

## Council of Governors (Public)

### Item 6.4

<b>Subject:</b>	Outcome of the Joint Board of Directors and Council of Governors Development Day, 16 <sup>th</sup> November 2016
<b>Date of meeting:</b>	5 <sup>th</sup> December 2016
<b>Prepared by:</b>	Gill Donnelly, Membership and Communications Officer and Lucy Lavan, Associate Director of Corporate Affairs
<b>Presented by:</b>	Lucy Lavan, Associate Director of Corporate Affairs

### 1.0 Executive Summary

This paper documents the work undertaken by Governors on 16.11.16 to :

- Evaluate the effectiveness of the Council of Governors in 2016;
- Set objectives for the Council of Governors for 2017;
- Consider with the Board of Directors the key planning assumptions that will underpin the 2017/18 operational plan and assist in a review of the Trust's Vision, Mission Statement, SWOT analysis and strategic objectives.

### 2.0 Background

The annual Joint Council of Governors and Board of Directors Development Day was held on Wednesday 16th November 2016. 12 Governors out of 25 attended for the full day and 3 attended for part of the day. All members of the Board of Directors were present for the joint session in the afternoon.

The objectives of the day were to evaluate the effectiveness of the Council of Governors in delivering its 2016 objectives and the infrastructure and processes in place to support governors in fulfilling their roles; to determine key objectives which will focus the work of governors in 2017; and to work with the Board to consider and inform the operational plan for 2017/18.

### 3.0 Summary of Themes Discussed

#### 3.1 Annual Evaluation of the Collective Performance of the Council of Governors 2016

Governors discussed progress against the 2016 objectives, agreed these had been met. A summary of the governors' assessment of what worked well and what could work better is set out as follows:

- **Holding the Non Executive Directors to account for the performance of the Board of Directors**

It was agreed that this was still a relevant objective going forward as this is a key statutory duty for the role of the Governors. The following issues were highlighted:

- Governors felt that the quarterly Council of Governor meetings had been effective and were well attended. Governors received the assurances they required from the Board of Directors and felt confident to challenge.
- The revision of interest groups to introduce a staff governor facilitator had improved these and it was suggested that it may be helpful for Non Executive Directors to have a greater presence and input during these groups.
- Governors felt well inducted and equipped to carry out their role effectively and development opportunities provided e.g. MIAA Governor Learning Series and NW Governor Forum are very helpful. The annual induction day facilitated by Ann Utley was regarded as a valuable event for new and more experienced governors alike.
- The new style and format of financial reports brought by Claire Wilson had been well received and should continue to focus on the needs of a 'lay' audience.

- **Embrace the governor role of representing members and members of the public**

Governors noted that this continued to be a challenging part of the governor role however felt there had been a number of opportunities for governors to engage with members and the public e.g. the Annual Members' Health Day and open day, 'Medicine for Members' events, attendance at patient and family experience engagement events and governors' use of their existing forums and networks. Governors' felt that a rich programme of events had been coordinated by the Membership and Communications Group with support from the Membership Office.

- **To engage with and contribute to the strategic options appraisal and help the strategic future of LHCH**

Governors felt well informed in terms of strategic planning as a result of the strategic planning workshops and regular updates provided at the Council of Governors meetings. Governor involvement in the Council of Governors' sub committees was also thought to be going well.

- **Governors to be engaged and involved in the forthcoming CQC inspection in April 2016**

Although Governors were not directly involved in CQC inspection process, Governors felt well briefed and the preparatory work had been valuable in terms of both learning and team-building. The work led by Sue Pemberton in supporting Governors through the process was commended.

### **3.2 Succession Planning and Governor Elections 2017**

Governors acknowledged the need to focus on succession in view of the fact that four public governors (two from Merseyside and two from Cheshire) will reach the

end of their final terms at the end of the Annual Members' Meeting 2017. In addition to this there will be a vacancy to fill at the end of January 2017 in the Staff Governor - Registered Medical Practitioners class. There are also three additional governors who are eligible to stand for re-election in 2017.

Three of the out-going Governors were invited to speak about their skills and the work they had been involved in to assist in identifying the skills gaps that might arise on their departure. The following points were discussed:

- Raising the profile of governor vacancies and attracting the right candidates was considered important. Skills particularly identified that would be beneficial to the Council of Governors are finance, human resources and experience of interviewing and recruitment; and chairing experience. The governor vacancies should be promoted through a wide range of channels including via member events, patient and family engagement events, support and community groups, volunteering groups e.g. SURE, LHCH volunteers and a video could be produced to highlight the role, newsletter and website articles, posters and a presence on the new Outpatient and Main Entrance screens.
- It was considered governors who are ending their terms could (if willing) provide mentorship to new governors and continue to support sub committee work (particularly the Membership and Communications Sub Committee) as members.
- Governor induction and development opportunities currently available were considered to be excellent. However, availability to attend was more difficult for staff governors and with this in mind, it was suggested that more events such as those provided by MIAA could be hosted on the LHCH site.
- Governors completed a skills audit on the day. Governors who haven't yet completed one are asked to do so and return to Gill Donnelly, Membership and Communications Officer as soon as possible.

It was noted that Gill Donnelly was due to take maternity leave from February and her role would need to be back-filled. Governors were asked to note and accommodate this as it was unlikely that there will be full time presence in the Membership office whilst Gill is absent. Details on how the role will be covered in Gill's absence will be notified in the coming weeks.

### **3.3 2017 Objectives**

The Council of Governors agreed that the 2017 objectives should be around the following key themes and actions:

- To better understand the STP Process and how the LHCH Strategy is aligned to this**
  - Participate in annual joint strategy day with Board of Directors
  - Receive regular updates at quarterly CoG meetings
  - Utilise interest groups and Chair's lunch meetings to question and request any further information needed to improve understanding
  - Provide views to inform LHCH strategy development
- To hold the Non Executive Directors to account for the performance of the Board of Directors.**

- Support the Board of Directors in developing and delivering plans that are aligned to STP with service changes underpinned by a clear evidence base and benefits for patients.
- Following the 'Outstanding' CQC rating, ensure the Board's continued focus on the CQC's key lines of enquiry – Council of Governors to seek assurance on this through interest groups, Quality Sub Committee (CoG) and reports from the Board of Directors.

**iii) To embrace the governor role of representing members and the public**

- Adopt an ambassadorial role outside of the Trust to help to win the 'hearts and minds' of patients, public and members in support the case for strategic change – utilise opportunities afforded by the Annual Members event, and the programme of community events as well as publications including 'Members Matters';
- Continue to target under-represented ethnic and diverse groups to improve engagement, as identified through implementation of the membership strategy.

**iv) To ensure an effective Succession Plan to support the expected turnover of Governors and consequential dilution of skills and experience**

- Governors to raise awareness and highlight and promote the governor role highlighting the impact and benefits for the delivery of health services as well as personal reward.
- Help attract candidates bearing in mind the preferred skill set.

### **3.4 Strategic Planning Session with the Board of Directors**

#### **Operational Plan**

- Governors were reminded of the process and timeframes for submission of draft and final versions of the two year Operational Plan.
- Governors discussed the key assumptions underpinning the plan and Governors took opportunity to review and challenge on the following:
  - **Activity growth** – this is modest in the plan and governors questioned why the Trust was therefore looking to appoint more surgeons. It was explained that the aim is to reduce the number of additional sessions provided at a premium rate and to ensure enough surgeons to support delivery of the activity plan within core time; it was also noted that outsourcing of less complex surgical activity to Stoke would cease and be brought back in-house;
  - **Private patient activity** - Governors heard that income from private patient work was less than 3% and that the cap on growth had effectively been lifted – whilst a private patient strategy was being considered, the Trust was unlikely to see significant growth in next year. Work was focussing on income collection, administration and refinement of policies and procedures governing the management of private patients and collection of fees;
  - **Capital Planning** - Governors asked about the capital planning assumptions and wanted to hear more about how the Trust planned for the

replacement of equipment that was nearing the end of its useful life. The Chief Operating Officer provided an update on the outcome of the 6 facet estates survey and the methodology for monitoring and prioritising the capital replacement programme; Governors expressed support for the development of a robotics service and were briefed on the various considerations concerning funding, fundraising and commissioner support.

- **Quality Priorities** - the plans to improve the timeliness of mortality reviews were discussed and the Medical Director explained the reasons why the target set (90% complete within 30 days by 2019) would be challenging to achieve any earlier – whilst the standard of reviews was high, the aim was to work towards 80 % compliance with the new target in the short term.
- Jane Tomkinson, CEO presented the STP structure and governance arrangements to support delivery of the CVD programme, describing the 7 key workstreams of which prevention, cardiac rehabilitation and the concept of heart failure clinics had been identified as areas for ‘quick wins’ and rapid rollout. A strong Programme Board representing a wide range of partner organisations and patient representation had been appointed. A clinical senate would be convened in January 2017 and a communications strategy developed to support delivery of the programme at pace. It was explained that timelines for individual schemes would be considered by the Programme Board but would be dependent upon the significance of the change and the extent to which formal public consultation, as well as engagement with individual providers, was required. The Governors asked about how the interests of patients in North Wales would be considered given that the footprint of the STP was confined to Cheshire and Merseyside. The CEO advised that she was very mindful of LHCH’s wider catchment population and committed to ensuring that patients from these areas were not in any way disadvantaged. The solutions developed in Liverpool would be rolled out to improve care for the wider population.
- The proposed revision to the Trust’s Vision statement was discussed and supported. The mission statement would remain unchanged. A discussion followed in relation to the Trust’s ‘SWOT’ analysis (Strengths, Weaknesses , Opportunities and Threats) with feedback provided to the Director of Strategy and OD.
- In conclusion, the Governors confirmed support for the planning assumptions and expressed a wish to continue to better understand the STP process and how LHCH plans aligned to this. It was felt that the Trust’s strategic objectives omitted one issue which was around building on the CQC Inspection and it was agreed that this would be explicitly referenced in the plan.

#### **4.0 Recommendation**

The Council of Governors are asked to note to contents of the report and approve the 2017 objectives and related actions.