

Item 3 Council of Governors (in Public)

Minutes of the Meeting of the Council of Governors held on Tuesday 5th March 2024 at 1pm (in the Conference Room and via Microsoft Teams)

Val Davies	Chair
Michelle Beaver	Staff Governor – Registered and Non Registered Nurses
Joan Burgen	Public Governor – North Wales
Wendy Caulfield	Nominated Governor – Friends of Robert Owen House
Terence Comerford	Public Governor - Merseyside
Ray Davis	Public Governor - Cheshire
Sharon Faulkner	Staff Governor – Registered and Non Registered Nurses (until 12.2)
Dr Neil French	Nominated Governor – University of Liverpool
Lynsey Jackson	Staff Governor – Non Clinical
Dr Jonathan Kendall	Staff Governor – Registered Medical Practitioners
Elaine Holme	Lead Governor/Public Governor - Merseyside
Karen Higginbotham	Nominated Governor - LJMU
Denis McAllister	Public Governor – Cheshire
Allan Pemberton	Public Governor – Cheshire
Dorothy Price	Staff Governor – AHP, Technical and Scientific
Stephen Storey	Public Governor - Cheshire
Dusty Rhodes	Public Governor – North Wales
Peter Wareham	Public Governor – North Wales
Keith Wilson	Staff Governor – Non Clinical
In attendance:	
Liz Bishop	Chief Executive
Nick Brooks	Non Executive Director
Bob Burgoyne	Non Executive Director
Margaret Carney	Non Executive Director
Anne Marie Davies	Associate Non Executive Director
Jonathan Develing	Director of Strategic Partnerships
Manoj Kuduvalli	Medical Director
Jonathan Mathews	Chief Operating Officer
Jane Royds	Interim Chief People Officer
Joan Matthews	Interim Director of Nursing, Quality & Safety
Sue Oakes	Palliative Care Specialist Nurse
Karan Wheatcroft	Director of Risk & Improvement
James Thomson	Chief Finance Officer
Gill Donnelly	Communications and Membership Officer (minutes)
Apologies for absence:	
Ian Balmer	Public Governor - Merseyside
David Bromilow	Public Governor - Merseyside
Ian Ferguson	Public Governor - Merseyside
Peter Humphrey	Public Governor - Merseyside
Princey Santhosh	Staff Governor – Registered & Non Registered Nurse

Opening Matters

The Council of Governors meeting was conducted using a hybrid approach where governors could attend in person or via video conferencing to ensure ease of access. In order to conduct this meeting efficiently, the papers were produced as usual and in accordance with the business cycle and distributed on 23rd February 2024 by e-mail, and post to those who had requested this.

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 or referred to the Governor to raise during the course of the meeting. This pre-work had been particularly helpful for virtual meetings and enabled the Council of Governors meeting to be conducted efficiently given the number of participants. Governors also received the opportunity to attend a pre meeting for 30 minutes prior to the meeting. The Chair also invited governors to make contributions during the course of the meeting. Governors attending virtually posed questions and made comments using the 'raise hand' or 'chat' functions on the video conferencing facility.

The Chair welcomed Liz Bishop, Chief Executive; Manoj Kuduvalli, Medical Director; James Thomson, Director of Finance; and Joan Mathews, Director of Nursing to the meeting as new members of the Board of Directors. In addition to this, Keith Wilson, Staff Governor – Non Clinical was introduced and welcomed to his first Council of Governors meeting.

1. Apologies for absence

Noted above.

2. Declarations of interest relating to Agenda Items

There were no conflicts of interests declared.

3. Minutes of the Council of Governors (CoG) held on 5th December 2023

The Council of Governors agreed the minutes were an accurate reflection of the meeting and **approved** these for the meeting held on 5th December 2023.

4. Action Log

Action 1 – completed. Work will continue on an ongoing basis to reduce the jargon (or define) within Council of Governors papers. Jargon buster will be reviewed to cover content of today's papers and correct spellings and formatting (KWh).

Action 2 – open. Update provided and mandatory training compliance for bank staff is currently 61% and steps taken to improve this. This compliance will be reviewed at the end of March 2024. Further update to be provided at the next meeting.

Action 3 – open - awaiting discussion by Equality, Diversity, Inclusion & Belonging Committee

Action 4 – completed and closed

Action 5 – open – negative patient case study to be sought if possible

Action 6 – completed and closed

Action 7 – completed and closed

Action 8 – completed and closed

5. Patient Story

The Director of Nursing shared a video of a patient who had been admitted to Liverpool Heart and Chest Hospital for treatment and had received 'superb' care following a cardiac arrest and later a heart attack. The patient praised the care of all the team at the hospital from ITU, Cath Labs and Catering. It was highlighted from the story that psychological support following this event would be of benefit to family members going through a similar experience of having to undertake CPR on a loved one.

The Director of Nursing added that there was a recent patient and family experience event and a similar experience had been shared by another patient. It had been discussed that the quality priority focus would be on identifying psychological support for patient's families undergoing a similar experience and improving delirium care.

This story was well **received** by the Council of Governors

6. Palliative Care

Sue Oakes, Specialist Nurse for Palliative Care provided a presentation for governors on end of life care. It was noted that the End of Life strategy had recently been refreshed and that there was a small, experienced but highly skilled team leading on this work.

It was added that the Trust usually scored higher than national average for the national audit of care at the end of life (NACEL). It was explained that a bereavement audit based on the national audit goes out routinely to bereaved families three months after death.

In terms of the next steps, there will be continued collaboration locally and nationally to influence change and to fully embed structures and processes in place. It was added that within the small team succession planning was important with two specialist nurses at retirement age. It was also noted that the end of life e-learning mandatory training figures were impressive.

There was a question from governors around whether the team get enough psychological support. Sue Oakes explained that the team have good network and also support each other. It was noted that the team do spend a lot of time supporting families of end of life patients.

The Chair and Governors thanked Sue Oakes and the wider end of life care team for the phenomenal support provided to patients and families.

The Director of Nursing discussed the documentation. It was explained that no complaints were received from families of patients receiving end of life care. The level of care provided was outstanding.

The Chair thanked Sue Oakes for her presentation and the Council of Governors **received** the update.

7. Chair's Briefing

The Chair confirmed that all executive director vacancies had now been filled and announcements would be made shortly as to the Director of Governance and Director of Strategy roles.

The Chair congratulated the team involved the Trust's HIMSS (Healthcare Information and Management Systems Society) level 7 assessment. This followed a rigorous on-site assessment here at the Trust.

It was added that the Chair had attended a North West system leaders call on the learning from the Edenfield Mental Health Trust.

In addition to this, the Chair had attended the Cheshire and Merseyside Trust Chair's meeting which had largely focused on the financial framework. More of this would follow within the Chief Finance Officer's report later in the meeting.

The Chair had also recently attended a national event for Chairs hosted by NHS England.

The Council of Governors **received** the briefing.

8. Chief Executive Report

Liz Bishop, Chief Executive provided an update on her first four weeks in post as Chief Executive at the Trust. It was noted that Liz had carried out a number of induction meetings and walkabouts to meet with various staff and visit wards and departments including a visit to meet night staff.

It was added that she had attended her first operational board meeting with the senior management and clinical leaders. At this meeting she had seen a very impressive presentation from the Knowsley Community Respiratory Service. It was added that a productive Executive Team away day had been held and a Board development day was being held later in the week. In addition to this, she had attended her first consultants interview panel.

It was added that a new Director of Corporate Governance & Risk had been appointed with a start date to be confirmed, and a new Director of Strategy was to commence in post on the 1st April 2024. Further communication would follow on these appointments.

There was a question from Governors regarding the Cheshire Mersey Acute Specialist Trust (CMAST) report and what the Trust does to reduce waiting times and reduce harm to patients on waiting lists. Confirmation was provided of the clinical prioritisation of patients. It was added that the Trust was a high performing trust for the elective recovery funding programme. Cheshire & Merseyside is doing very well compared to other Integrated Care Boards (ICB) in the North West.

The Council of Governors **received** the update.

9. Lead Governor Update

Elaine Holme, Lead Governor provided an update and extended a warm welcome to Keith Wilson, Staff Governor – Non Clinical.

It was highlighted that Elaine Holme had attended an informal Lead Governors meeting with other lead governors from neighbouring trusts in attendance recently. It had been discussed that there was a possibility of a governor development day being organised by the Cheshire & Merseyside Integrated Care Board. More information would be shared when available.

The Council of Governors **received** the update.

10. Performance & Operations

10.1 Standard Operating Framework (SOF) Performance Dashboard

Jonathan Mathews, Chief Operating Officer (COO) outlined the operational performance at the end of December 2023 (month 9). It was noted that the Trust was in a good position as the end of the financial year approached. Activity had dropped, and this had been due to workforce pressures and in particular scrub nurse staffing within theatres. It was confirmed that the Trust was now in a much better position with regards to this and that scrub vacancy positions had been filled. It was therefore envisaged that activity would improve moving forwards and as a result the weekly working group regarding this had been stood down. It was added that the Trust was looking at options to improve capacity and to reduce waiting times including outsourcing and out of hours work.

Continued focus had been placed on long waiters taking into consideration clinical priority. Diagnostics had unfortunately continued to deteriorate in December and was expected to take a number of months to return to compliance due to issues with provider-to-provider scan times. The Trust's cancer position was expected to be challenging for quarter four. There were robust plans in place to improve this. It was hoped that through partnership work with the Cancer Alliance and Clatterbridge Cancer Centre that improvements could be made. There was a question around the size of waiting lists from Governors. The COO confirmed that there was no concern on waiting lists size and that waiting lists are monitored across the Trust.

There was a question from Governors around the plans to outsource and plans for out of hours scans. The COO explained that it was being explored however specialist skills were required for cardiac scans and therefore it was likely that out of hours work would be the best option. There was further clarification sought on the weekly meetings that had been stood down to monitor progress on scrub nurse vacancies. It was confirmed that this was being monitored on a weekly basis prior to all vacancies being filled, and would be reconvened if required in the future.

There was a question from a Governor around the Trust's overall performance and the number of indicators that were falling short of the target. The COO confirmed that the current focus was on reducing long waiters and there were some real challenges on achieving some of the national targets. Margaret Carney, Chair of the Integrated Performance Committee/Non Executive Director confirmed that the committee would be deep diving into some of these at the next meeting and associated actions to improve trajectory would be put into place. An update would be shared at the next Council of Governors meeting (MC).

Joan Matthews, Director of Nursing & Quality discussed the Quality of Care aspect of the SOF. It was noted that the number of falls continued to be within the expected variation. The number of falls had increased in December which could have been related to a change in stocking supplies used to prevent falls and this was being reviewed by stores. There were several initiatives in place e.g. call don't fall, ramble guard equipment, bathroom watch and slipper socks to ensure fall incidents were kept to a minimum. The Trust continued to have excellent performance with the care of dementia and delirium and focus remained on this area.

The work to reduce pressure ulcers continued to be excellent in preventing patient harm. It was noted that the radiological alerts with a response document continued

to perform below the target. Work was underway to provide a dashboard to share better data and evidence on this.

There was a question from Governors around progress of the development of the new dashboard. The Medical Director confirmed that the new dashboard had been completed, was fully functional and would provide evidence that actions are taking place and therefore, provide more assurance. It was added that this new system was much more robust. A further update would be brought to the next meeting (NB/MK).

James Thomson, Chief Finance Officer provided an update on the financial section of the dashboard which overall showed that the Trust was ahead of plan. It was explained that challenges in not achieving surgical activity had meant that the Trust was under plan in this element of income. The most significant expenditure pressure was undelivered CIP.

There was a question around the national requirement to refresh the system financial forecast and the Chief Finance Officer confirmed that the Trust had considered what action to take to improve its forecast position. This had resulted in a further £1.25 million improvement to the surplus position. The Chief Finance Officer and Chief Operating Officer confirmed the Trust had done well in light of changes to national support and payout for industrial action to improve this. The Medicine Division had still been able to meet its plan.

Jane Royds, Interim Chief People Officer provided an update on the workforce element of the SOF. The appraisal target had been met and was over 90%. Planning had started for this year's appraisal window. It was noted that the staff turnover was 9.6% against a target of 10%. It was noted that admin was the biggest staff group for staff leaving. Staff sickness was slightly over target with stress and anxiety, musculoskeletal and cold/flu being the biggest reasons for absence.

There was a question from Governors seeking assurance that bank staff were appropriately trained to deliver care within the hospital. The Interim Chief People Officer explained that bank staff will have had mandatory training on induction however, it was important that the Trust support them to ensure refresher training is undertaken. This work was underway. The Director of Nursing supported this and added that the number of bank staff within the Trust was proportionately very low compared with substantive staff. It was added that all incidents would be investigated and there was no correlation between these and staff without refreshed mandatory training. However, a focus would be kept on improving this compliance. An update for the next meeting was requested. There was a further request to investigate if there was any correlation between sickness with musculoskeletal problems and not completing the relevant mandatory training on moving and handling (JR).

10.2 Finance Report

The Chief Finance Officer, James Thomson presented the Finance Report for the period ending 31st December 2023. It was confirmed that after three quarters of the year the Trust had delivered a surplus of £8,472k. This was ahead of plan. The focus was now on closing out the year successfully and on improving the exit run rate so that the Trust entered the new financial year in as strong a position as possible. The key risks to achieving this were noted to be achieving the undelivered cost improvement programme (CIP) and the under performance in the specialised surgical activity.

There was a question from Governors as to if the shared executive posts had meant a reduction in costs. The Chief Finance Officer confirmed that these were shared costs and so there had been a benefit for both organisations.

The Council of Governors **received** the update.

10.3 Patient & Family Support Team – Q3

Joan Mathews, Director of Nursing & Quality presented the quarter three complaints report noting that within quarter three (1st October – 31st December 2023) the Trust received a total of 11 formal complaints, 128 contacts comprising 55 informal concerns and 73 requests for information or advice and 18 compliments.

It was added that the 11 formal complaints received in this quarter were all closed except 1. All complaints were dealt with as per the Trust policy.

The Chair requested that future reports include comparable data so trends could be viewed more clearly. For example, comparing the number of complaints compared with last year. The Director of Nursing confirmed that this would be added into the report for future meetings. (JMa)

There was a discussion with governors around the reasons for late cancellations. The Director of Nursing explained different possible causes of this including the on-call staff being called in overnight which impacted the next day's activity. It was added that communication was key, and patients would be communicated with to alleviate unnecessary upset or worry. There was a further question around a delayed appointment to urology which had been raised as an informal concern. The Director of Nursing confirmed the surgery division were investigating this currently. Governors also asked if there was any work underway to reduce the waiting times for diagnostic results. The Director of Nursing confirmed there was work underway in this area as they worked hard to address the backlog of patients waiting for results. The Patient & Family Support team provided an excellent service for patients and families to respond to similar queries and informal concerns preventing formal complaints.

The Council of Governors **received** the report.

11. Non Executive Directors

Committee Updates:

- **Audit Committee**

Bob Burgoyne, Non Executive Director presented the update from the Audit Committee held on 9th January 2024. The slides had been circulated to governors before the meeting. It was noted there was no issues to report and the work of committee was on track.

The Council of Governors **received** the update.

- **Charitable Funds Committee**

Bob Burgoyne, Chair of the Charitable Funds Committee/Non Executive Director presented the update from the meeting held on 9th January 2024. It was noted that the income received was 14% below target due to the current

difficult cost of living environment. In a change of focus applications for funding had been made for corporate support and to charitable funds. It was added that £50,000 had been kindly donated by the Ken Dodd Charitable Foundation. It was added approval had been given to commence a new £1.5 million campaign for a new simulation training and education centre.

The Council of Governors **received** the update.

- **Quality Committee**

Nick Brooks, Chair of the Quality Committee/Non Executive Director presented the update from the meetings held on 3rd October 2023 and 9th January 2024. It was noted that the quality strategy had been delivered and roll out of Patient Safety Incident Response Framework (PSIRF) training had been implemented.

The stroke annual report provided strong assurance on the leadership and key performance indicators of the inpatient stroke service. However, improvements were identified, and progress against this would be reviewed in July 2024. The Medical Director confirmed that he was assured that although there was some room for improvement that patients were not at risk of any harm.

It was discussed that the roll out of e-consent was incomplete, and a focus group had been established to reduce errors with insulin administration.

There was question from governors around e-consent and the planned roll out date of this. It was confirmed that the Quality Committee would look at this and report back to the next meeting with progress and planned roll out date. (NB/MK)

The Council of Governors **received** the update.

- **Strategic Research & Innovation Committee**

Bob Burgoyne, Chair of the Research & Innovation Committee/ Non Executive Director presented an update from the meeting held on 12th December 2023. It was highlighted that a detailed report on research findings had been discussed and the position overall was agreed to be good. Partnership working continued with Liverpool Centre of Cardiovascular Science (LCCS), British Heart Foundation (BHF) and the Clinical Research Facility (CRF). It was added that patient recruitment to trials was progressing well.

The Council of Governors **received** the update.

12. Strategy & Service Improvement

12.1 System, collaboration, networks and partnerships update

The Director of Strategic Partnerships presented an update on systems partnerships. It was explained that the Trust served a catchment area population of 2.8 million people and operated within the Cheshire and Merseyside Integrated Care System. It was outlined that within this system there were 17 NHS Trusts. 349 General Practices, 9 Local Authorities and 559 Pharmacies. Two examples of areas for

potential partnership working were discussed. Firstly, to support primary care in identifying patients with high risk of heart failure and secondly considering improvements in cardiology pathways.

There was a question from Governors around where patients from North Wales and the Isle of Man would fit into this. The Director of Strategic Partnerships confirmed that patients from the hospital's catchment area continue to be involved in terms of the cardiology and cath lab activity aspect. It was also discussed, following a question from governors, that this work would reduce in long term cost savings, save lives and reduce hospital readmissions.

There was a question from Governors as to if this expansion of work was achievable, bearing in mind the current long waiting lists. The Director of Strategic Partnerships explained that the Trust could lead and support this programme of work, using clinical acumen and expertise, within the partnerships and networks.

The Chair thanked the Director of Strategic Partnerships for his presentation and confirmed the slides would be circulated after the meeting (GD).

The Council of Governors **received** the update.

12.2 CoG Objectives

The Director of Risk and Improvement presented an update on progress against the Council of Governor objectives for information. It was noted that this paper was just a summary of progress made against the objectives that had been set by the Council of Governors.

There was a request from governors to move from objective two, where we seek evidence from NEDs and others within the Trust, to objective five. It was confirmed by the Director of Risk and Improvement that this would be moved for the next meeting (GD).

The Council of Governors **received** the update.

13. Governor Issues

13.1 Board Self – Certifications including Corporate Governance Statement

The Director of Risk and Improvement presented the Corporate Governance Statement for 2023/24 for governors' consideration.

One suggestion raised by governors was in relation to the well led aspect. An element on how effective new NEDs had been inducted and incorporated into the Trust could be considered within the statement. (KWh).

The Council of Governors **received** the report.

13.2 Review Governors' Register of Interests

The Director of Risk and Improvement presented the report and explained the arrangements for governors in declaring interests. The Council of Governors

reviewed the updated register of declared interests and confirmed that there were no material conflicts.

The update was **received** by the Council of Governors.

13.3 Governor Elections

Karan Wheatcroft, Director of Risk and Improvement presented the outcome of the recent Staff Governor Election outlined in the report and welcomed Keith Wilson to the role of Staff Governor-Non Clinical. It was added that more Governor elections would follow over the spring/summer period.

The Council of Governors **received** the report.

13.4 Governors Fit & Proper Persons Requirement Compliance

The Director of Risk and Improvement presented the report and thanked governors for their responsiveness in completing the annual declarations. It was noted that the fit and proper persons test criteria had been met by those Governors returning the declarations.

The Council of Governors **received** the report.

14. Working Groups

14.1 Membership and Communications Sub Committee

Dorothy Price, Staff Governor – AHP, Technical and Scientific provided an update from the Membership & Communications Sub Committee which met on 15th February 2024 via Microsoft Teams. It was noted that at the meeting:

- A meeting had taken place with the University of Liverpool who were keen to promote membership of the Trust to their students and staff. A recruitment event was in the early planning stages for September 2024. This would enable the Trust to improve membership representation in younger age groups.
- LHCH Charity had attended the meeting and shared details of their events calendar for the year. There were opportunities to take part in sky dives and tough mudder to name a few.
- The Membership and Community Engagement strategy had been refreshed and was presented to the Council of Governors for approval.
- A meeting had taken place with the Crosby Soroptimists, who following the success of the event held in 2023 with Liverpool Soroptimists, were keen to organise an event to raise awareness of the importance of CVD prevention later this year.

The Council of Governors **received** the update and **approved** the revised Membership and Community Engagement Strategy as recommended by the Membership and Communications Sub Committee.

14. Governor Attendance Report

The Chair presented the Governor Attendance Report for **information**.

15. Date and Time of Next Meeting:

Tuesday 4th June 2024, 1pm

16. Meeting Effectiveness

The Council of Governors were happy with the effectiveness of the meeting.

17. Resolution: To exclude the public from the meeting at this point by reason of the private nature of business to follow.