing & Quality.

Governors referred to the length of stay and asked how the initiative applied to those who are admitted for short periods. They were informed that this did still apply as often the patient felt more enabled, independent and it was more dignified for the individual.

Referring to the detailed analysis within the presentation, Governors enquired if it was possible to monitor the effectiveness of the programme against the quoted statistics and were informed that that may be plausible through the length of stay.

On behalf of the Council of Governors (CoG) the Chair thanked the team for delivering an interesting and informative presentation, inviting them to return in 12 months with an update on progress.

The team left the meeting.

2. Apologies for Absence

Noted above.

The Chairman expressed the appreciation of the CoG paying tribute to Michelle Laing who would be standing down after 6 years of service to the Council following today's meeting. Michelle had demonstrated immense support to the CoG during her term, attending many network events and actively supporting the Membership Sub-committee over the years. Michelle would however continue to support the organisation

through various forums.

A formal letter had been received from Professor Raphaela Kane/Interim Dean, Liverpool John Moores University informing the Trust that Professor Ian Jones had been appointed as her successor, taking up the post with immediate effect. Ian Jones was familiar with the Trust, had attended the Trust's recent innovations day and held a professorship in cardiovascular nursing so would be a valuable member to the Council.

The Chair also welcomed Dr Raph Perry/Deputy Chief Executive and Medical Director who was representing Jane Tomkinson/CEO.

3. Patient Story

A patient story was read by Sue Pemberton, Director of Nursing & Quality.

Governors were informed that the delivery of the patient story was intended to 'set the scene' for the meeting and how learning from those selected was varied, noting that not just the positive stories were shared with colleagues. Governors were informed that a learning hub had recently been established and 'listening events' regularly took place to review complaints and incidents where the key learnings would be communicated each quarter to front line staff as part of the Trust's continuous improvement in patient care.

4. Declaration of Interests Relating to Agenda Items

The Chairman asked CoG members if they had any interest to declare in respect of items listed on the CoG agenda. All declared they had no interests.

5. Minutes of the Council of Governors (CoG) meeting held on 4th December 2017

Noted and approved.

6. Chairs Briefing:

6.1 Cheshire & Merseyside Health & Care Partnership

The Chair informed Governors of the change in name of the previously known Cheshire & Merseyside STP, now recognised as the Cheshire & Merseyside Health and Care Partnership. A full progress report would be provided at the June 2018 meeting.

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6.2 CVD Programme

The Chair invited Tony Wilding to update Governors on the CVD Programme Board. It was noted that the focus in recent months had been the development of clinical cases for change for the key priority areas, including aortic, prevention dissection pathway, stroke and smoking cessation. A pilot would be held at the Trust "Making Every Contact Count" (MECC) in support of the smoking cessation pathway which The Trust were planning to roll out across the whole STP.

Single Cardiology Imaging Platform:

This work stream would enable working with colleagues from local CCG, Royal Liverpool & University Hospital and Aintree Hospital Trusts. Funding had been identified of £437K to link images from the RLBUHT, Aintree Hospital and LHCH on single platform with reports linking through to GPs via the EMIS system opening up the ability to link systems across the health economy and primary care.

The Chair reiterated the importance of keeping up the momentum as the work moved to implementation phase.

Governors also noted that following considerable debate with various stakeholders and services it had been agreed that there would be a single heart attack centre supporting the region. Considerable investment would be required if this was to be incorporated into the new RLBUHT campus so for the time being the current arrangements would remain in place. Future opportunities for a single site service at LHCH would be pursued.

6.3 Adult Congenital Heart Disease

The CoG was informed that the transition programme was in place and the service would be relocated by November 2018. A Consultant Cardiologist had been recruited with two further Consultants transferring from Manchester; a further Consultant was still to be recruited.

Specialist nurses would transfer from Manchester and a specialist cardiac imaging nurse would be recruited.

6.4 Robotics Programme

The Chair reflected on the innovative work that was now in place within robotics surgery and invited Dr Raph Perry to update Governors on its progress.

Dr Perry reported that thoracic surgery had commenced at the end of November 2017, 20 thoracic cases had been successfully completed and the first of the mitral valve procedures had taken place over the previous few weeks, 5 in total.

Governors noted with interest that patients would normally be hospitalised for a period of 4-5 days overall. As a consequence the Trust was now able to increase the number of patients treated within a shorter period of time, enhancing the patient experience and the reputation of the Trust.

6.5 Other Items

6.5.1 Governor Walkabout:

The Chair thanked those Governors who attended the morning walkabout which incorporated a visit to the hospital co-ordinators and Elm Ward. He advised that on walkabouts Governors would adhere to

the 'bare below the elbow' policy in all clinical areas.

6.5.2 NHS 70th Birthday Celebrations:

The Chair reported on the plans to celebrate the 70th birthday with the following calendar of events:

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- Monday 18th June 2018: Chari-Tea party
- Thursday 5th July 2018: Staff Barbeque

The tea party will include a cake sale with funds donated to the LHCH charity.

Governors were invited to support the event by attending/assisting on the day or providing any memorabilia relating to the Trust's history either by way of photographs or stories/experiences they would be willing to share.

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6.5.3 Sir Ken Dodd:

The Chair referred to the recent media coverage of Sir Ken Dodd leaving the Trust where he had expressed his gratitude for the care he received.

6.5.4 David Bricknell:

The Chair informed Governors that David Bricknell had retired from his role as Non-Executive Director/Deputy Chair following an 8 year term and expressed his appreciation on behalf of the Board of Directors (BoD). David was also the Senior Independent Director (SID). He had attended the CoG regularly and was someone whose counsel and support during this period had been invaluable to the Trust.

7. Strategy & Service Improvement:

7.1 Operational Planning 2018/19 Update

Claire Wilson presented the 2018/19 planning update. Governors were informed that following a delay in the process, the Planning Guidance was received on 8th February 2017.

Planning had commenced at departmental level and work was progressing on activity, costs, income, the delivery of performance targets and the key objectives of the organisation. The final plan would be completed over the coming few weeks.

The following salient points were noted:

- A considerable amount of work had been carried out to ensure assumptions on the Trust's plans were aligned to Commissioning plans.
- Clinical Commissioning Groups (CCGs) to plan/fund realistic levels of emergency activity and additional elective activity to address waiting lists.
- Additional capital monies had been approved for integrated care

- outside of hospitals.
- Additional capital monies to be aligned with STP Programme.
- Provider sector to be in financial balance. To support the half year, a budget is being allocated to increase the sustainability transformation fund.
- CCG Control Totals will be set.
- Integrated Care Systems control totals set to allow access to sustainability funding.

The presentation set out the timetable for the Operational Plan and the submission of the draft and final plan. The Board of Directors would sign off the Plan and acceptance of the Control Total at their meeting on 27th March 2018. The final plan would then be presented to Governors at the CoG Chair's lunch scheduled for 24th April 2018 prior to the final submission date of 30th April 2018.

Winter planning for 2018/19 would commence in March/April 2018.

Discussions followed in relation to the delivery of the Control Total and it was noted that organisations failing to deliver their Control Total would have STF monies withdrawn adding to their pressures. The Chair commented that it was the organisation's priority to deliver all national targets which would support the Trust's capital programme allowing the flexibility to improve on its service.

The Control Total and agency cap was set out within the presentation; the current 2018/19 Control Total including allocated sustainability and transition fund (STF) stood at £7.8m with the total STF/provider sustainability fund (PSF) reported as £3.5m. The agency ceiling for 2018/19 stood at £2m.

The draft Capital Programme for 2018/19 stood at £10m which reflected the age of the organisation and therefore what was needed to invest on equipment and its infrastructure over the next five years, the key areas being:

- Estates £1.5m
- Replacement equipment £1.5m
- IT equipment £1m
- Theatre B imaging £900k
- Additional CT scanner £1.7m.
- Replacement Catheter Laboratory £1.3m.

The key element of the Financial Plan was the delivery of the cost improvement programme (CIP). The CIP target for 2018/19 was expected to be on a similar level to 2017/18 i.e. £3.8m which equates to 3% of the overall turnover subject to final assessment of income and expenditure for 2018/19. Governors were advised that there are rigorous processes in place to ensure the plans are assessed for their quality impact before implementation.

The remainder of the presentation was noted.

7.2 Private Patient Strategy – Summary

Lucy Lavan outlined the duty of Governors to approve any increase in private patient income of more than 5% as a proportion of total Trust income in any one financial year, and questioned whether the proposed plans would trigger this requirement. Robin Wiggs/Assistant Director for Business Development was in attendance and advised that private patient income currently stood at 2-3% overall of the Trust income and that the planned increase would not be of this magnitude over the life of the current plan but it was agreed that Governors would continue to be informed of progress. The Chair explained that the private patient service grew the contribution would enhance and not compromise NHS patient care.

Following the personal experience of one Governor, the meeting considered how the private patient service compared to the NHS patient care and journey; what would be the incentive for patients to choose to be cared for privately. Governors were informed that while the quality and experience of NHS care is of a high standard, it was necessary to improve the accommodation provided for private patients to bring it in line with that available for NHS provision.

On the suggestion of the Governors, consideration would be given to linking with screening programmes from professional organisations, sport academies and charitable organisations. This was already something the Trust was involved in but if further opportunities presented these would be considered.

It was noted that the Trust was working closely with the Department of International Trade to identify further business development opportunities.

Governors sought assurance that this would not impact on the core work of the hospital. Robin Wiggs advised that all proposals would be considered on a case by case basis and subject to full business case process and due diligence review.

The Chair thanked Robin Wiggs for his presentation, commending him for the work to date and reiterated that if successful, the work will enhance the services and reputation of the Trust.

7.3 Quality Account Priorities

Sue Pemberton presented the proposed Quality Account Priorities for 2018/19 following an engagement event with stakeholders which included Governors, Health Watch and commissioners and identified the quality priorities for the year ahead.

The stakeholder event was held on 1st February 2018 and the following areas were identified for review:

- Delirium pathways
- **Complex care**
- **Patient and family shadowing**
- **Care partner programme**

- Human factors
- Technology in patient experience

The CoG supported the three highlighted in bold above, together with patient and family shadowing as the quality priorities for 2018/19.

The CoG was also recommended to confirm selection of the “delirium pre-operative assessment for surgical patients” as the local indicator for 2017/18 external audit and this was approved.

7.4 Corporate Governance Statement 2018

Lucy Lavan presented the draft Corporate Governance Statement for 2017/18. The report described how the Board was licenced by NHS Improvement (NHSI) and the systems and processes in place that give the Board assurance on compliance.

The Corporate Governance Statement was compiled from a series of 20 statements which the Board was required to self-certify based on assurances received throughout the year including the review of the Board Assurance Framework and the Board’s business cycle.

Mersey Internal Audit Agency have been asked to review the self-certification process during the final quarter to ensure the controls were adequate, implemented and for the BoD to have reasonable assurance that those areas were suitable, consistent and effective. The process would be informed by the findings of the Well Led Review (March 2016) and subsequent reviews of the Assurance Committees and Operational Board.

It was confirmed that throughout the year the Audit Committee had maintained oversight of compliance with the licence via a quarterly checklist and this demonstrated compliance with General Condition 6.

Continuity of Service Condition 7 refers to the availability of the organisations financial resources; the Trust being on target to deliver its 2017/18 Control Total subject to the risk associated with the Wales contract around the new national tariff, HRG4+.

Certification on AHSCs and Governance: Research partnerships are in place with the Institute of Cardiovascular Medicine and Science in partnership with the Royal Brompton, and the Liverpool Health Partners, both of which are companies limited by guarantee, neither are classed as Academic Health Sciences Centres.

The BoD is required to ensure that Governors have the necessary skills and knowledge they need to fulfil their role through various training during the year; details of which were outlined within the report and confirmed as accurate by the CoG.

Governors also noted that the Trust may be selected for audit as part of a sampling exercise conducted by NHSI to check the review process and compliance with good governance practice. The Statements the BoD are required to self-certify were attached.

The CoG was asked to review the paper and provide any views for consideration by the BoD. In the meantime any exceptional issues from the BoD's meeting or changes in regulatory requirement would be highlighted to Governors at the next meeting.

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8. Performance and Operations:

8.1 Q3 Strategic & Performance Dashboard

The Quarter 3 Strategic and Operational Dashboard was presented by Tony Wilding. The report outlined the following sections and against each was an executive summary highlighting the key areas, namely:

- **Single Oversight Framework:**

3 indicators removed and therefore removed from the Trust's SOF dashboard, namely:

- HSMR ratio (weekend) from quality indicators
- Aggressive cost reduction plans indicators
- Emergency re-admission rates

3 additional indicators now included to the framework, namely:

- E-coli bloodstream infections
- MSSA bacteraemias
- Dementia assessment and referral standards

- **Operational Dashboard:** the internal indicators agreed by the BoD April 2017 for routine monitoring.
- **Strategic Dashboard**

The remainder of the report outlined the exceptions to the standards and the narrative set out the actions that had been applied.

The CoG noted that business cases were being produced for additional CT and MRI scanners. Despite additional sessions, weekend working and the use of the CT/MRI vans the organisation was having difficulties meeting the growth in demand.

An action plan is in place to reduce the sleep studies backlog in to quarter one next year and was expected to be back on plan within the next 4/5 weeks.

Questions were invited and the following were noted:

- Governors queried the 62 day wait for first treatment from urgent GP referral (cancer pathway) and were informed that the overall trend had been reviewed and there were no issues identified, referrals naturally fluctuated. Governors also noted that NHS England were managing the transition to a paperless system with the transfer planned for 31st May 2018. Any paper based referrals would not be funded after 1st October 2018.
- Governors queried the workforce turnover rate between 1-2 years' service and were informed that this trend was common within a specialist organisation however there were statistics

available to demonstrate that staff often returned to the Trust. To assist with staff retention the Human Resource Department were introducing “first impression” sessions where staff were invited to share their thoughts on the organisation after being in post for 12-18 months.

- Mortality screening within 7 days was also highlighted. Governors were informed that although complex cases did impact on the outcome, they were assured that this was reported and reviewed monthly by the Operational Board through the divisional reporting process and supported by the Associate Medical Directors.

The CoG noted the Trust performance and associated exception and action reports.

The Chair thanked Tony Wilding for the report and responses to the questions posed.

8.2 Q3 Finance Report

Claire Wilson presented the main themes from the Trust's financial position to month 9 and the following was noted.

The Trust had overall delivered a surplus of £3.7m to the end of December 2017 in line with the Financial Plan and was forecast to deliver its Control Total, subject to resolution of the dispute with Wales around recognition of HRG4+.

Total income stood at £2.4m ahead of plan to the end of the quarter, the Trust's forecast agency expenditure was expected to remain within the £2.2m by year end. A significant amount of activity was forecast in the final quarter.

Cash balances of £6.1m were £1.8m below the planned position mainly due to the impact of the Welsh contract.

CIPs of £2.33m were achieved for the month against a planned £2.7m. There was now a focus on the next financial year. Non-recurrent savings were identified to manage the in-year position.

Capital expenditure stood at £3.49m, £0.788m less year to date against a plan of £4.284m.

The Trust was reported as being in a good financial position at the end of the quarter while work continued with the Divisions to ensure accurate forecasting.

Governors enquired if there was any risk associated with Brexit and agency recruitment and were informed that there was no indication at the present time but that this could pose an issue in the longer term.

The Chair expressed his appreciation to the finance team for their work.

8.3 Q3 Complaints Report 2017/18

The CoG received the Quarter 3 Complaints Report delivered by Sue

Pemberton which outlined the informal concerns and complaints. The CoG noted that from the 87 contacts, 46 had requested advice or information. 41 informal concerns were raised with trends including accessibility of appointment for ACHD, cancellations and referral enquiries.

There were 16 formal complaints received with no trends identified and all were responded to within the required time frame. 3 complaints were upheld and areas were identified for improvement.

Three post bereavement meetings had taken place with the Patient and Family Support Manager and the relevant staff involved in the patients care, each was beneficial to the respective families.

The report outlined the process for reviewing complaints and how they are used to improve the quality of care and the patient experience. The CoG noted the table of complaints, the robustness of the process and the learning outcomes aligned to each division.

Questions were invited and the following was noted:

- There were no trends identified or legal action pending

The CoG noted the processes and the action and learning which was embedded and shared throughout the organisation.

8.4 Staff Survey 2017 Headlines

Jo Twist presented the headlines from the 2017 staff survey. Governors noted that the results were embargoed until later that week however was informed that the organisation's response rate stood at 62% which was the highest for specialist Trusts nationally.

The presentation provided a snapshot of the raw data with 93% of staff recommending the Trust as a place to receive treatment and 74% recommending as a place to work. Significant improvement was noted against staff work areas, staffing numbers/support, team work/team effectiveness and support from Managers. Areas for improvement related to senior manager communication and involvement and rates of pay.

A formal report would be presented to the People Committee and BoD following receipt of the final survey outcomes, with a full report being presented to the CoG at its June 2018 meeting.

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9. Governor Issues:

9.1 Review of Register of Interests

The CoG received and noted the annual review of interests with Governors being reminded that they were required to update the declaration as new interests arose.

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9.2 Licence Condition G4: Fit and Proper Persons Requirements

Lucy Lavan delivered the Fit and Proper Person's Requirements report to the CoG.

The Trust's Provider Licence required all Governors to be 'fit and proper persons' in line with the criteria for compliance. Governors were therefore required to complete a self-declaration on appointment and on an annual basis. In addition all Governor appointments are subject to DBS clearance.

The CoG received the report and Governors were asked to complete and return the Fit and Proper Person Test self-declaration to Gill Donnelly by 29th March 2018.

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9.3 Council of Governor Objectives: Progress Report

Lucy Lavan delivered the progress report against the four set objectives for 2018 that had been approved by the Governors at their December 2017 meeting.

Progress of CoG objectives would be reported to future quarterly CoG meetings.

In the meantime the Trust continued to work towards recruiting a Welsh Governor.

Governors also noted that the membership strategy was being updated with new Governors who were part of the membership and Communications sub-group.

Governors were asked to consider if they required any other support to deliver their objectives and communicate any requirements to Lucy Lavan.

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9.4 North Wales By-Election: Timetable

Gill Donnelly presented the North Wales by-election timetable aimed at the recruitment of two Public Governors in the North Wales constituency. Notice of election was given on 13th February 2018 with a deadline for nomination on 13th March 2018. To date there had been a number of interests expressed therefore the Trust was hopeful it would fill the vacancies. A summary of candidates would be published on 14th March 2018.

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The CoG noted the contents of the report and supported the process.

9.5 Membership and Communication Sub-Committee 12.02.18

On behalf of Amanda Clarke, Gill Donnelly presented the Membership and Communication sub-committee report which detailed progress against its key performance indicators.

The CoG noted that the next meeting would review the Membership Strategy. Any revisions to the Strategy would be considered by the CoG in June 2018.

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The membership events calendar and the talk with Age UK, Wirral scheduled for 12th June 2018 were noted.

The latest Membership Matters edition would be circulated over the coming weeks.

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9.6 Feedback from Governor Walkabouts

Governors reflected on their walkabout to Elm Ward and the hospital co-ordinators reporting on the positive attitude of staff, the opportunity to chat to patients and junior doctors and to understand the challenging and demand role of the hospital co-ordinators.

Governors also expressed their satisfaction at the walkabout process.

The Chair thanked those Governors who had participated.

9.7 Interest Groups / External Events

- Forthcoming Events:

- i) North West Governors Forum 14.02.18

Governors reported that the event had been well organised, how the focus was on holding Non-Executive Directors to account where information from a case study was shared by David Wakefield, Chair of Bolton NHS FT Trust.

Governors observed and felt that the processes in place within LHCH were a positive reflection of the organisation. Discussions followed about the transparency of the Board, its reporting processes and focus on the CQC inspection process.

The event was also supported by Jonathan Driscoll of the CQC who outlined the new procedures that were being adopted. As a consequence Governors requested the presentation previously provided to the BoD also be presented to the CoG at their next meeting.

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- ii) National Governors' Conference (NHS Providers) 24.05.18

Allan Pemberton informed the CoG that he would be attending the National Governors' Conference on 24th May 2018; the outcome would be reported to the June 2018 CoG meeting.

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10. Board of Directors:

10.1 Report from the Audit Committee

The CoG received an update on the key themes of the work of the Audit Committee from its Chair Julian Farmer, namely:

Clinical Audit Plan: The key issues were set out within the presentation. The role of the Audit Committee was to provide Board assurance that the programme was being delivered. There were some challenges around

the national requirements but the committee was assured that the Trust would deliver what was required by the end of the financial year.

Losses and Special Payments were noted.

The recovery of debts continued to be reviewed with more robust arrangements in place to ensure these were managed more effectively.

Single Supplier Waivers: The Audit Committee reviewed the procurement of all items for which there had been no competitive tender process. The Audit Committee were satisfied that the correct procedures had been followed.

Audit Committee Evaluation: The effectiveness of the Audit Committee had been reviewed by Mersey Internal Audit Agency (MIAA), previously through the Well Led Review and therefore this year's self-assessment process was limited to a review of compliance the audit checklist set out in the Audit Committee handbook. This had been completed by survey and a workshop session had been planned to review the feedback.

Compliance with Provider Licence Key Risks: The CoG had noted the uncertainty around income from Wales following HRG4+; the diagnostic and RTT targets not met in December 2018; and the gaps in the controls assurance relating to data quality, which the Board would address.

Internal Audit Effectiveness: The Audit Committee reviewed the work of the internal audit and concluded that the team was professional, responsive and provided an effective service.

Scheme of Reservation and Delegation: The Audit Committee was able to provide assurance that this had been updated to reflect the operational requirements of the Trust.

Informatics Review: The Audit Committee was satisfied that any issues being identified were being addressed.

Internal Audit: Two areas of significant assurance were reported; combined financial systems and the controlled drugs reviews. Plans were in place and progress was being made implementing their recommendations.

External Audit: Despite the challenging timetable the Operational Plan was progressing and on track to complete within the required timescale.

The Chair assured the CoG that all Non-Executive Directors were members of the Audit Committee therefore were well sighted on all issues.

10.2 NED Walkabouts

The Chair informed the CoG that Julian Farmer would take on the role of co-ordinator.

10.3 *Receipt of Minutes of Board of Directors (in Public) Meeting held on 31st October 2017 and 28th November 2017**

The CoG received and noted the minutes from the BoD meetings held on 31st October and 28th November 2017.

11. Action Log

The CoG reviewed the Action Log and the following was noted:

Item 1. National In-Patient Survey: A progress 'pyjama paralysis' report was presented, item 1 refers. The action had therefore been discharged so would be removed from the Action Log.

Item 2. Chancellor Budget & Planning Update: The CoG had been updated on progress, item 7.1 refers. The final Operational Plan 2018/19 would be presented to Governors at the CoG Chair's lunch scheduled for 24th April 2018. The action had therefore been discharged so would be removed from the Action Log.

12. Date and time of Next Meeting:

Tuesday 12th June 2018 at 1.00pm in the LHCH Conference Room

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