

Item 3

Council of Governors (in Public)

Minutes of the Meeting of the Council of Governors held on Tuesday 4th June 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
Sharon Faulkner	Staff Governor – Registered and Non Registered Nurses
Dr Jonathan Kendall	Staff Governor – Registered Medical Practitioners
Elaine Holme	Lead Governor/Public Governor - Merseyside
Denis McAllister	Public Governor – Cheshire
Stephen Storey	Public Governor - Cheshire
Dusty Rhodes	Public Governor – North Wales
Peter Wareham	Public Governor – North Wales
Keith Wilson	Staff Governor – Non Clinical
David Bromilow	Public Governor - Merseyside
Ian Ferguson	Public Governor - Merseyside
Peter Humphrey	Public Governor - Merseyside
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
Manoj Kuduvalli	Medical Director
Jonathan Mathews	Chief Operating Officer
Jane Royds	Chief People Officer
Joan Matthews	Director of Nursing, Quality & Safety
Karan Wheatcroft	Director of Risk & Improvement
James Thomson	Chief Finance Officer
Ian Gilbertson	Deputy Chief Digital & Information Officer
Tom Pharaoh	Director of Strategy
Claudette Elliot	Non-Executive Director
John Doyle	Non-Executive Director
Ian Gilbertson	Deputy Chief Digital Information Officer
Ruth Gaunt	Executive Office Manager (minutes)
Apologies for absence:	
Dr Neil French	Nominated Governor – University of Liverpool
Lynsey Jackson	Staff Governor – Non Clinical
Dorothy Price	Staff Governor – AHP, Technical and Scientific
Kate Warriner	Chief Digital Officer
Gill Donnelly	Communications and Membership Officer
Ray Davies	Public Governor - Cheshire
Princey Santosh	Staff Governor – Registered & Non Registered Nurses

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 24th May 2024 by e-mail, and posted 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.

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.

Governors also received the opportunity to attend a pre meeting for 30 minutes prior to the meeting which, Liz Bishop, Chief Executive Officer, attended to provide an update regarding new Board members and their responsibilities.

The Chair acknowledged that this would be the final Council of Governors meeting for both Karan Wheatcroft and Julian Farmer.

1. Apologies for absence

Noted above.

2. Declarations of interest relating to Agenda Items

All meeting participants were asked to declare any interests in respect of items listed on the agenda.

Claudette Elliott noted a declaration as a Non-Executive Director at Pennine Care Trust.

All other participants confirmed that they had no interests to declare.

3. Minutes of the Council of Governors (CoG) held on 5th March 2024

The Council of Governors agreed the minutes were an accurate reflection of the meeting and **approved** these for the meeting held on 5th March 2024.

4. Action Log

Actions 3, 4, 10, 11 and 12 were noted at complete.

Action 1 - Investigate Bank staff mandatory training compliance and how this is recorded.

Update - Chief People Officer, Jane Royds advised that HR colleagues have been working with the Director of Nursing, Joan Mathews to identify the number of bank

members whose mandatory training is not fully completed. All have received letters with a deadline of mid-June for completion at which point they will be removed from the bank until completion of mandatory training.

TC questioned why the Trust maintains its own bank and highlighted that in a commercial environment, employees often work overtime. However the current process involves nurses transitioning from working directly for the Trust to working through the hospital's staff bank. JR confirmed this as custom and practice within the NHS that additional hours are worked through bank shifts paid at the appropriate rate.

Action 2 - Confirmation where membership diversity would fit into wider EDIB strategy.

Update - Membership is not covered by Equality, Diversity, Inclusion and Belonging Strategy and to be discussed by the EDIB Steering Group and Membership and Communications Sub Committee.

Update – Action removed.

Action 5 - Update on IPC around performance indicators below target . CE to provide verbal update on SOF report.

Update – To be discussed as agenda item. Action complete.

Action 6 - Update on new dashboard to provide better evidence in relation to radiological alerts. MK to provide verbal update on SOF report.

Update – NB provided assurance that radiological alerts are actioned, however, not indicated within the digital solution. Strong oversight provided through the Quality Committee. To be discussed at a future committee meeting.. Action complete.

Action 7 - Investigate correlation between staff absent with musculoskeletal (MSK) problems and mandatory training compliance.

Update – HR to ensure absence reason is correct. Many MSK absences appear to relate to events external to work. Correlation to take place mid-month. Carried forward.

Action 8 - Patient Family Support Team. Report to reflect trends compared with previous years.

Update – Q4 report noted triangulation identified within administration complaints. Action complete.

Action 9 - Timescale for roll out of e-consent and update on progress.

Update – Joan M advised that the e-consenting process is well embedded within the surgery division. Further work is required within the digital solution for outpatients and medicine patients, however all patients are consented appropriately.

TC raised concerns about if patients would discuss consent with family members if the Trust transitions to a digital solution. Joan M explained the reconfirmation of consent process. MK advised that signing the consent form is only part of the consent process. Patients continually receive information at various times including opportunities to discuss with families. Patients are able to withdraw consent at any time. IG advised that 'Explain my procedure' software is available to patients which offers animations of procedures, risks, benefits and alternatives which can be accessed from home.

5. Patient Story

The Director of Nursing shared the positive patient story which had been taken by a band 7 intensive care nurse after a patient was transferred directly into intensive care. The story noted 'Rolls Royce' care at LHCH.

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

6. Staff Story – Apprenticeships

Deputy Director of HR and L&D introduced the LHCH staff video story. Ellie Modiak outlined her positive experience during the apprenticeship scheme which was carried out in the estates department. A great example of increased diversity in the team and support received from the Trust and college. Ellie is looking forward to continuing her journey and building on professional development with support from the L&D team.

The importance of the Learning and Development (L&D) strategy was noted, particularly 'growing your own'. There are currently 21 apprenticeships across 34 providers. The apprenticeships first model should be considered when reviewing structures and vacancies.

MC noted that Ellie's story had been shared at the People Committee, and although apprenticeship updates were not initially reported, the work plan has since been adjusted to emphasise their importance.

JR confirmed that there are currently 109 apprenticeships within the Trust.

7. MET Team / Deterioration of patients presentation

Kirsty Dudley, Divisional Director of Nursing for Clinical Services, previous Critical Care Lead nurse, provided an overview of MET (Medical Emergency Team) / Deterioration of patients.

A review had taken place a number of years ago following an increase in numbers of deteriorating patients after 8pm. Out of hours was noted from incident reporting and outreach data with several potential causes. Upon review, several workstreams were established including data collection, handover process, staffing, training and education, escalation of poorly patients, MET call, hospital at night and medical staff review.

Actions were taken and improvements made, including full 24/7 Outreach cover; MDT handover for the out of hours team in the hub; electronic referral for at risk / deteriorating patients; ILS Resuscitation status for Band 5 RGN; implementation of MET Team; awareness and training for Moderate Early Warning System (MEWS) and escalation to MET Team; streamlining of all Cardiac Arrest Trolleys; portable AED in non-clinical areas across the site collaborative working with Broadgreen and Critical Care in offering of Level 2/3 beds for their deteriorating patients.

Future plans include collaborative working across the Broadgreen site and critical care offering of Level 2/3 beds for deteriorating patients. Call 4 Concern (C4C) pilot to start in May 2024, along with the review and implementation of Marthas Rule.

JK questioned the impact of collaboration with Broadgreen and the number of patients this has involved. KD advised that the service is being utilised with no major

impact to the Trust, approximately 3 patients in the last 2 months. Updated number to be provided at the next meeting. KD noted that incident reports, concerns raised and themes have reduced since implementing the service.

IF questioned the overall Trust accountability for proactively implementing process improvement. KWh provided a broad overview of improvements within the Trust which is embed in the Trust value. Improvement takes place in several areas across the organisation with a proactive approach. Quality priorities to be discussed as an agenda item during the meeting. Getting It Right First Taimie (GIRFT) is well embedded in the Trust, which is a programme of how best practice looks like across pathways. The quality improvement team process map identifying were processes could be improved.

The Chair thanked Kirsty Dudley for her presentation and the Council of Governors **received** the update.

8. Chair's Briefing

The Chair advised that due to the upcoming election, systemwide update is limited and that she would provide a broader update at the next meeting.

VD noted 'Volunteers Week' is currently taking place and thanked the governors for their ongoing support.

Findings from the Knowsley PLACE visit were circulated providing an in depth summary which provided assurance of outstanding performance.

LHCH was rated top in the country for Freedom to Speak Up processes and services. VD thanked all involved in the detailed work implementing excellent processes embedded in the Trust.

NED and Chair appraisals have been completed, feedback to be provided at the private section of the meeting. It has become apparent that the CoG has requested greater visibility and VD provided assurance that 12 NEDs walkabouts had taken place, year to date, accompanied by Governors. 12 Chairs visits have taken place in the last few months.

NED led development session took place led by Margaret Carney regarding the People Committee which was well received.

The Chair conveyed best wishes to two colleagues: Ray, who underwent knee surgery, and Denis, who suffered a broken leg. Alan Pemberton passed on best wishes to all.

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

9. Chief Executive Report

Liz Bishop, Chief Executive provided the Chief Executive report and highlighted key areas of note. The report includes detail regarding the Laboratory Information System (LIMS), a digital system that connects pathology reports together across Cheshire and Merseyside.

Recent Liverpool joint committee meetings had been stood down pending the review of the Liverpool Trust Joint Committee (LTJC). The re-established joint operational group will continue work around the catering provision, operational estate planning, and potential for shared working i.e. security / estates and facilities.

The Trust will review the publication of the Infected Blood Inquiry Report. TC questioned if there are implications to the Trust. LB explained that following review, organisation learning will take place. It was recognised that national funding will be available to support affected individuals.

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

10. Lead Governor Update

Elaine Holme, Lead Governor explained that lead governor meetings have not been held recently, EH is pushing to have this to be formalised with a proactive output and will provide an update at the next meeting. EH thanked the governors for input into NED's and Chair appraisals which was a time consuming exercise.

EH thanked the Executive office team for creating the jargon buster which has been reviewed and circulated. EH noted her open-door policy and approach for all governors and will raise highlighted issues at monthly meetings with the Chair and Director of Risk and Corporate Governance.

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

11. Strategy and Service Improvement

11.1 Operational and Financial Plan update

Item deferred. The operational and financial update is not yet complete. The system is working together to agree financial plans agreeable to NHSE and LHCH. Update to be provided at the next meeting.

11.2 Quality and Safety Strategy update

Joan Mathews, Director of Nursing & Quality explained that the Quality and Safety Strategy is due for completion in July-August 2024. The team are in the process of agreeing quality and safety priorities for the next 3 years. Joan M is working alongside Dr Greenwood and Ria Carter along with others who will form part of the group to identify priorities through analysis of themes. Once agreed, a draft report will be presented to the CoG.

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

11.3 Quality Account Priorities

Joan Mathews, Director of Nursing & Quality presented the quality account priorities. For several years, the Trust's Quality Priorities have ceased to be a mandated part of inclusion in their Annual Account publications or been subject to external audit. LHCH have continued to engage with the public, patients and external stakeholders to collectively identify quality focused areas for improvement. These could come from many different processes used by the Trust to gather information from incidents themes, complaints, inpatient survey responses and follow up telephone calls. It remains important to consult with internal/external partners in the identification of what matters to them whilst under our care. As engagement events continue throughout the year.

Joan M provided an update against 2023/24 priorities to include; Discharge Medication, Availability and uptake nutritional snacks, Discharge equipment and Smoking cessation.

2024/25 quality priorities were agreed at an engagement event in February 2024 to include; improved contact with elective cardiac surgical patients on the waiting list between referral and admission. All Cardiac / Thoracic Surgical patients waiting for surgery on the TCI list to be offered pre-habilitation to improve their health in readiness for surgery. To improve psychological support for patients, families and responders to Out of Hospital Cardiac Arrests (OOHCA). To improve the discharge experience for patients and families. This may be the introduction of a Discharge Lounge but will refer to the whole discharge process.

NB raised concerns of whether the Trust contact family members involved in cardiac arrest when patients pass away due to the psychological trauma it causes. Joan M clarified that there is an intention to provide support to families of patients who experience a cardiac event.

TC questioned the smoking cessation process. Joan M confirmed the existence of a smoking cessation staff group. When patients are admitted, they are asked lifestyle questions. If they express a desire to quit smoking, the hospital considers interventions such as alternatives during their stay and referrals to external organisations for ongoing support after discharge.

JB inquired about the availability of support contacts for pre-habilitation patients. Joan M affirmed the existence of virtual clinics. Guidance is offered to patients experiencing decompensation in terms of activity. A pre-habilitation package is in the process of being developed with a holistic approach that includes health, wellbeing, dietetics, and psychology to prepare patients for surgery. MK advised that pre-habilitation is evolving as an important part of care offered to patients going forward. The package will be tailored to suit the needs of the service.

The Council of Governors **noted** the achievements against the 2023/24 quality priorities and supported the 2024/25 quality priorities agreed at the engagement event in February 2024.

11.4 People Strategy update

Jane Royds, Chief People Officer presented the People Strategy update which provided the Council of Governors with an update on the delivery of the LHCH People Strategy 2022-2025. The paper also includes a high-level progress update for 2023-2024 against each of the four strategy pillars, Recruitment & Retention, Learning & Development, Culture & Wellbeing, Equality, Diversity, Inclusion & Belonging (EDIB).

Delivery of the LHCH People Strategy has demonstrated significant progress over the last 12 months, with specific emphasis on wellbeing, belonging and retention. LHCH has made strides in fostering a culture of wellbeing, evidenced through staff survey results.

The HR and L&D team remain cognisant of the workforce risks and impact on the delivery of the People Strategy. Key risks include challenges in recruitment to hard-to-fill roles, managing sickness absence levels, specifically increased levels of stress and anxiety (burnout), and losing talent to other organisations that have more opportunities. Additionally, the potential impact of industrial action and staff unrest due to the national pay structure remains a risk in 24-25.

RG to circulate appendix 1 following the meeting.

The Council of Governors **noted** the content of the report and the actions that have been taken to support delivery of the LHCH People Strategy.

11.5 CoG Objective

Karan Wheatcroft, Director of Risk and Improvement presented the CoG objective report which confirms activity against governors objectives set at the joint session. Key updates against objectives include NED roles update, people development session and the Chair and NED appraisals.

TC acknowledged that the addendum considers the ICB's work and strengthens the governor's role. Governors are responsible for assessing and holding the Trust accountable based on a plan formulated by the organisation. However, TC has not yet seen this plan. TC also inquired about the review process for the action plan, which is reported to the CoG. VD clarified that the people, partners, and populations strategy serves as the organisation's strategic plan, comprising six objectives. Governors monitor progress against these objectives and receive updates during CoG meetings. Additionally, performance metrics, including the SOF, are reviewed to ensure accountability. VD will re-circulate the strategy plan. A new plan is being developed.

The Council of Governors **noted** progress against the delivery of the COG objectives for 2024.

12. Performance & Operations

12.1 Strategic Oversight Framework (SOF) Performance Dashboard (Q4)

NEDs who chair each of the sub committees presented key updates, emerging trends and issues from the SOF.

Integrated Performance Committee update

Claudette Elliot, NED, Integrated Performance Committee Chair presented the report and highlighted key areas of note. At the end of month 12 the Trust had 5 indicators that continued to show statistical significant changes in performance. 12 indicators below target, discussed throughout the year in terms of fluctuations and changes in achieving the target.

Areas of concern have been identified and mitigations and recovery plans in place where possible. All indicators continue to be monitored and updates provided through Finance & Performance Group as well as Operational Board. Update provided on the annual planning key performance indicators for 24/25. These include; Trust activity plan, RTT trajectories, diagnostics, Trust Cancer trajectories and OPA transformation. Workforce risks remain across Radiology, Cancer and Long waiters. Risk mitigations are being managed through weekly and monthly governance meetings. Update on deep dive areas provided to IPC.

Elective activity in month was above plan and the Trust have maintained a surplus financial position year to date. Cancer standards continue to be challenged by workforce pressures. In February all Cancer standards were non compliant to national targets. Overall average wait for 18 and 26 weeks has reduced, however the Trust has been unable manage the increase in referral tip overs each month. Consistent focus is being placed on long waiters, taking into consideration clinical priority. National discussions are ongoing on the change to these standards based on post Covid analysis. DM01 has continued to show improvements in March with full recovery expected to run into Q1/Q2 of the next financial year.

TC observed during today's Birch ward walkabout, the issue of refurbishment was brought up, and questioned what obstacles exist, given that the Trust has £43m in the bank. James Thomson, Chief Finance Officer explained that the NHS allocates capital to each Trust annually, emphasising the need for strategic spending. While there is budget for Birch ward design, larger-scale projects may require additional funding and operational planning. Jonathan Mathews, Chief Operating Officer advised that Birch ward is the largest cardiology ward on site, which means the Trust faces challenges in relocating patients during different phases of any works. Nevertheless, the team will develop a plan in the coming months. Decant is under discussion with Broadgreen.

JT explained that cash is held in bank with 5% interest supporting the CIP position and generating a cash income for the Trust. The Trust work within the financial requirements of NHSE. Staff will be kept updated in terms of programmes. Queries were raised about whether external bodies could access cash. JT confirmed that this is not the case.

Quality and Safety Committee

Nick Brooks, NED, Quality and Safety Committee Chair presented the report and highlighted key areas of note and detail regarding good performance/favourable trends to include; Sepsis, Pressure ulcers, Dementia and delirium, Complaints, serious incidents, Nutrition referrals (90% March). Unfavourable trends include; Reputation: family and friends, however above the target of 95%, Infection prevention: gram negative bacteraemia, Falls. Concerns include; Venous thromboembolism, Radiological alerts with response document, Primary PCI for heart attack patients, Discharge summaries, assurance all patients receive a copy of the discharge summary but not always documented.

The quality and safety committee received assurance around the recommendations of the Fuller Report and progress made in working with Liverpool University Hospital Foundation Trust. Dr Foster, now Telstra Health provide a statistical process across the NHS which maps mortality in the hospital, baseline level of expected risk is 100 and LHCH has been consistency below 100 for at least a year. Quality/Equality impact assessments received for CIPs over £25k. Implementation of GIRFT (4/9 closed). Research governance - preparation for Medicines and Healthcare products Regulatory Agency (MHRA) inspection. BAF: no new or emerging quality risks. The quality and safety committee noted complaints: new administrative post to improve communication with patients on waiting lists. Patient Safety Incident Reporting Framework (PSIRF) embedded. Approved Clinical Audit and Effectiveness (CAE) strategy. Compliance with NHS Constitution with single exception – access to services.

JB requested an update regarding the serious incident that was shared at the Chairs lunch, regarding letters that had not been sent out. LB explained that the harm process is still in progress. Once the full report is complete, an update will be provided. As part of the clinical review, the PSIRF policy will be followed to look at duty of candour based on potential harm managed by clinical teams. Currently approximately 70% through the review.

People Committee

Margaret Carney, NED, chair of the People Committee explained that the SOF measures are linked directly to the Board Assurance Framework and represent the highest risks.

Staff Survey results show strong performance nationally and across Cheshire and Merseyside (C&M). Although Trust sickness levels remain above the internal target. Sickness has marginally decreased to 5.07% and compares favourably to other C&M Trusts. A deep dive will take place with benchmarking targets against other Trusts. Assurance has been received that process of managing sickness in the Trust is robust, the majority of sickness is related to non-work related anxiety and stress, and musculoskeletal.

Mandatory Training is slightly below our target. There is a strong push to increase compliance during April. The recruitment system TRAC went live on 6th February 2024 and this will support an improved reporting mechanism.

The team have commenced work to review the bereavement and special leave provision with consideration of a more compassionate approach, together with reviewing sickness absence data related to bereavement and the experience of staff when being subject to a formal sickness absence process.

The People Committee continues to develop an EDIB dashboard and significant progress has been made and the team are working on introducing SOF metrics in relation to this. The Trust has self-assessed as compliant in all the staff rights, people pledges, legal duties and expectations within the NHS Constitution. The Committee was assured in terms of compliance. There is significant progress on the action plans following the 2023 GMC survey. Engagement has improved. The next pulse check will be undertaken in August 2024. There is good work in progress across all areas of the EDIB strategy. The Committee would like to see accelerated achievement of the Anti-Racism framework.

The Committee was assured that its disciplinary procedures adhere to best practice in line with ACAS code of practice and employment law. The Committee received its annual assurance report. Audit Committee agreed that the committee had met its terms of reference and delivered its workplan.

MC advised that dissatisfaction in the experience of doctors in training had been noted previously, however improvement has been made with fantastic leadership within the Trust with improved engagement with trainee doctors. Improved engagement feedback is expected through the next survey results.

Having identified the metrics, TC inquired what NEDs could do to encourage or recommend change for the better within the Trust. MC advised that the role of NEDs is around seeking assurance, respectful challenge, and triangulation of that.

EH questioned whether the Trust have links with counselling services to support staff with grief and bereavement. JT confirmed that the Trust have invested in psychological support for staff.

12.2 Patient & Family Support Team – Q4

Joan Mathews, Director of Nursing, Quality & Safety presented the patient and family support team report. The purpose of the report is to provide an update on the numbers of formal and informal concerns received into the Trust. The report provides an overview of contacts made to the patient and family support team for either advice or information. Within Q4, the Trust received a total of 6 formal complaints, 125 contacts comprising of 79 informal concerns, 46 requests for information or advice.

The 6 formal complaints are all closed except 1, 1 partly upheld and 4 were not upheld. Regular communication is had with the complainant to ensure they are kept

up to date with progress being made. All complaints are managed as per the Trust Policy.

Joan M noted themes identified from the 79 informal concerns which has led to one of the quality improvements being chosen around keeping in touch with patients who are waiting for cardiac surgery. A reduction has been noted with processes in place.

There has been 1 formal complaint received this year. Joan M understands this is due to improved processes.

The Medical Examiner Officer (MEO) process is well embedded. All deaths are scrutinised by the ME/MEO, any that raise any concerns are highlighted to Mr Manoj Kuduvalli and Dr James Greenwood along with Joan Matthews. In Q4, 8 deaths were highlighted to them for full MRG's to take place.

The Council of Governors **noted** the report and the content and acknowledged the work of the team in preventing formal concerns for the organisation.

12.3 Digital Excellence update

Ian Gilbertson, Deputy Chief Digital Information Officer provided the digital excellence update report and highlighted key areas of note.

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

LHCH have successfully completed the first draft of the national Digital Maturity Assessment within the agreed timeframe. The information was peer reviewed by colleagues from the Walton Centre prior to submission. Results will be published nationally in July.

The Digital Excellence programme is largely on track and progressing well as it enters its fifth and final year. Digital Excellence Committee (DEC), which governs the Programme, continues to meet on a regular basis with good attendance from its members.

Following a 2-day on site assessment in March, LHCH were successfully accredited as a Healthcare Information and Management System Society (HIMSS) Stage 7 organisation. This saw the Trust become the first to be accredited against the HIMSS new and enhanced criteria, which is much broader than previous.

The Council of Governors **received** the report and **noted** good progress to date.

12.4 Annual Staff Survey

Jane Royds, Chief People Officer presented the annual staff survey update. 64% of staff completed the staff survey with an national average of 59%. The survey is divided into people themes. LHCH is ranked number 1 for overall positive scores against acute specialist trusts, this is based on organisations that ran the survey with Picker only. There has been a further improvement in all areas of the People Promise.

In terms of friends and family test, there have been improved results in all 3 areas. 83% of staff would recommend LHCH as a place to work. 92% would recommend if friend/relative needed treatment would be happy with standard of care provided by

organisation. 92% say that care of patients/service users is the organisation's top priority.

All results were shared with divisions and teams who have developed actions plans around improvements required, with focus around 'you said, we did' approach. An overarching Trust wide plan has been developed with a focus on Trust specific initiatives that will support improvement in employee experience. The plan consists of actions that can be delivered quickly and those that require a longer-term strategy. Delivery of these actions will support divisional led action plans. Actions include; relaunch of the 'Be civil, be kind' campaign. Refresh and relaunch of the 'It's not okay' campaign. Deliver anti-racism action plan. Raise awareness of freedom to speak up (FTSU). Improve appraisal process. Create a 121 culture across the organisation. Flexible working campaign. Improve 24-hour food provision across the site.

LHCH were ranked top in the country against all other Trusts for place to work, care being out top priority, staff engagement and morale. The Trust was also ranked top in all people promise elements and themes, benchmarked against acute specialist Trusts. Results have been celebrated with staff. Focus will remain on areas with low compliance.

CE acknowledged that it is positive to observe that actions are being addressed regarding refreshments at night, which was raised during a Birch ward walkabout.

It was questioned whether actions are communicated to staff. JR confirmed that divisional action plans are shared with teams and departments and a communication plan is being developed to share the Trust wide action plan. The action plan was reviewed and approved at the People Committee and will be shared broadly.

12.5 PLACE Assessments

Joan Mathews, Director of Nursing, Quality & Safety presented the annual Patient-Led Assessments of the Care Environment (PLACE) programme which was undertaken in September 2022 and November 2023. Assessments have commenced in full following suspension during the Covid timeframe.

The assessments focus primarily on the areas which patients say matter to them, they are undertaken with the assistance of patients, the public and other bodies with an interest in the healthcare we provide (e.g. Liverpool Healthwatch). The assessment follow criteria for assessing quality of environmental cleanliness food and hydration provision to includes also the provision of care surrounding privacy and dignity, and whether the premises are equipped to meet the needs of people with dementia or with a disability. Overtime the areas of focus have been significantly refined and revised, with guidance documents updated, to ensure the assessment remain relevant to the changes within healthcare.

The report provides LHCH scores in comparison with other organisations. The Trust has scored above the national average for 2023 and have increased scores in some areas from 2022/23.

Areas highlighted for improvement by the teams during the assessment were noted as; remedial estate works i.e. ceiling tile replacement. Bathroom floors in ward areas require maintenance. Outpatients, therapy area require improvement to door signs and frames. Data on view from computer carts around the departments. Lifts improved signage and braille/tactile. There were areas identified as requiring no actions following the assessment.

The action plan is take through divisional board meetings until actions are complete.

The Council of Governors received **assurance** on the Trust PLACE assessment results. Areas for action, which are being progressed to ensure all improvements are completed before the next full PLACE assessment in September 2024.

13. Board of Directors

Committee Updates:

13.1 Audit Committee

John Doyle, Non-Executive Director presented the update from the Audit Committee held in March 2024. The presentation had been circulated to governors before the meeting and noted as read. It was noted there was no issues to report and the work of committee was on track.

The report focuses on evidence and assurance around internal control of the organisaiton and risk management system are effective. In addition support the strategic directions. All committees have reviewed their terms of reference and provided a positive assurance that all required areas have been covered.

The draft annual governance statement covers all internal organising controls, risk management and identifies any risks throughout the year. Auditors will take into account assurances and performance provided by the Trust are correct. Meeting for the annual accounts will take place on 25th June.

Further assurance is provided around provider licences and corporate governance.

JD expressed thanks to Julian Farmer for providing excellent guidance to the committee. JD intends to continue this.

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

13.2 NEDs Walkabouts

Val Davies, Chair presented the Non-Executive Director (NED) walkabouts report. Walkabouts were reintroduced in June 2022. In addition, Governors were invited to express an interest in joining the NEDs on their walkabouts and a number of Governors have been involved in the programme so far.

PH reiterated the walkabouts as a great way to talk to staff and encouraged all governors to attend.

The paper provides an overview of the NED walkabouts undertaken during 2023/24. The Chair also continues to visit areas across the Trust over the course of the year with 12 visits taking place since the previous CoG meeting.

It was questioned whether consideration has been made to schedule walkabouts outside of the CoG timetable. VD suggested discussion should take at the next Chairs lunch.

The Council of Governors **noted** the report and Governors were encouraged to join future NED walkabouts.

14. External Review & Assurance

14.1 Regulatory Update

Karan Wheatcroft, Director of Risk and Improvement presented the regulatory update. The purpose of the paper is to provide a year-end update to the Council of Governors on the completion of the remaining actions regarding regulatory compliance for 2023/24.

The Board of Directors, supported by the Audit Committee has reviewed compliance against the Code of Governance and the Provider Licence, which demonstrated strong compliance across the extensive range of requirements. Earlier in the year the COG reviewed compliance with the Addendum on system working and collaboration: The role of foundation trust councils of governors, and this also demonstrated strong compliance.

LHCH demonstrate strong compliance with regulatory requirements in year, progressing the actions identified in the initial baseline assessments.

A small number of actions remain in progress; continuing to work with the Cheshire and Merseyside Integrated Care Board (and wider professional networks) regarding the role of Governors in Integrated Care Systems. Further work to progress the health inequalities agenda. Commissioning a well led external review, self-assessment took place with a final self-assessment which has been translated to the new assessment framework. External review required in the next 12 months.

Residual actions will continue with updates to the CoG.

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

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 the paper provided 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.

15. Governor Issues

15.1 Feedback from Network/ Engagement Events

MB was invited to a patients wedding along with other members of staff. The groom gave a mention to LHCH and all the people who saved his life.

15.2 Governor Elections

Karan Wheatcroft, Director of Risk and Improvement presented governors elections update report. The purpose of the paper was to highlight the timetable and process for this summer's planned Governor elections.

A full timetable for this election process is provided within the report for the Council of Governors to note. Governors who are coming to the end of their term of office are advised to follow the nomination process as appropriate if they wish to re-stand for a further three-year term.

VD requested the CoG notify Gillian Donnelly about individuals interested in taking on the England and Welsh Governors role.

The Council of Governors **supported** the ongoing election timetable which commenced on 10th May 2024.

16. Working Groups

16.1 Membership and Communications Sub Committee

David Bromilow, Staff Governor provided an update from the Membership & Communications Sub Committee which met on 16th March.

Membership is currently exceeding the minimum requirement of 8000 membership, however currently exploring the opportunity to attract the younger age group to the membership, with plans underway to hold a promotional stands to recruit new members at Liverpool John Moores University and University of Liverpool. It is hoped as many governors as possible can support these events to help raise the profile of LHCH and membership.

An update was provided on the work of LHCH Charity who have had a positive few months in spite of the economic climate. Contactless giving sites are due to be installed across the hospital site shortly to enable donations from patients, families and visitors.

Positive feedback has been received regarding the LHCH matters newsletter, any suggestions for further features are more than welcome. Forward suggestions to Gillian Donnelly. DB noted upcoming community health promotion events.

The Council of Governors **noted** the contents of the report.

16.2 Governor Attendance Report

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

17. Date and Time of Next Meeting:

Tuesday 17th September 2024, 1pm.

18. Meeting Effectiveness

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

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