

Item 3

Council of Governors (in Public)

**Minutes of the Meeting of the Council of Governors held on
Tuesday 17th September 2024 at 12:30
(Conference Room and via Microsoft Teams)**

Present:

Val Davies	Chair
Michelle Beaver	Staff Governor – Registered and Non Registered Nurses
Wendy Caulfield	Nominated Governor – Friends of Robert Owen House
Terence Comerford	Public Governor – Merseyside
Dr Neil French	Nominated Governor – University of Liverpool
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
Ian Ferguson	Public Governor – Merseyside
Peter Humphrey	Public Governor - Merseyside
Lynsey Jackson	Staff Governor – Non Clinical
Dorothy Price	Staff Governor – AHP, Technical and Scientific
Ray Davis	Public Governor – Cheshire
Karen Higginbotham	Nominated Governor – LJMU
Cllr Richard McLean	Nominated Governor – Liverpool City Council

In attendance:

Liz Bishop	Chief Executive
Nick Brooks	Non-Executive Director
Bob Burgoyne	Non-Executive Director
Margaret Carney	Non-Executive Director
Manoj Kuduvalli	Medical Director
Jonathan Mathews	Chief Operating Officer
Joan Matthews	Director of Nursing, Quality & Safety
Ben Vinter	Director of Risk & Corporate Governance
James Thomson	Chief Finance Officer
Tom Pharaoh	Director of Strategy
Claudette Elliot	Non-Executive Director
John Doyle	Non-Executive Director
Sarah Barr	Chief Digital and Information Officer
Rachael McDonald	Deputy Chief People Officer
Lucy Currie	Deputy Director of Operations, Surgery
Margaret Roberts	Public Member – North Wales
Kim Crowe	Public Member – Merseyside
Ruth Gaunt	Executive Office Manager (minutes)
Gill Donnelly	Communications and Membership Officer

**Apologies for
absence:**

Jane Royds	Chief People Officer
Keith Wilson	Staff Governor – Non Clinical

Sharon Faulkner
Peter Wareham
Joan Burgen
David Bromilow
Princey Santhosh

Staff Governor – Registered and Non Registered Nurses
Public Governor – North Wales
Public Governor – North Wales
Public Governor – Merseyside
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 3rd September 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.

The Chair welcomed Lucy Currie, Divisional Director of Operations for Surgery who will observe the meeting. The Chair welcomed new Governors to the meeting, Kim Crowe, public Governor for Merseyside and Margaret Roberts, public Governor for North Wales and Councillor Richard McLean, nominated Governor, Liverpool City Council.

The Chair acknowledged that Joan Burgen performed a sterling Governorship over her tenure and will step down as Governor following the meeting. Anne-Marie Davies, Associate Non-Executive Director left the Trust in August.

The Chair introduced new Executive Directors, Sarah Barr, Chief Digital and Information Officer and Ben Vinter, Director of Risk and Corporate Governance.

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. All participants confirmed that they had no interests to declare beyond those that may already be known and on Trust registers.

3. Minutes of the Council of Governors (CoG) held on 4th June 2024

The Council of Governors agreed the minutes were an accurate reflection of the meeting and **approved** these for the meeting held on 4th June 2024.

4. Action Log

All actions were noted as complete.

5. Patient Story – Annual Patient Survey

Joan Mathews, Director of Nursing, Quality & Safety presented the results of the 2023 inpatient survey, opting to focus on these findings rather than sharing a patient story. The survey results were received by the Trust in August. JMa highlighted the importance of patient feedback and expressed gratitude to those who participated in the survey. The survey targeted patients who had an overnight stay in November 2023.

The Trust was rated as one of nine Trusts nationally out of 131 participating Trusts who had scored 8.8 or above. Initial results indicated a decrease in overall patient experience score from 9.2 in 2022 to 8.8 in 2023. Upon further review by Picker Institute, it was found that the paper-based survey results had been inaccurately scored. The corrected score was 9.13, consistent with historical results. This outcome meant the Trust was rated 4th nationally for patient experience and top in the North West.

Identified areas of focus include discharge processes and communication. Actions have been implemented to address these areas.

The inpatient survey results were overall positive, maintaining historically high performance. The formal report, reflecting the corrected scores, will be released with the national data.

VD thanked the team for tremendous results and noted 67% response rate which is second in the country. JMa noted that patients have consistently expressed a strong desire to provide their feedback. This trend has remained unchanged over the past few years, which is appreciated.

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

6. Service Presentation

To be presented during the Annual Members Meeting.

7. Chair's Briefing

The Chair highlighted the significant financial challenges faced by the NHS Trusts and noted that James Thomson, Chief Finance Officer will provide a detailed update on the financial situation later in the meeting.

The Chair emphasised the importance of achieving set targets and the efforts of Liverpool Heart and Chest Hospital (LHCH) to contribute surplus funds to support other Trusts. The Chair discussed the collaboration among the five Trusts in Liverpool: Liverpool University Hospitals, Walton Centre, Liverpool Women's, Clatterbridge, and Liverpool Heart and Chest. The focus is on working together to save money and streamline patient pathways.

The first joint committee meeting is scheduled for Thursday 19th September, with Chief Executives working on the agenda.

The Chair highlighted that Louise Shepherd, CEO of Alder Hey Hospital, has been appointed as the Regional Director for the Northwest for NHSE, starting on November 3rd. Richard Barker, the previous Regional Director, has stepped down. Ann Marr, Chair of CMAST and Chief Executive of Merseyside and West Lancashire, is retiring.

Summer activities at LHCH include positive results of the inpatient survey.

A two-day Aortic Symposium hosted by LHCH Medical Director, Manoj Kuduvali and Mark Field, with international cardiology experts in attendance. The Chair expressed thanks for the successful event and the respect shown towards LHCH.

Nick Brooks conducted a NED led development session on the work of the quality committee. The session has been recorded and available on the Governor portal.

The LHCH Learning Disabilities and Autism Team were shortlisted for the HSJ Award for great innovation. Although they did not win, being shortlisted was a significant achievement.

The Chair conducted 13 Chair visits over the past few months, meeting various teams and acknowledging their hard work.

Training sessions on civility, gender space, and anti-racism were highlighted.

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

8. Chief Executive Report

Liz Bishop, Chief Executive Officer provided the Chief Executive report and highlighted key areas of note.

The Integrated Care Board (ICB) has been designated as requiring additional support, and Price Waterhouse Coopers (PwC) have been enlisted to support the system. Planning activities have been ongoing throughout the summer and will continue. Further details will be provided by James Thomson later in the meeting.

An update on the role in the wider system, particularly in terms of clinical leadership and system-wide governance, was provided. Dr Joe Mills Chairs the joint ICB Cardiac Clinical Network Board. Dr John Morris leads the Cardiology Provider Alliance across Cheshire and Merseyside as part of a Cheshire and Merseyside Acute and Specialist Trust Alliance (CMASST) programme of work. Tom Pharaoh's team provides management support for CVD prevention. Contributions to the wider system and pathway development are ongoing, including the respiratory clinical network Board's work supported by Dr Sarah Sibley. Focus on diagnostics, particularly around COPD and asthma, with impactful tests being delivered in communities.

Recent closure of Doctors industrial action was noted as positive news for the public and health providers.

The Aortic Symposium was highly impressive, with positive feedback from an international audience. Manoj Kuduvali and Mark Field were commended for their organisation. Approximately 120 people were in attendance.

Planning for urgent emergency care is ongoing as winter approaches, with a focus on preparedness.

Dr Amy Hill has been leading the development and streamlining of stroke pathways, with her work being recognised and accepted by the Stroke Programme Board.

LB conducted several clinical site visits, observing procedures such as Endobronchial Ultrasound Scan and Biopsy (EBUS), CT-guided biopsy, and heart repairs in the Cath lab. Further surgery observations are planned.

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

9. Lead Governor Update

Elaine Holme, Lead Governor explained that she has been unable to progress with the Lead Governor group's focus due to annual leave and last-minute meeting cancellations. EH acknowledged the ongoing collaboration work, which has occupied much of the group's time, however EH remains committed to discussing the focus with the group at the earliest opportunity.

EH meets regularly with VD and BV and invited Governors to raise any issues they would like to be discussed in these meetings. EH encouraged direct communication, by Governors, with BV and VD but offered to act as an intermediary if needed.

EH welcomed new members Kim Crowe and Margaret Roberts to the group and noted that following their induction in October, there would be discussions about mentorship roles. EH and GD had a brief conversation about encouraging members to take on mentorship roles and requested that interested members contact her after the induction. EH shared positive experiences with mentorship, it helped to ask questions and gain insights. EH expressed hope that a similar mentorship setup would be established following the induction.

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

10. Non-Executive Directors

10.1 Committee Updates

Non-Executive Directors who Chair each of the sub committees presented key updates, emerging trends and issues from the Strategic Oversight Framework (SOF).

Audit Committee

John Doyle, Non-Executive Director informed the CoG that the extraordinary meeting held on 25th June focused on the annual accounts. The audit was conducted smoothly with no significant issues raised by the auditors. The Audit Committee recommended the accounts, including charitable funds, to the Board.

The Audit Committee held on 9th July reviewed and updated the Corporate Governance Manual, recommended for approval and adoption by the Board. Received assurance that the Trust risk Management systems and processes are working efficiently and effectively. Received assurance that the Clinical Audit Plan was on track. Received assurance that the Cyber Security defence systems were performing. MIAA also provided positive updates on Annual Audit Plan 24/25 and Anti-Fraud Plans 24/25 plans. Presentation by Health Procurement team regarding meeting procurement standards and positive progress on savings targets.

It was highlighted that procurement is being conducted in collaboration with the Walton Centre, and questioned if there is a particular reason why procurement is not being carried out on a broader scale. JT advised that the procurement service is managed across the specialist hospitals in Liverpool. This forms a procurement collaborative with a work programme. Where there is an opportunity

on a wider footprint, depending on the procurement category, this takes place across Cheshire and Merseyside. Arrangements around programmes and categories for larger-scale procurements are underpinned by national initiatives around frameworks and, in some cases, national-level procurements. There are always opportunities for improvement, and new procurement regulations coming into force in the autumn will likely prompt the health service to standardise and scale procurement to regional and national levels where appropriate.

JK questioned the level of assurance for the Trust against cyber security and the standards against which the Trust are being measured. JD confirmed that assurances have been provided. Cyber security will continue to be reviewed throughout the year.

Charitable Funds Committee

Bob Burgoyne, Non-Executive Director provided an update from the Charity Funds Committee held on 9th July. The meeting commenced with positive feedback on the overall progress.

Overall income for the year to date is at £161,525 which is 46% above target. Legacy income is at £19,506. Donations are 56% above this time last year.

Work is progressing for the £1.5 million campaign for a new Simulation Training and Education Centre. Meetings have been arranged with University of Liverpool to gain support for the campaign.

It was agreed to increase charity activity with funding from charity funds for two new support posts.

Financial position of cash in hand agreed to be healthy with significant reserves remaining for future bids after all liabilities are met (£414K).

Agreed to set up a new fund (Cardio-oncology Fund) with funding (£50K) donated from the Sir Ken Dodd Charitable Foundation.

The committee approved the current Terms of Reference for the coming year.

An action was noted to provide updates on major expenditures in future reports. BB

Quality Committee

Nick Brooks, Non-Executive Director summarised key messages from the SOF discussed at the Quality Committee on 9th July. Good performance was noted with favourable trends including in respect of Sepsis, Complaints/serious incidents/never events, Pressure ulcers, Dementia and delirium, Family and friends, Discharge summaries, Nutrition referrals, Venous thromboembolism, Radiology alerts. Consistent failure to achieve target include Primary PCI for heart attack patients.

The Quality Committee received updates around CIPs: Quality/Equality impact assessments, E-consent, Radiology alerts, Knowsley Place Quality visit, Surgical site infections, GIRFT update.

The Resuscitation annual report was presented to the Quality Committee to include training – nursing staff ILS/bespoke for Cath lab, Staff, DNAR orders and ceilings of care.

An update was provided from the Mortality Review Group who review of mortality governance.

There were no new or emerging quality risks but potential impact on quality of CMR waiting list and Elective waiting list.

JK reported that prior to Covid, the Trust had a well-established day of surgery admission programme, for cardiac and thoracic surgery on the day of their operation. However, the Trust has not been able to return to this level post-Covid.

JMa confirmed that Matrons are planning to use a 4-bedded bay on Cedar to improve discharge flow and same-day surgical admissions. Coordination with pharmacy, anaesthetics, and other multidisciplinary teams is essential. Anaesthetic and pharmacy colleagues are already engaging with patients pre-admission for drug reconciliation and social reviews. The aim is to have the new system operational in the next few months. Pre-Covid, the admission percentage was around 35%; the goal is to reach and exceed this with potential collaboration between Aspen and Cedar units to promote discharges and improve efficiency. Updates on progress will be provided at the next quality committee meeting.

People Committee

Margaret Carney, Non-Executive Director summarised SOF performance and key points from the People Committee held on 9th August. Sickness levels are increasing, major reasons include anxiety, depression, and mental health issues, mostly non-work-related. The committee were assured that sickness is well-managed. The current sickness target is 3.4%, considered low compared to other organisations. Benchmarking and review of the target are ongoing, with a cautious approach to avoid increasing the target to look better. LHCH rate of sickness compares favourably with neighbouring Trusts. August figures have dropped slightly to 5.15%.

Mandatory training is slightly below target but improving. Bank mandatory training compliance has significantly improved to around 80%. Appraisal compliance will be better assessed by the end of September.

Planning for the next NHS staff survey is underway, aiming to maintain a high response rate. NHS England is revising statutory mandatory training, which may impact performance.

Work is ongoing across all areas of the Equality, Diversity, Inclusion and Belonging (EDIB) strategy. Anti-Racism campaign to be launched in September. The Committee was assured, through comprehensive reporting, that nursing staffing levels are at a safe level.

The 2024 GMC Training Survey showed 90% response rate with good and improving levels of satisfaction. Detailed action plans have been developed and will be monitored at every meeting.

The annual Employee Relations (ER) assurance report was presented. A decrease in the overall volume of cases was noted (with the exception of sickness stage 4), over the last 12 months but increased complexity. The Committee were assured that ER activity continues to be managed well.

Given the Cheshire and Mersey ICS financial challenges, the Trust has been required to implement workforce controls. The committee will continue to seek assurance that any associated risks are identified and mitigated.

Strategic Research & Innovation Committee

Bob Burgoyne, Non-Executive Director informed the CoG that the Trust have two Research and Innovation Committees. The Operational Committee is Chaired by Jay Wright, Clinical Lead for Research and focuses on day-to-day running of clinical trials.

The Strategic Research and Innovation Committee is Chaired by the BB, established 1.5 years ago and takes a strategic view on research across the Trust. BB provided an update from the meeting held on 16th July.

Progress in implementation to date was discussed and changes in personnel reported with Shirley Pringle appointed to replace Jenny Crooks from September 2024. It was noted that a new research strategy will be required and will be brought to the committee in late 2024.

A report was provided on research performance which was received positively.

A new appointment to LJMU was reported which will provide further support to research activity across the partners.

It was reported that The Trust had secured £125,000 from The Lord Leverhulme Trust to support the patient ambassador over 5 years.

A paper was presented on potential next steps in furthering innovation activity in the Trust. It was agreed that the Executive Team should consider the appointment of a Clinical Lead for Innovation.

A further meeting has taken place with focus on moving forward with the research strategy and the innovation strategy.

It was questioned how LHCH compare to peers in relation to the number of clinical trials and commercial studies and if there are opportunities to expand. BB acknowledged that commercial studies make up a small part of the overall total, and the committee has discussed the necessity of enhancing NIHR funding. There is an awareness for collaboration with local organisations to build certain areas.

Integrated Performance Committee

Claudette Elliott, Non-Executive Director provided SOF performance key messages. At the end of quarter 1, 6 standards were showing below the national KPI or variance from plan. It should be noted all of these are expected against historic trends and workforce pressures. There are recovery plans and mitigations in place across all of these indicators and they are monitored closely against any clinical risk.

Elective activity in month was above plan for the Trust and year to date we have continued to deliver all of core capacity through Theatres. Cancer Performance is reported a month in arrears and all Cancer standards continued to be challenged by workforce pressures.

In May, 31 day and 62 day were non-compliant to the national targets, however no clinical risk has been identified due to wait times and both the 31 and 62 day standards are showing positive trajectories of improvement. The Trust maintain a clear and consistent focus on long waiters, with the 65 and 52 week waiters being monitored weekly by the divisional teams. The Surgery long waiter position remains a risk across the pressured cardiac service lines.

DM01 (Diagnostics) remains fairly static with a focus on waits above 13 weeks, recovery is expected to run on into the financial year with known risks to performance being Cardiac MRI.

Integrated Performance Committee update includes; SOF report presented and discussed, committee members provided constructive and supportive challenge. Areas of concern clearly articulated with detailed mitigations and recovery plans in place.

All indicators continue to be monitored with divisional teams taking a proactive approach, in taking forward, mitigations and recovery plans. Updates provided through weekly and monthly Finance & Performance Group as well as Operational Board.

Activity continues to be monitored weekly, with increased data being reviewed to understand case mix and non-elective demand.

Workforce risks remain across radiology, cancer and long waiters. JM noted that radiology staffing issues within the admin team are due to sickness; new members recruited, expected to be in place by the end of the month. Radiographer issues are around capacity and demand with additional sessions being planned. Radiology Consultants due to increased need for supervised cardiac MRI sessions; insufficient supervised capacity affecting diagnostic performance. Diagnostic performance showed improvement but will continue to have cardiac MRI issues due to insufficient supervised capacity. A Task and Finish Group has been established to address capacity issues; considering a six or seven-day service, with a focus on whether sessions are supervised or unsupervised.

CE advised that due to complexity of case mix, it is important to monitor performance closely. The confidence levels of the committee is high due to the work of JM and his team. The committee will be alerted to changes in trajectories. JM reiterated that the ambition is to hit national targets. CE expressed thanks to both JM and JT along with their teams for their work during these busy times.

10.2 Strategic Oversight Framework (SOF) Performance Dashboard

Circulated for information.

11 Performance & Operations

11.1 Finance Report

James Thomson, Chief Finance Officer explained that month three data was included in the pack and provided a further update for month five, reflecting the latest financial position. The Trust reported a surplus of £4 million. The Trust is off plan by £1.6 million, indicating a slight improvement in the run rate over the initial months. Reasons for being off plan relate to delays in the commencement of the Healthy Lung Check Programme, a reduction in income by £700k due to slippage. Also challenges in recognising additional activity work and ensuring

contractual agreements with commissioners. Plus cost pressures from surgical non-pay items within the surgical and Cath Lab teams. All are being managed.

The Trust is still forecasting to meet the annual plan of £14.1 million. The Cost Improvement Programme (CIP) is identified as a risk, with 66% of the plans delivered to date, equating to £7 million out of a total £10.6 million. There remains approximately £1 million risk on CIP, with ongoing efforts to identify and deliver the remaining 10%.

Cheshire and Merseyside as a system is undergoing a forecasting exercise due to an increased deficit at month three. NHS England has initiated a recovery process to improve the overall system position. Price Waterhouse Coopers (PwC) has been engaged for an external assurance review of financial plans and processes for each Trust and ICB. Phase one of PwC's review has been completed, identifying LHCH as lower risk. Phase two will focus on Trusts with significant deficits and off-plan forecasts.

Increased risk within the system may lead to special measures for certain Trusts. Potential implementation of increased controls on spending and variable costs. A regional panel for approving posts above a certain level is already in place.

The Trust will adopt best practices and is already engaging in conversations on improvements. The Trust is in the process of digesting the phase one PwC report. Recommendations will be taken through the Board for further action.

Due to system-wide financial risks, all Trusts are being asked to contribute where possible. NHS England, through the ICP, has requested support to de-risk the financial position for the year.

A robust forecasting exercise will be conducted as part of the half-year position to identify risks and opportunities. The Trust is collaborating with other Trusts in Liverpool to explore potential benefits of joint efforts and scale efficiencies. Work streams have been initiated to gain momentum in collaborative efforts. Expected realisation of benefits from these efforts is anticipated around October or November.

The Trust aims to deliver its financial plan while supporting system-wide risk management with continued efforts to manage financial risks collectively and improve the overall system position.

There was a query about how the newly agreed pay increase for junior doctors will be incorporated into the budget. JT advised that the allocation for the budget is pending from NHS England based on methodology on historical numbers of junior doctors and their average pay grade. Currently waiting the allocation details to compare with the actual costs of the pay award for junior doctors. Trusts are typically asked to manage any financial pressures themselves. Calculation will be done once the allocation is received.

A question was raised regarding Cath Lab 7 which is due to be commissioned and the risk posed to the business case for staffing. JT advised that there is an aim to achieve a specific number of whole-time equivalents by year-end. Costs must be covered by extra activity through the commission of contract. Ensuring no additional financial risk by matching required investment with business case management. JM advised that the business case is 80% complete with the aim to complete and sign off by October / November, followed

by recruiting staff. Depending on recruitment, the lab should be up and running by quarter 4.

11.2 Patient & Family Support Team – Q1

Joan Mathews, Director of Nursing and Quality presented the patient and family support team report, reporting period 1st April to 30th June. There were 4 formal concerns received during quarter 1. So far, there have been 3 formal concerns received during quarter 2. A downward trajectory in formal concerns has been noted, indicating a positive outcome.

The main informal concerns theme include timeframes for surgery. Divisions met to address the trajectory and implemented actions to improve communication with patients and families. This has resulted in a significant decrease of informal concerns in quarter 2.

The PALS team quickly address queries from patients and families, preventing escalation of advice or informal concerns into formal complaints. They provide assurance through regular meetings and response reviews.

All deaths are scrutinised by the Medical Examiner / Medical Examiner Officer, any concerns are highlighted to Mr Manoj Kuduvalli and Dr James Greenwood along with the Joan Matthews.

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

12 Strategy and Service Improvement

12.1 System, collaboration, networks, and partnerships update

Tom Pharaoh, Director of Strategy provided an update on collaboration, system and network level for LHCH. Collaboration was highlighted as one of the six key strategic themes. The objectives outlined in the current strategy emphasise collaboration, which runs throughout the five-year plan. Quotes from the strategic plan document were shared to emphasise this point.

Collaboration is a significant theme in the NHS currently. Historically, there have been various policy attempts to foster competition among NHS providers. Recent years have seen a shift from competition towards collaboration, culminating in the 2022 Health and Care Act. The Act established integrated care systems to integrate health and care for populations.

Provider Trusts are now required to collaborate with colleagues across the system. A slide from the King's Fund was presented, summarising the principles of integrated care systems. Integrated Care Board (ICB) represents the NHS side, encompassing all parts of the NHS. Integrated Care Partnership includes local authorities, Healthwatch, and wider partners in the system.

There is a long history of collaboration between Liverpool's separate NHS Trusts. In spring 2022, NHS England asked NHS Cheshire and Merseyside to commission an independent review of acute clinical services in Liverpool. The review, published in January 2023, identified priorities such as improving emergency care and making best use of existing relationships across Liverpool's shared hospital sites. Five Trusts in the city have agreed to form a Joint Committee at the request of the region's ICB to look at further opportunities for collaboration.

The aim of the Joint Committee is to help streamline decision-making. Develop further collaboration opportunities. Tackle the challenges of increasing demand for services, workforce capacity, and finance – that all impact the quality of patient services. Although Liverpool is the focus for this collaboration, all five Trusts have specialist services that serve the population outside Liverpool. Further updates will be shared following the initial meetings of the Joint Committee.

It was questioned whether there will be a challenge to merge Trusts. VD advised that a merger is not currently being considered. Instead, it was agreed that there are more effective ways to collaborate as a group. The focus will be on bringing together expertise around the same table to explore opportunities for working better together.

The first joint committee meeting is scheduled for Thursday, where representatives from the separate Trusts, including LB and VD, along with the Chief Executive and Chair of the other Trusts, will convene to plan collaborative efforts and identify potential opportunities.

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

12.2 CoG Objectives

Ben Vinter, Director of Risk and Corporate Governance presented the CoG objectives report. Five objectives were agreed a year ago, the report detailing the actions taken and measures implemented, along with progress updates. BV emphasised the importance of the upcoming Joint Council of Governors and Board of Directors Development Day on 12th November 2024, which reflect on future plans, objectives, and priorities. BV encouraged viewing the report within this context and considering how the objectives might be reframed for the coming year.

IF noted that during the NHS providers conference, a significant takeaway was the concept of one Trust who asked all Governors to sign a list of personal pledges for the year of what they would do themselves personally. This initiative was praised for promoting accountability among Governors and encouraging proactive governance.

IF suggested this concept be reflected in LHCH objectives, as it ensures collective commitment and accountability. IF highlighted the potential value of reviewing this idea further and proposed discussing it during the upcoming Governor's Development Day. VD noted that examples of similar initiatives could be beneficial for this discussion.

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

12.3 Policy / Procedure Approval – Composition of Non-Executive Directors

Ben Vinter, Director of Risk and Corporate Governance presented the Composition of Non-Executive Directors policy for approval.

The policy update has undergone a review by the Audit Committee as part of the annual cycle of updating the Trust's Governance Manual. The revisions aim to align the policy with national guidance, particularly regarding NHS leadership conferences in particular for NEDs and Chairs.

The proposed changes reflect national best practices and have been incorporated accordingly. The Council of Governors were requested to consider and approve these updates. While adherence to national guidance is not mandatory, non-compliance may raise questions. Therefore, approval of this policy update was recommended.

The Council of Governors **approved** the policy.

13 Governor Issues

13.1 13.1 Feedback from Network/Engagement Events

Nothing to report.

13.2 Governor Elections

Ben Vinter, Director of Risk and Corporate Governance presented the Governor elections report. Many of the matters contained within reports had already been referred to and discussed during the meeting. BV formally recorded the outcomes of the elections. The Council of Governors welcomed Kim Crowe and Margaret Roberts. Additionally, the re-election of David Bromilow, Ray Davies and Dennis McAllister was noted.

Following the meeting, BV recorded the departure of some long-serving members and the welcoming of new members to the Council. Furthermore, Councillor Richard McLean, appointed by the Liverpool City Council, was welcomed. The process, conducted on behalf of and in the name of the Council of Governors was duly recorded.

VD noted that the Trust are currently seeking to fill two vacant positions. The deadline for applications is set for the 25th October. The positions include a Public Governor for Cheshire and a representative for the rest of England and Wales. VD encouraged anyone who knows potential candidates in these areas to reach out to them. Additionally, a flyer has been prepared for distribution to interested parties. The elections for these positions will be launched shortly.

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

13.3 NHS Providers Governor Focus Conference

Ian Ferguson, Public Governor, Merseyside, provided the CoG with an update of the 5 hour NHS Providers (NHSP) Governors virtual conference held on 9th July 2024. Over 300 Governors from over 122 different Trusts attended.

Overall, IF found the session very useful and especially around how to drive engagement and involvement with Governors and members from the showcase sessions. The NHSP also offers a lot of sessions which look very interesting for some of the Governors to attend and share their findings.

NHS providers offer a substantial amount of material and training resources, which are accessible on their website. It was suggested that these resources be disseminated among all Governors to enhance their roles.

EH noted the extensive training available for Governors through NHS providers. This training has been found to be beneficial by those who have attended various events over the years. Governors were encouraged to take advantage of these training opportunities to further their understanding and effectiveness in their roles.

The importance of utilising various communication methods was discussed. It was noted that communication extends beyond traditional means such as email and flyers, encompassing social media and other innovative platforms. A key takeaway from professional experience was the necessity of continuous and diverse communication strategies. The committee acknowledged the need for ongoing innovation in communication efforts, recognising the challenges involved.

14 Working Group

14.1 Membership and Communications Sub Committee

Dorothy Price, Staff Governor provided an update from the Membership & Communications Sub Committee which met on 31st July 2024. The meeting was Chaired by Staff Governor (and Chair of the subcommittee) Dorothy Price.

The following key points were discussed; LHCH Charity provided an update on a number of campaigns, events and projects currently underway. All key performance indicators within the Membership Strategy had been achieved year to date. LHCH Matters was scheduled for publication in September 2024 sharing news, developments, and key health messages to members (public and staff) and the wider LHCH community. A number of community events had been arranged to increase awareness of the importance of good heart health and to support cardiovascular disease prevention. Plans are underway with local universities to organise recruitment events to encourage new membership improving representation with younger age groups. Governor volunteers that do not attend the sub-committee are encouraged and very welcome to attend and support forthcoming events.

DP noted that membership is oversubscribed to the minimum requirement. However, it was acknowledged that there is room for improvement with younger engagement: To address this, several events at Liverpool John Moores University have been arranged to encourage younger individuals to join. Discussions are also ongoing with University of Liverpool to further this initiative, recognising the importance of attracting younger members and potential future workforce.

A talk on CVD prevention is scheduled for next week at Crosby.

Effective communication is crucial and Gill Donnelly excels in managing the LHCH Matters newsletter, which is distributed via email and physical copies available in the department for patients. DP noted that it is essential to continue promoting the organisation as a great place for both patients and staff.

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

14.2 Governor Attendance Report

The Chair presented the Governor Attendance Report for information.

The report provides assurance that the quoracy of Council of Governor meetings is met, Governors are well engaged and that the Council of Governors is effective in discharging its statutory duties.

In addition to this, the report provides an outline of the training and development opportunities attended by Governors during 2023/24. This is assurance that Governors are supported to ensure they are well equipped to carry out their role.

For the benefit of new members, a Governor Induction Day is scheduled for September 30th, providing an excellent opportunity to understand the role better. Those seeking a refresher are also encouraged to attend. Additionally, a Strategy Day will be held in November, allowing collaboration with the Executive Team to discuss future strategies. Attendance at both events is highly encouraged.

The Council of Governors **noted** Governor attendance to statutory quarterly meetings, annual joint development day and participation in training and development opportunities.

15 Date and Time of Next Meeting:

Tuesday 3rd December 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.