

Item 3

Council of Governors (in Public)

**Minutes of the Meeting of the Council of Governors held on
Tuesday 3rd December 2024 at 12:30
(Conference Room and via Microsoft Teams)**

Present:

Val Davies	Chair
Michelle Beaver	Staff Governor – Registered and Non Registered Nurses
Vivienne Carr	Public Governor - Cheshire
Terence Comerford	Public Governor – Merseyside
Dr Neil French	Nominated Governor – University of Liverpool (MS Teams)
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 (MS Teams)
Ian Ferguson	Public Governor – Merseyside
Lynsey Jackson	Staff Governor – Non Clinical
Ray Davis	Public Governor – Cheshire
Cllr Richard McLean	Nominated Governor – Liverpool City Council (MS Teams)
Princey Santhosh	Staff Governor – Registered & Non Registered Nurses (MS Teams)
Keith Wilson	Staff Governor – Non Clinical
Sharon Faulkner	Staff Governor – Registered and Non Registered Nurses
Margaret Roberts	Public Governor – North Wales
Kim Crowe	Public Governor – Merseyside
Michael Carney	Public Governor - Merseyside
Peter Wareham	Public Governor – North Wales

In attendance:

Liz Bishop	Chief Executive
Nick Brooks	Non-Executive Director
Bob Burgoyne	Non-Executive Director
Margaret Carney	Non-Executive Director
Joan Matthews	Director of Nursing, Quality & Safety
Ben Vinter	Director of Risk & Corporate Governance
Tom Pharaoh	Director of Strategy
Lucy Currie	Deputy Director of Operations, Surgery
Gill Donnelly	Communications and Membership Officer
Jane Royds	Chief People Officer
James Bradley	Deputy Chief Finance Officer
Ruth Gaunt	Executive Office Manager (minutes)

Apologies for absence:

Wendy Caulfield	Nominated Governor – Friends of Robert Owen House
Claudette Elliott	Non-Executive Director
Sarah Barr	Chief Digital Officer
John Doyle	Non-Executive Director
Manoj Kuduvali	Medical Director
Karen Higginbotham	Nominated Governor – Liverpool John Moores University

Jonathan Mathews
James Thomson
Dorothy Price
Peter Humphrey

Chief Operating Officer
Chief Finance Officer
Staff Governor – AHP, Technical and Scientific
Public Governor - Merseyside

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 21st November 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.

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 17th September 2024

The Council of Governors agreed the minutes were an accurate reflection of the meeting and **approved** for the meeting held on 17th September 2024.

4. Action Log

The action log was reviewed and the following action was noted as complete.

Action 1 - Charitable Funds Committee - An action was noted to provide updates on major expenditures in future reports.

Update – Approved charitable fund projects to be included in future CoG reports.

5. Patient Story

Joan Mathews, Director of Nursing, Quality & Safety introduced the patient story. The patient enrolled on the Target Health Check Programme and highlighted the care he received and the unexpected early diagnosis he faced despite being a healthy individual and the subsequent outcomes. A procedure took place via laparoscope, the patient was discharged and was pleased to be able to return to his cycling hobby. The patient noted the excellent care received.

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

6. Service Presentation - Targeted Healthy Lung Check

Hayley Fitzsimmons, Deputy TLHC Programme Manager and Darren McGuinness, Change Programme Manager attended the meeting to present the Targeted Healthy Lung Check Programme service presentation.

Targeted Lung Health Checks are a programme of work in England and funded by NHSE. In June 2023 the government announced it would become national screening programme which would contribute to the ambition of the NHS long term plan to improve early diagnosis and survival for those diagnosed with cancer. Working in areas with some of the highest rates of mortality from lung cancer for people aged between 55 years old and 74 years old who have ever smoked. Following the lung health check those assessed as high risk will be offered a low dose CT scan.

Cheshire and Merseyside ICS has a population of 2.7 million people and 9 NHS Places. Liverpool has previously had two lung screening programmes which have influenced TLHC: UK Lung Cancer Screening Trial (UKLS) 2011-2013 and Liverpool Healthy Lung Programme 2016-2020. 14.8% of all diagnosed cancers in the region are lung which is significantly higher than the national average of 13.1%. 23% of Cheshire and Merseyside population live in areas recorded as the top 10% most deprived nationally.

National roll out plans aim that 40% of the eligible population will be invited by March 2025 with 100% coverage by March 2028.

MC, Public Governor noted the excellent programme and expressed concern about the lack of his personal proactive screening offer, and questioned the level of collaboration with GPs and potential resistance in referring patients for screening. DM noted his uncertainty of why MC had not been invited and would investigate further. All participants who meet the criteria across the region would be eligible.

It was questioned how many secondary findings are found and whether there are referred back to the GP or consultant appointment. DM advised that national guidance protocol is adhered to, the majority communicated back to the GP and patient. Those who require secondary care referral are discussed at MDT and a secondary care referral is made. Communication with other Trusts works well with local ambassadors who play an instrumental part. Place leads and cancer alliance also link with organisations.

On behalf of the Cancer Alliance, LB thanked the team. The roll out has been excellent, the region are ahead of schedule.

The Chair commended the service and the Council of Governors **received** the update.

7. Chair's Briefing

The Chair informed the Council of Governors that Alan Pemberton ex-Governor sadly passed away following a long battle with cancer. Alan served the Trust as a Governor for 9 years for which he described as the best years of his life and career. Alan will be sadly missed.

Since the previous meeting, the Labour Government, in collaboration with Lord Darzi, has been consulting on a 10-year plan for the future of healthcare for the NHS. VD and LB attended 2 events to provide comments; the future of health care hosted by the University of Liverpool and a 10 year healthcare plan session

with the North West Leadership Team. An opportunity has been provided for ideas to be submitted on the change NHS portal. The outcome is due during quarter 1 of next year.

VD attended the NHS Providers conference where discussions took place regarding NHS investment, reform, and productivity.

Internally, the Board strategy day was held and a Board and CoG Development Day facilitated by AQUA, focusing on change and transformation. A governors induction day was conducted and the Trust celebrated the Grand Awards, congratulating all winners and nominees. Trust Board took place on 26th November.

VD thanked those who supported visits around the Trust, including observing a coronary artery bypass operation and attending various events.

LB has announced her retirement, and VD will be leaving the Trust at the end of March. Despite these changes, there are many opportunities ahead for new ways of working. The ICB Chief Executive is due to retire in June. The process for replacement will take place over the next few months.

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.

Liverpool Adult Acute and Specialist Providers (LAASP) have met twice, assurance reports are included within the Public Board papers. The joint working agreement was approved. The terms of reference and road map were approved.

LB noted movement of CEO's within the system. Louise Shepherd, CEO Alder Hey Hospital, has been appointed as the North West Regional Director. John Grinnell has been appointed as Alder Hey CEO. Rob Cooper has been appointed as the CEO of Mersey & West Lancs Hospital, following the retirement of Ann Marr. Nikhil Khashu has been appointed as the joint CEO of Warrington & Halton Hospital and Bridgewater Community Health Foundation Trust. Janelle Holmes, CEO at Wirral University Hospital is now joint CEO with Wirral Community services.

During walkabouts, LB observed Andrew Muir operating and Bill Kamani performing a pump procedure. Additionally, LB noted that the switchboard area was very cold. Measures to keep the switchboard area warmer were discussed, particularly near the front door.

LB advised that the Grand Awards was well attended. The Lifetime Achievement award presented to Richard Paige was very well received by all, resulting in a standing ovation. The video made for the occasion has been successfully shared. The communications team did an excellent job organising the evening.

Data has been published online and shared via social media which reports to have been obtained illegally from systems shared by Alder Hey and LHCH. The team are working with partners to verify data that has been published and to understand the potential impact. The incident has been taken very seriously and are working with the National Crime Agency as well as partner organisations to

secure systems and to take further steps in line with law enforcement advice as well as statutory duties relating to patient data.

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

9. Lead Governor Update

Elaine Holme, Lead Governor reported that, through collaborative efforts, a symposium for governors across Cheshire and Merseyside is being developed and is scheduled to take place in the summer of 2025. The aim of the symposium with provide an opportunity to share ideas, communicate and build relationships. The symposium will be funded by the ICB with admin support provided.

Fortnightly lead governors planning/development meetings will take place however due to work commitments EH is unable to commit to attending each meeting and therefore requested governor volunteers to support and attend on a regular basis. Interested governors to contact EH directly or via Gillian Donnelly.

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

Nick Brooks, Non-Executive Director provided an update from the Audit Committee held on 8th October. Assurance provided from Integrated Performance Committee, People Committee and Quality Committee as delegated through the Terms of Reference for each committee.

NHS debtor levels and risk significantly reduced and Non - NHS debtor being managed effectively. No losses and minimal level of special payments approved. Assurance received on processes for managing tender waivers.

Assurance provided that the Trust has controls in place, including executive accountabilities, to ensure ongoing compliance with the provider licence in quarter 2. The Committee recognised the ongoing management of the recovery of waiting list backlogs and plans in place to mitigate the risk to patients.

The audit committee received an update on system governance arrangements which included the Liverpool Trust Joint Committee. Recognised that this was an evolving process and governance systems need to be continuously revisited to ensure compliance with LHCH/System and that reporting requirements are fit for purpose.

Partial assurance received on Digital and Information Governance. A newly devised report was submitted to the committee which provided a more comprehensive overview and insight to this complex subject. Plans are being developed to deliver greater assurance in the future.

Quarterly report provided evidence that the agreed work plan was on course to be delivered on time. MIAA reviewed the Data Security & Protection toolkit and

identified a few medium and low risks and a plan is in place to address these risks. MIAA accepted LHCH's self - assessment being Substantial Assurance and Moderate Assurance (8 standards substantial 2 Moderate) overall Moderate re National Data Guardian Standards.

Workplan and timings for 2024/25 audit were confirmed. Audit Committee members agreed that the workplan had been met in quarter 2 and were confident that the workplan would be delivered by the year end.

Charitable Funds Committee

Bob Burgoyne, Non-Executive Director provided an update from the Charity Funds Committee held on 8th October.

The committee received the annual review of investment reserve update from our Investment Director. The overall performance of ethical investments was seen as positive over this year. In the past few months a portion of the reserves have been mobilised to meet committed expenditure but the current reserve investment still stands at just over £1M. This could be mobilised at short notice if required.

Charity activity and performance - overall income for the year to date is at £274,621 which is 38% above target. Legacy income is at £20,506. and further bequests worth around £40,000 are expected.

Capital Campaign - work is progressing on applications to Charitable Trusts for the £1.5 million campaign for a new Simulation Training and Education Centre. A successful and supportive visit from the University of Liverpool to discuss this campaign took place on 29th August. A number of high-net-worth individuals have been identified who will be invited to visit the Trust to discuss the campaign.

Financial position of the charity agreed to be healthy with significant reserves remaining for future bids.

At the meeting held on 8th October, one application was received for funding (£17,562) for software to support ACHD but was deferred pending further background information and justification.

The committee discussed the distinction between applying for funding directly from the charity and submitting a business case to the trust. It was noted that applications to the charity must demonstrate that the funding request is for the public good and not typically covered by exchequer funding. Standard hospital expenditures are not expected to receive charity support; instead, the focus should be on projects that provide additional benefits beyond regular funding provisions.

Quality Committee

Nick Brooks, Non-Executive Director summarised key messages from the SOF discussed at the Quality Committee on 8th October. SOF performance key messages include; Sepsis: 1-hour antibiotic target achieved consistently. Good/excellent performance in delirium and dementia metrics. Venous thromboembolism (VTE) sustained improvement. Infection prevention control (IPC) low incidence of blood stream infections and C.difficile. Friends and Family Test (FFT) reputation recovered. Falls reduced (special cause variation). Low incidence of complaints and serious incidents. Pressure ulcers failed zero target

but exceptionally low occurrence. Nutrition inconsistent referral of high-risk patients, however achieved for the last few months.

Radiological alerts with response below target, all alerts are reviewed on a 2 weekly basis by the divisional leaders to ensure they are acted upon. Patients receiving discharge summary below 95% target, however target achieved in September. Heart attacks, time to definitive treatment (primary PCI) consistently failing due to admission delays, due to pressure on the ambulance service and consequence of downgrading of symptoms such as chest pain from category 1 to category 2.

It was noted that a new appointment has been made in the radiology department and questioned whether this appointment would be followed by additional radiological staff, considering previous reports of bottlenecks in radiology affecting patient pathways. LB advised that it is a difficult area to recruit to with close attention from Operational Board. The team have made improvements despite challenges with recruitment. Also exploring a small proportion of mutual aid.

It was inquired about the current staffing levels in the Radiology Department, specifically whether the department has the appropriate number of staff or if recruitment is still ongoing. A complete answer was not available at the time. However, it was noted that further details would be provided subsequently.

JM

Exceptionally low number of complaints was noted, 7 in previous 2 quarters, previous average 10 per quarter.

First report on waiting list deaths was received, lead by Dr James Greenwood providing a baseline assessment of the measures that have been developed to minimise the risk of patients becoming sick or death whilst on the waiting list.

People Committee

Margaret Carney, Non-Executive Director summarised SOF performance and key points from the People Committee held on 2nd December.

Trust sickness levels remain a concern with stress, anxiety, and depression remaining the biggest reason for long term absence. The sickness KPI has been revised to 4.5% following a benchmarking exercise. Mandatory training remains slightly below target and individual divisions which are below the target are being supported to improve compliance. Mandatory training compliance will temporarily fall due to the update of the Safeguarding Children Level 1 e-learning module being added to everyone's profile. The appraisal window was open until the end of September it is anticipated that the target will be achieved.

Excellent progress across all areas of the Equality, Diversity, Inclusion and Belonging (EDIB) strategy. The Trust was awarded the Navajo Charter Mark and gold award for Armed Forces Covenant – Employer Recognition Scheme. The Anti Racism Campaign was launched across the Trust. Staff survey completion rates latest estimate just over 60%. Quarterly assurance report identified low compliance with Fit Testing in some areas. The issue has been escalated and a further update was requested to the next meeting.

The 2024 GMC Training Survey action plans were reviewed and assurance was received that they are on target. Worrying findings from Locally Employed

Doctors (LED) survey regarding bullying and harassment which will be followed up.

Ongoing collaboration work across Liverpool the committee reviewed its BAF and discussed how the Committee receives assurance going forward regarding risks and mitigations. A further report will be presented in March.

Strategic Research & Innovation Committee

Bob Burgoyne, Non-Executive Director provided an update from the Research and Innovation Committee held on 10th September.

The major item for the committee was a presentation on a case for additional investment from the Trust in Research activity to provide funding for 10 PAs (compared to the current 5) to support time spent by clinicians in research in a 2-year rolling program. The proposal was that these would be allocated on a competitive basis and assessed early in 2025 by a subgroup from the committee based on demonstrable current research activity and defined aims and objectives. BB understands this funding has been formally approved.

It is still planned that a new research strategy will be brought to the committee in late 2024 and this will include support for non-medical staff to become engaged in research activity.

Development of an innovation strategy was to be moved forward following interaction with and advice from relevant external groups including Health Innovation North West Coast who were invited to the December committee meeting but unable to attend, however area of work is ongoing.

The need for KPIs for research activity has been discussed extensively. The current SOF lacks a section dedicated to research, which is necessary for monitoring progress and performance. However, a draft section on this matter was received from Shirley Pringle, Director of Research Operations. This draft will be reviewed on Monday. Future meetings will include a section on research performance, with a particular focus on clinical trials and recruitment.

Integrated Performance Committee

Lucy Currie, Divisional Director of Operations for Surgery provided an update from the Integrated Performance Committee held on 21st October.

Elective activity in month was on plan and the Trust have maintained a surplus financial position year to date.

Cancer standards continue to be challenged by workforce pressures. In July the 31 day Cancer standard was compliant, however FDS and 62 day standards were non compliant to national targets. Improvements are being seen in both areas.

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.

Diagnostic position has remained relatively static since March with full recovery expected to run into quarter 1, quarter 2 of the next financial year.

10.2 Strategic Oversight Framework (SOF) Performance Dashboard

Circulated for information.

11 Performance & Operations

11.1 Finance Report

James Bradley, Deputy Chief Finance Officer provided a review of the ambitious financial plan set at the beginning of the year. Historically, the organisation has maintained a strong financial position, consistently achieving at least a break-even or surplus. This year, the Integrated Care Board set a higher target for surplus, aiming for £14.1 million.

In the first five months, a surplus of just under £4 million was achieved, which, while positive, was £1.5 million below the planned target. Challenges included delays in the targeted Lung Health Check programme expansion, high inflation in drug and consumable costs, and increased emergency surgery demand, all impacting income and cost improvement efforts.

Recent months have shown improvement, with the Lung Health Check programme now fully operational and cost improvement plans accelerating. Actions have been taken to mitigate cost pressures, and the organisation is still on track to achieve the £14.1 million surplus. Financial performance is improving, and the trust is maintaining good discipline.

11.2 Patient & Family Support Team – Q2

Joan Mathews, Director of Nursing and Quality presented the patient and family support team report, reporting period 1st July-30th September. There were 3 formal concerns received during quarter 2.

4 complaints during quarter 1, 3 complaints during quarter 2, 7 complaints so far during quarter 3. This is a significant reduction of 20 formal complaints for the same time period last year.

66 contacts during quarter 2, comprising of 53 informal concerns, 13 requests for information or advice and 9 compliments by letter or e-mail received, all shared with the appropriate teams.

There has been a reduction in informal concerns due to the timely intervention for local resolution from the ward managers, matrons, and divisional directors of nursing at the time the concern is raised. The matrons hold drop-in clinics where families are welcome to come along and discuss any concerns they may have. This has also been reflective within formal complaint's in Q1 and 2 as concerns are being dealt with in a timely manner.

JM has requested themes from telephone calls be triangulated with discussions held on the wards. Patients are regularly contacted, and any concerns raised during these communications are promptly addressed, thereby preventing the escalation of informal concerns to a formal pathway

The non-executive review panel meeting for Q2 took place on the 15th October 2024 and they were satisfied with the complaint process and responses.

KC participated in a walkabout with the team, during which it was noted that they also contribute to volunteer management. A query was raised regarding the availability of a designated area for volunteers to assemble. JM noted that question has been raised to the estates manager.

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

11.3 Digital Excellence Update

Liz Bishop, Chief Executive presented the digital excellence update and highlighted key areas of note. The team has continued to work on the national Digital Maturity Assessment (DMA) which is a mandatory task. Significant efforts have been made by both the hospital and the national team to support this year's assessment. The results, expected in January, will benchmark the hospital against others. The assessment focuses on the seven pillars of the "What Good Looks Like" framework, encompassing staff, patients, and the utilisation of electronic patient records. The upcoming assessment in April will mark the third year of this evaluation.

LHCH had been shortlisted for several awards. Although the Trust did not win in the Patient Safety category, the Trust received another nomination for Best Tech Partnership between the Trust and Altera, the electronic patient record provider.

The Trust continue to advance multiple workstreams in the digital strategy. The Data and Analytics team consistently supports the organisation with dashboard developments, which have been well received throughout the hospital.

Plans are underway to provide greater cyber assurance in the future. A further update will be provide when the work is more clear.

IF inquired about the roadmap for enhancing digital systems across the five Trusts in Liverpool. LB informed that the Chief Information Officers are collaboratively leading this program. Regarding the single electronic patient record, this initiative is in progress and is a priority to achieve a more integrated system.

A query was raised regarding Blood 360 and the prescription medication system, in addition to the patient records. Clarification was sought on whether these systems will also undergo changes. JM noted that all system interdependencies are included within the current scope. The evaluation will determine which elements need to be changed and which do not. However, definitive answers will only be available once the scope is fully completed. LB also noted that a separate initiative is underway to develop a unified Laboratory Information Management System for obtaining results across Cheshire and Merseyside, including primary care. This work is progressing on a regional basis.

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

11.4 Winter Preparedness

Lucy Currie, Divisional Director of Operations, Surgery presented the winter preparedness report. The Trust has prepared its winter plan based on experiences from previous years and up to date knowledge of the regional pressures. With established command and control processes, LHCH will manage expected and unexpected situations as and when they occur, by ensuring good communications, detailed reporting of staffing, skill mix and capacity and ensure appropriate and timely escalation to the Executive Lead as appropriate. LHCH representatives engage with the Liverpool system wide winter plans and the Cheshire and Merseyside Hospital Cell to ensure partnership working is maximised to support the wider healthcare system.

The Council of Governors **supported** the actions proposed within the plan providing a robust plan for the 2024/25 winter period.

12 Strategy and Service Improvement

12.1 People Strategy Update

Jane Royds, Chief People Officer presented the people strategy update and highlighted key areas of note. This paper provides assurance update on the delivery of the LHCH People Strategy, progressing through year 3 of implementation.

The four pillars underpinning the People Strategy include Recruitment & Retention, Learning & Development, Culture & Wellbeing, Equality, Diversity, Inclusion & Belonging (EDIB). To support delivery, there are operational action plans in place for core initiatives, including the EDIB (Equality, Diversity, Inclusion & Belonging) and Culture & Wellbeing Strategy. Additionally, the Retention Plan focuses on mitigating staff turnover and enhancing workforce stability. Progress and assurance updates are provided to the People Committee on a quarterly basis.

Since the April update, the senior leadership team has made good progress on key deliverables. Notable developments include; the expansion of various Staff Networks and awareness events, increasing the visibility of EDIB across the organisation. Looking after our people through the successful delivery and expansion of our 'live well work well' programme held in June 24. Launch of a bespoke Managers Essential Programme to improve confidence and competence of our leaders. Launch of a new Anti-Racism Campaign aimed at fostering inclusivity, civility, and kindness across the organisation. Achievement of the Navajo Accreditation, reflecting our commitment to supporting LGBTQ+ staff. Achievement of GOLD Employee Recognition Scheme (ESR) which demonstrates support for the armed forces communities.

Given the success of the current strategy, it is anticipated that a full replacement is not necessary. Instead, the team propose a strategic refresh that builds upon existing work, integrating new priorities and addressing any areas of development highlighted through evaluation. The shift to a group model across Liverpool could help to leverage opportunities for enhanced collaboration and growth across the group.

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

12.2 CoG Objectives

Ben Vinter, Director of Risk and Corporate Governance presented the CoG objectives report.

The purpose of the report is to present the Council of Governors with the objectives discussed and agreed, for the calendar year 2025, at the Joint Council of Governors and Board of Directors Development Day held on 12th November 2024. It was noted at this meeting that good progress had been made against 2024 objectives and these should now be closed.

The first objective remains unchanged, though some measures have been amended for reflection. There was a discussion about system working and the expectation of recent activities within Liverpool. The second, third, and fourth objectives remain the same, dealing with similar measures that the group felt

comfortable with. This objective maintains a high level of consistency but has been broadened to reflect system working and recent expectations, with some measures amended accordingly. The group recommends formally endorsing and approving the report, allowing for tracking and reporting progress throughout the year.

An update report will be brought to the Council of Governors throughout the year to review progress against the delivery of their 2025 objectives.

The Council of Governors **agreed** the objectives for the Council of Governors for the calendar year of 2025.

13 Governor Issues

13.1 13.1 Feedback from Network/Engagement Events

The PLACE assessment was noted as an interesting exercise, revealing a few general themes. It was agreed that the hospital is in a good condition and well-maintained. However, some minor issues were observed, such as posters being stuck on walls with tape, which leaves residue and creates a slightly untidy appearance. Overall, the assessment results were positive.

The high standards that nurses hold each other to were noted, reflecting the level of care and the environment that the nursing staff strive to maintain within the Trust. While some flexibility is necessary, this commitment is indicative of their dedication. It was also noted that the menu and food has improved significantly.

VD noted appreciation for assistance with the PLACE assessments, which provided valuable feedback. Although the issues identified may be minor, they offer learning opportunities and potential areas for improvement.

13.2 Governor Induction Day

The Chair provided an update on the governor induction day which took place on 30th September. The event was perceived as very positive, with approximately 26 attendees, including a diverse mix of new governors. It was noted that holding the event once, rather than replicating it at each hospital, was sensible.

MC expressed that having completed the induction day, he felt well-prepared and confident in participating in meetings. MC appreciated the opportunity, noting that it provided a strong foundation for his role.

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

13.3 Governor Elections

Ben Vinter, Director of Risk and Corporate Governance presented the governor elections report. The purpose of the report is to highlight the outcome of the recent Governor elections and other recent changes to the Council of Governors.

Following a communications campaign, the Trust was pleased to fill one out of the two vacant seats on the Council of Governors. The Trust is pleased to welcome Vivienne Carr to the Council of Governors as Public Governor – Cheshire. Vivienne joined the Council of Governors on 1st November 2024. The Public Governor seat for the Rest of England & Wales remains vacant.

In addition to this, the Council of Governors are also pleased to welcome Michael Carney as Public Governor – Merseyside on 26th September 2024. Michael was

approached as the next highest polling candidate in the most recent election and succeeds David Bromilow who stepped down from the role.

The Council of Governors are requested to note the election of the new Public Governor – Cheshire and recent Public Governor - Merseyside. Following consideration of the options available, it is recommended to leave the Public Governor – Rest of England & Wales seat vacant until the next round of Governor elections. The process for these is scheduled to commence in May 2025 and all successful candidates from this round of elections will commence a three year term of office immediately after the Annual Members Meeting 2025.

The Council of Governors **received** the results from the recent governor elections and **supported** the process to fill the current vacancy in the next round of elections, commencing spring 2025.

13.4 Joint Board / CoG Development Day Summary (incl. COG self-assessment)

The report documents the work undertaken by Governors at the annual Joint Board of Directors and Council of Governors Development Day on 12th November 2024.

On this day the Governors received an update on progress and reflections regarding Liverpool Acute and Specialist Providers (LAASP). Reflected on the achievements of the Trust and the Council of Governors in 2024. Took part in an exercise to get to know each other better to create a team. Discussed and agreed objectives for the Council of Governors in 2025. Considered with the Board of Directors what makes Liverpool Heart and Chest Hospital unique, what good looks like in terms of collaboration with partners and what the main barriers and enablers were for successful collaboration.

EH noted that the session allowed for one-on-one interactions and feedback, which EH found valuable. EH also highlighted the usefulness of the afternoon's tabletop exercises with the Directors, which allowed for meaningful discussions and questions about collaboration.

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

13.5 CoG Meeting Date Schedule

2025/26 meeting schedule was circulated to allow for preparation for next year.

14 Working Groups

14.1 Membership and Communications Sub Committee

Ray Davies provided an update. The Membership and Communications Sub-Committee met on 10th October 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 the Christmas campaign currently underway. All key performance indicators within the Membership & Community Engagement Strategy had been achieved year to date. LHCH Matters, Issue 4 was scheduled for publication in December 2024 sharing news, developments, features and key health messages to members (public and staff) and the wider LHCH community. A community event had taken place to mark World Heart Day to increase awareness of the importance of good heart health and to support cardiovascular disease prevention. An event had been organised with Liverpool John Moore's University

to encourage new membership improving representation with younger age groups.

The Council of Governors **received** 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 2024/25. This is assurance that governors are supported to ensure they are well equipped to carry out their role..

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 4th March 2025, 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.