

# Council of Governors

26 January 2023 | 1.00pm | Microsoft Teams

## Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	1.00pm	Verbal	Noting	P O'Neill
2.	Apologies for absence	1.01pm	Verbal	Noting	P O'Neill
3.	Declaration of interests	1.02pm	Verbal	Noting	P O'Neill
4.	Minutes of the previous meeting held on 3 November 2022	1.03pm	✓	Approval	P O'Neill
5.	Matters arising and action log update	1.04pm	✓	Noting	P O'Neill
6.	Chairman and Chief Executive's opening remarks	1.05pm	Verbal	Noting	P O'Neill/ K McGee
7.	Update from Subgroup Chairs	1.20pm	Verbal	Noting	J Miller/ P Spadlo
8.	<b>STRATEGY AND PERFORMANCE</b>				
8.1	Equality and Diversity Annual Update	1.30pm	✓	Noting	K Swindley
9.	<b>GOVERNANCE AND COMPLIANCE</b>				
9.1	Standing Orders for Council and Code of Conduct for Governors	1.45pm	✓	Approval	J Foote
9.2	Non-Executive Director appraisals 2023	1.55pm	✓	Noting	J Foote
9.3	Non-Executive Director update – Safety and Quality Committee Chair	2.05pm	Pres	Noting	A Pennell
9.4	Non-Executive Director update – Workforce Committee Chair	2.15pm	Pres	Noting	J Whitaker
9.5	Governor Elections 2023	2.25pm	✓	Noting	J Foote
9.6	Council Development Plan 2021/22 Update	2.30pm	✓	Noting	J Foote
10.	<b>ITEMS FOR INFORMATION (taken as read)</b>				
10.1	Governor Opportunities and Activities Summary		✓		
10.2	Governor Issues Report		✓		

No	Item	Time	Encl.	Purpose	Presenter
10.3	<b>Minutes of Governor Subgroups:</b> (a) Care and Safety Subgroup – 10 October and 24 November 2022 (b) Chairs, Deputy Chairs and Lead Governor – 3 October 2022 (c) Membership Subgroup – 10 October 2022 ( <i>not available as meeting on 5 December cancelled</i> )		✓		
10.4	Date, time and venue of next meeting: <i>27 April 2023, 1.00pm, Microsoft Teams</i>	2.35pm	Verbal	Noting	P O'Neill
<b>11. REVIEW OF MEETING PERFORMANCE</b>					
11.1	Discussion on how the meeting in public has been conducted	2.38pm	Verbal	Discussion	All
<b>12. RESOLUTION TO REMOVE PRESS AND PUBLIC</b>					
12.1	Resolution to exclude members of the press and public	2.40pm	Verbal	Approval	P O'Neill

# Council of Governors

## Public Meeting

3 November 2022 | 10.00am | Microsoft Teams

PRESENT	DESIGNATION	26/4/22	28/7/22	3/11/22	26/1/23
<b>CHAIRMAN AND GOVERNORS</b>					
Professor P O'Neill (Chair)	Interim Chair	-	P	P	
Professor E Adia	Chairman	P	P		
Dr Keith Ackers	Public Governor	P	P	P	
Will Adams	Appointed Governor (Local Authority)	A	P	P	
Pav Akhtar	Public Governor	P	P	P	
Takhsin Akhtar	Public Governor	P	P	P	
Rebecca Allcock	Staff Governor	P	A	P	
Peter Askew	Public Governor	P	A	P	
Sean Barnes	Public Governor	P	P	A	
Alistair Bradley	Appointed Governor (Local Authority)	P	P	P	
Sheila Brennan	Public Governor	P	P	P	
Paul Brooks	Public Governor	P	P		
Anneen Carlisle	Staff Governor	P	A	A	
David Cook	Public Governor	P	A	A	
Kristinna Counsell	Public Governor	P	A	A	
Dr Margaret France	Public Governor	P	P	P	
Steve Heywood	Public Governor	P	P	P	
Waqas Khan	Staff Governor	A	A		
Lynne Lynch	Public Governor	P	P	A	
Janet Miller	Public Governor	P	P	P	
Jacinta Nwachukwu	Appointed Governor (Universities)	A	A		
Eddie Pope	Appointed Governor (Local Authority)	A	A	P	
Frank Robinson	Public Governor	P	P	P	
Suleman Sarwar	Appointed Governor (Local Authority)	P	A	A	
Anne Simpson	Public Governor	A	P	P	
Mike Simpson	Public Governor	P	P	P	
Piotr Spadlo	Staff Governor	P	P	P	
David Watson	Public Governor	P	P	P	
Paul Wharton-Hardman	Public Governor	P	P	P	
<b>IN ATTENDANCE</b>					
Karen Brewin ( <i>minutes</i> )	Associate Company Secretary	P	P	P	
Ailsa Brotherton	Director of Continuous Improvement	-	-	-	
Faith Button	Chief Operating Officer	-	-	P	
Victoria Crokken	Non-Executive Director	P	P	P	
Sarah Cullen	Chief Nursing, Midwifery and AHP Officer	-	P	P	
Stephen Dobson	Chief Information Officer	-	-	-	
Gary Doherty	Director of Strategy and Planning	-	P	P	
Naomi Duggan	Director of Communications	P	P	-	
Jennifer Foote	Company Secretary		P	P	
Kevin McGee	Chief Executive	P	P	-	
Ann Pennell	Non-Executive Director	P	P	-	
Dr Gerry Skales	Chief Medical Officer	-	-	-	
Kate Smyth	Non-Executive Director	P	P	P	
Karen Swindley	Chief People Officer	P	P	-	

Tim Watkinson	Non-Executive Director	P	-	P	
Michael Wearden	Associate Non-Executive Director	-	-	P	
Jim Whitaker	Non-Executive Director	P	P	P	
Tricia Whiteside	Non-Executive Director	P	P	P	
Peter Wilson	Associate Non-Executive Director		P	-	
Jonathan Wood	Deputy Chief Executive/Chief Finance Officer	-	-	-	
<b>P</b> – present   <b>A</b> – apologies   <b>D</b> – Deputy <b>Quorum:</b> 9 members must be present of which at least 1 must be a Public Governor; 1 must be a Staff Governor; and 1 must be an Appointed Governor <b>Chair</b> – Professor P O'Neill took over as Interim Chair with effect from 1 September 2022 following the departure of Professor E Adia					

**Observers:** Jo Leeming, Corporate Affairs Officer  
Jo Wiseman, Corporate Affairs Officer

PRESENTERS IN ATTENDANCE	
Minute 107/22	Jerry Hawker, Senior Responsible Officer – New Hospitals Programme

**97/22 Chair and quorum**

Having noted that due notice of the meeting had been given to each member and that a quorum was present the meeting was declared duly convened and constituted.

**98/22 Apologies for absence**

Apologies for absence were received and recorded in the attendance matrix.

**99/22 Declaration of interests**

There were no conflicts of interest declared by the Governors in respect of the business to be transacted during the meeting.

**100/22 Minutes of the previous meeting**

The minutes of the meeting held on 26 July 2022 were approved as a true and accurate record.

**101/22 Matters arising and action log**

A copy of the action log had been circulated and all actions had been completed.

**102/22 Chair's and Chief Executive's opening remarks**

The Chair confirmed that three governors had resigned their seats since the last Council meeting. The public and staff governor seats would be included in the 2023 Governor Election and a University governor representative was currently being explored. The Chair thanked P Brooks, Dr W Khan and J Nwachukwu for their service to the Trust, patients and staff during their terms of office. The Interim Chair would be arranging introductory meetings with individual governors over the coming weeks.

Reference was made to the major changes being introduced across the NHS and the Trust's ambition to be seen as a major player in the system was emphasised, particularly in respect of transformation and the New Hospitals Programme (NHP).

Changes had been introduced to some Non-Executive Director roles to ensure appropriate governance arrangements were in place. T Watkinson had been appointed Senior Independent Director and T Whiteside would be Acting Vice Chair during the period the current Interim Chair was in post.

The Chair had visited a range of departments and services across both hospital sites since taking up the interim role which had been helpful to see first-hand how things were operating on the ground and talk to staff. The Chair formally acknowledged the remarkable commitment shown by staff across the organisation and thanks were extended for their hard work and dedication noting staff regularly went above and beyond to ensure the best possible care for patients.

Work was ongoing on the Board visibility programme which had been stymied during the Covid pandemic. The intention was for Non-Executive Directors to visit as many areas as possible in a systematic way. Board members were also working to understand the significant changes from the introduction of the Provider Collaborative Board (PCB), Integrated Care System (ICS), and Integrated Care Board (ICB), and how the Trust worked with all areas of the new structure. It was noted the Trust was a major member of the PCB where the organisation worked to represent the Trust and the system.

Board members recently received a presentation from Brown Jacobson (NHSE lawyers acting for the system) explaining the impact for the NHS in general, and the Trust specifically, of the recent changes within the Health and Care Act 2022 as the ICB came together as a statutory body and the various statutory instruments which changed the way in which the NHS functioned. It was clear that the historic competition framework was no longer in place and the new Act introduced a different operating system. Within the Act, statutory instruments and framework the role of governors would change and clarification was provided of the governor duty to represent the public at large and the system, rather than focus on constituency members. The previous expectation was around local representation although there was now a need for governors to represent the wider public and their interests. The success of an individual Trust would increasingly be judged on its contribution as a wider system (both Board and Trust) and the pursuit to achieve the objectives of the ICS.

The Director of Strategy and Planning attended on behalf of the Chief Executive and provided an overview of the current pressures facing the Trust and the plans in place to mitigate the challenges. An overview was provided of the 78-week waiting time elective surgery position, cancer services and the additional capacity being sourced including working with other Trusts, waiting times in the emergency department, and the work being undertaken to improve ambulance handover times.

Reference was made to service quality and the recent media articles regarding a Mental Health Trust in Greater Manchester. It was noted that whilst the Trust was not a mental health service provided it did take learning when things go wrong to determine whether there were any improvements that could be introduced. Discussion was held regarding the referral pathway for people with a mental health condition presenting at the emergency department. It was confirmed that the Trust worked closely with the local mental health Trust and people attending the emergency department may also need treatment for acute conditions. Therefore, there was a need to ensure each individual presenting at the emergency department was appropriately assessed to determine the correct clinical course of action.

There was a significant amount of expenditure across the NHS and the expectation was that organisations would use their resources wisely and remain within budget. To that end the Trust was working in partnership and also had a clear focus on local budget expenditure and value for money to ensure efficient use of resources which in some cases meant reviewing the way in which services were delivered.

Following the formal establishment of the ICB in July 2021 the structure continued to evolve with some recent senior leadership appointments. It was noted the ICB would hold a significant role within the system with its main focus on population healthcare. A one-year and a five-year plan would be developed which would inform the resource allocations for the Trust to deliver services within a different environment to the previous competition framework, and the Trust would work through collaboration and integration for the best interests of patients and the communities served. The ICB would work across pathways, organisations, network services, and across Place, and would hold the ring to ensure services were delivered more efficiently than in the past.

Reference was made to a number of service changes, including the opening of the Laurie Solomon Renal Service, the positive outcome following the OFSTED inspection earlier in the year, and the Trust celebrating the 10-year anniversary of the opening of the Major Trauma Centre at Preston. The Trust continued to use technology in a better way such as drones delivering samples, virtual wards and the chatbot tool.

A question was raised regarding waiting times and whether the Trust monitored the number of cancelled outpatient appointments. It was confirmed that the Trust measured cancelled appointments, particularly cancellation of on the day surgical appointments. There was recognition that cancelling appointments provided a poor service for the people involved and was not a good use of resources however sometimes there was a need to cancel activity due to reduced staffing levels which could happen at short notice. There was not the same monitoring in terms of cancelled outpatient appointments and if any person had a particular issue they wished to raise then this would be investigated outside the meeting.

Discussion was held regarding how governors could contribute to influence how funding was allocated following the changes regarding the ICB holding the ring on resources. It was noted that the ICB wanted to establish how funding allocations were managed at Place and Trust levels and discussions were ongoing so the framework for how that would be moved forward was yet to be agreed. There was no intention to disenfranchise people and how things would work in the future had yet to be developed but there was a commitment around population health and healthcare and tackling inequalities, therefore it would be the role of the ICB to engage on those issues.

## **103/22 Update from Chair of each Subgroup**

The Chairs of the respective Membership and Care and Safety Subgroups provided an overview of the topics discussed at recent meetings and the following points were noted:

### **(a) *Care and Safety Subgroup (CaSS)***

At the October meeting the Subgroup received presentations on the Patient Experience and Involvement Strategy for 2022-25 and an overview of the Nurse Training Programmes. The Subgroup also received the standing update reports presented at each meeting on patient experience and estates.

(b) *Membership Subgroup*

The Subgroup met on 10 October to discuss delivery of the Membership Strategy Plan. A meeting had also been held on 23 September to discuss promoting the Trust within the wider community and the approach to encourage young people and increased diversity of the membership. A task and finish group was also convened on 26 September to look at membership branding and a new banner had been produced. Governors were invited to contact the Subgroup Chair with suggested routes to connect to increase young people and BAME membership and to attend the next meeting on 5 December 2022.

The Chair thanked both Subgroup Chairs for the work they undertook within their respective Subgroups.

**104/22 Ockenden update**

A presentation had been circulated providing an overview of Ockenden following publication of the final report in March 2022. The presentation included details of the findings of the review, the key pillars of focus, the Trust validated position in respect of the 7 initial immediate and essential actions (IEAs) as at February 2022, and the gap analysis for the 15 additional (unvalidated) IEAs as at October 2022. An overview was also provided of the conclusions and the 15 detailed IEAs were appended for information.

The Chair confirmed he had visited maternity and neonatal services in the last few weeks which had helped with understanding the issues being faced within those teams.

Discussion was held regarding culture, and it was noted the Trust continuously measured culture within departments. It was recognised that when issues occurred it created worry and concern for staff and a specific cultural action plan had been developed in the maternity services, the effectiveness of which was continuously measured. There had been staffing challenges recently within maternity services resulting in pressure across various teams and staff had discussed the issues with the Interim Chair and Chief Nursing, Midwifery and AHP Officer during their recent visit. A safety champion forum was also in place within maternity services along with a range of mechanisms to test the culture.

Attention was drawn to the dashboard on slide 6 (gap analysis of 15 additional EIAs, unvalidated) and concern was expressed regarding the two metrics indicating the requirement for 8 EIAs against both metrics although in each case they had been assessed as non-compliant. It was explained that initially the items had been identified as IEAs although the complexity of the actions being requested was not the same. There was a lack of funding to implement some of the EIAs which had been raised at the last Board of Directors' meeting and it could potentially take two to four years to enact national commissioning. It was noted there were a significant number of recommendations coming out from the different reviews (Ockenden, East Kent and Nottingham) which would need to be collated into an overarching action plan. It was also noted the Trust was not an outlier and the neonatal care unit was recognised as high functioning. With regard to maternity, the Trust was currently paying a high amount of attention to stillbirth rates which was a national issue associated with Covid infection.

Discussion was held regarding the strategy in place for safe staffing levels including the international and local recruitment strategies. Work was also being undertaken to explore what additionally could be introduced to support local recruitment of midwives. Consideration was also given to staff retention as it was incumbent on the Trust to create a positive environment for staff and patients which linked back to the culture of the organisation. The team was also reviewing staff rotas to make shifts more attractive for people to work at the Trust. However, it was recognised there was a high number of staff in the over 55 age range which was creating some workforce planning challenges.

The Chair confirmed that the Safety and Quality Committee spent a significant amount of time scrutinising reports on safe staffing levels and the Trust also engaged with external agencies to ensure transparency and an appropriate open culture.

#### **105/22 Infection Prevention and Control Annual Report 2021/22**

The report provided an overview of progress made against the annual infection prevention and control plan for 2021/22 and an update on the Trust's performance against key areas of infection prevention and control. The 2022/23 infection prevention and control plan was also included.

**The Council RESOLVED that:**

- 1. The Annual Report be noted and acknowledged the scrutiny afforded to the detail by the Safety and Quality Committee and was assured of progress against the 2021/22 annual plan.**
- 2. The Annual Plan for 2022/23 be noted.**

#### **106/22 Winter planning update**

The Chief Operating Officer provided a summary of the planning arrangements for the upcoming winter season. A system resilience and surge plan had been developed which would start to deliver from 1 December 2022 up to Easter 2023. Learning had been taken from last winter and mitigations had been developed to manage expected challenges to be faced this year which included an anticipated influenza outbreak and fourth wave of Covid infection.

It was noted that health and social care systems were focusing on creating additional capacity into acute Trusts and estates work had been ongoing for some months to build additional bed stock and capacity. It was recognised the key pressures would relate to the workforce and building staff resilience. There were constraints in the system during winter and the domiciliary care labour market was struggling to recruit at the present time. Focus was also directed to cancer services and long waits in the system and an increase in demand for mental health support was anticipated due to ongoing Covid and pressures on people's lives due to the economic crisis.

The Trust had introduced a flow operational group to concentrate on improvements and efficiencies, focusing on patient discharges, ensuring patients were decanted to the discharge lounge early in the morning, turnaround times to ensure people were placed in an inpatient bed as quickly as possible, and managing triage to support ambulance handovers. The 'Be A Bed Ahead' programme was also stepping up for the winter period as another way to support flow throughout the hospitals.



In terms of system work, focus would be directed to six key metrics, including improvements to ambulance delays as systems were being held to account nationally. Virtual wards had also gone live and would scale up over the winter period. An emergency 2-hour response team had also been developed to support patients in the community and work was currently being completed to recruit the necessary staff to support the initiative. Investment had been identified for social care for additional Crisis hours to support patients not meeting the criteria to reside in hospital which it was hoped would assist with patient discharges to ensure care in the right place. The End of Life Care and Hospice at Home business cases had been approved and would be going live later in November. The Community Healthcare Hub (Finney House) would provide 32 additional community care beds pre-winter and after Christmas the facility would scale up to provide 64 community beds which would also help flow through the emergency department and support release of ambulance crews.

With regard to support for staff, the Trust had identified some funding from internal reserves on a short-term non-recurrent basis which had been allocated to divisions to wrap around staff during winter. There would be a need for additional support for services such as pharmacy, medics, and site management, and the additional funding would allow support to be brought in during the weekends to allow substantive staff to rest and recuperate. Funding had also been ring-fenced for the health and wellbeing of staff who had been asked what they would find helpful during the winter period and work was ongoing with the Hotel Services team to introduce what was required.

A question was asked regarding achieving staffing targets for the Community Care Hub prior to the go live date. It was confirmed that recruitment was on track and whilst there were risks with any large recruitment drive in the NHS, the Trust understood the difficulty to recruit posts and had recovery plans in place for any anticipated issues. It was noted that as the Trust was setting up the additional beds it had the ability to tap into its wider staffing resource to provide support where needed until substantive recruitment had been completed.

## **107/22 New Hospitals Programme (NHP) update**

The New Hospitals Programme Senior Responsible Office joined the meeting to provide an update on the NHP and a summary of the slides circulated within the meeting pack was provided.

The preferred and alternative options had now been published in respect of both Preston and Lancaster. There was a significant amount of information that sat behind each of the options and extensive modelling of clinical services had been undertaken, including right-sizing, what services would look like, work around education, training and research and a thorough benefits realisation assessment on all of the options. It was noted the analysis had confirmed that the preferred option represented a significant benefit to the population, the wider economy, and HM Treasury in terms of return on investment. The preferred option was a new build on a new site although the alternative option (to invest in the current infrastructure on the Preston site) would bring significant investment and improvement for patients and staff. However, it was recognised the alternative option would be an investment in an older site and the benefits would be less than what would be achieved with a new hospital on a new site. It was noted that within the preferred option there was significant focus in how the NHS would contribute to green standards and achieve carbon emission targets.

In terms of a site for a new hospital build, the NHP team was exploring potential sites within a 10-mile radius around the current Royal Preston Hospital site. It was not possible to confirm the sites being explored as there were challenges to find suitably sized land and topography and the NHP team was working closely with local Councils and Lancashire County Council. To ensure equality for all, an important consideration for a site option would be accessibility and transport for members of the public, patients and staff and the team was not only working with local councils but also looking to benefit developments with innovation and digital companies to explore any joint opportunities. The NHP team had not yet engaged with providers of those services as there was a timing issue and an approach would be made at the appropriate time when a decision had been taken at national level on the preferred or alternative option.

The slides provided an indication of staff and patient engagement work that had been undertaken with around 15,000 people. Over 6,000 people had completed surveys and around 1,000 staff had joined a range of summits to provide their views. Whilst a significant amount of engagement had taken place with members of the public the NHP was continuing to do more in terms of reaching out to seldom heard groups or those members of the community who did not normally have the opportunity to express their views. It was confirmed that engagement was not limited to digital channels and a range of face-to-face engagement events had also been held.

In respect of the timeline, it was confirmed the programme was still on schedule to meet the commitment to have the full and final Business Case developed by the end of 2025 which would enable building work to commence by 2030. The programme was reaching a critical stage in terms of the ability to take the plan forward which would be dependent on the government and Department of Health and Social Care committing to the investment, and at the present time there was no commitment on the level of capital which would be made available. It was understood a senior departmental meeting was scheduled to be held at the beginning of December 2022 when it was hoped a decision would be made on the New Hospitals Programme.

Discussion was held regarding the benefits of the NHP to address some of the issues raised earlier in the meeting, such as the challenges faced in terms of recruitment and staffing levels, recognition that the current estates was inadequate and the poor conditions within which staff were expected to work, and the difficulties in managing issues around infection prevention and control.

In response to a question regarding whether further engagement would take place once the capital allocation had been approved, it was confirmed that engagement would increase if a successful decision on capital funding was reached. If approval was granted for the preferred option (new hospitals build) then consultation would be involved at some point which would provide greater engagement opportunities for members of the public.

The Chair recognised the significant amount of work undertaken by the NHP team to reach the current stage and thanked governors for describing the anxieties being felt and the importance of the NHP for all the communities served.

## **108/22 Patient Experience Strategy 2022-25**

The report presented the new 2022-25 Patient Experience and Involvement Strategy setting out the approach to improving patient experience within the Trust. The strategy

had been co-designed with patients, colleagues and partners utilising NHS Improvement's Patient Experience Framework 2021 and publications from the Health Foundation and The King's Fund, framed upon the consistent principles adopted within the Always Safety First Strategy (insight; involvement; and improvement).

It was confirmed that following the recent interviews for the Associate Director of Patient Quality, Experience and Engagement, John Howels had been appointed and would take up post as soon as possible. One of the key responsibilities of the role would be to lead on delivery of the strategy.

**The Council RESOLVED to note the strategy and agreed to receive an annual update report on progress.**

## **109/22 Trust Constitution**

A detailed review of the Trust Constitution had been undertaken during the year with the dual aim of ensuring the revised Constitution would be agile and fit for purpose for new ways of working under an Integrated Care System and was compliant with the requirements of the Health and Care Act 2022. A working group of governors was established to ensure input, scrutiny and oversight of the proposed changes. The Constitution was presented to the Council for approval prior to agreement at the Board meeting on 1 December 2022 at which point the 2022 Constitution would take effect.

Reference was made to the agreement in 2019 for Local Authority governors to identify a substitute or deputy who could attend Council meetings in the event the Local Authority governor was unavailable. It was confirmed that the legacy issue aligned to the Standing Orders for Governors which would be considered at next week's Governor Working Group meeting and the issue highlighted would be addressed.

Clarification was requested regarding clause 6.3.2 relating to governors' involvement in planning and it was queried whether the only time governors would provide views to the Board of Directors was when the Board was preparing the Trust's forward planning document. It was explained that when Foundation Trusts had originally been established annual plans were submitted to Monitor and governors had a crucial part to play at that time. However, things had moved forward although the principle remained the same and the Trust was expected to have an annual plan it was sighted on and signed up to and the intention was to engage with governors on strategic planning.

In response to a question regarding the definition of clause 11.37, it was confirmed that assurance should be taken from the clause in that if governors had dealt with business in good faith and a challenge was raised at a later date on a detailed process, as long as governors had acted in good faith then there would be no negative consequences. It was confirmed that, effectively, the clause was a safety net for governors and should be seen as a positive provision within the Constitution.

Reference was made to the lead governor being defined as someone appointed by the corporation and a question was raised regarding how the appointment of the lead governor was made. It was confirmed that the Trust would determine the rules by which the lead governor was appointed, and the process would be outlined within the Standing Orders for Governors.

It was noted an additional staff constituency had been agreed which was welcomed by the Council however a query was raised regarding whether there was any overlap with respect to staff within unregistered groups. It was noted the change was effected and discussed by the Governor Working Group and the Company Secretary, at the request of the Working Group, had reverted to the Chief People Officer to obtain assurance around the staff governor categories. It was noted that from a HR perspective there was confidence that all staff would align to one of the five staff constituencies. Discussion was held regarding unregistered health care assistants and the potential for some posts to become registered in the future following advanced training. It was confirmed that no member of staff would be prevented or disadvantaged by standing for governor election in any of the categories and there was a mechanism in place in the event a staff member was unsure to which category they aligned.

**The Council RESOLVED that the 2022 Constitution be approved.**

*With the exception of the Interim Chair, the Non-Executive Directors left the meeting at this point.*

#### **110/22 Feedback on Chair's and Non-Executive Directors' 2021-22 appraisals**

The Chair confirmed that the 2021/22 appraisals had been undertaken some time after the end of the business year and to coincide with the departure of the previous Chair. It was noted that the delay in appraising the Non-Executive Directors had been compounded by the difficulties in filling the Company Secretary role. The Interim Chair and Company Secretary would be looking at the process and appraisal cycle to ensure timely appraisals were held in the future.

The Chair confirmed that all Non-Executive Director appraisals had been satisfactorily completed for 2021/22 and as part of each appraisal consideration had been given to the 360-degree feedback provided by Board colleagues and governors. Prior to his departure, the previous Chair had also been appraised with a positive and satisfactory outcome. The Interim Chair had since met with Non-Executive Director colleagues and objectives had been agreed for 2022/23.

As mentioned earlier, the process and appraisal cycle would be reviewed and would include the process for 360-degree feedback from governors, with the process being presented to the Council once developed.

#### **111/22 Re-appointment of Non-Executive Director**

The report provided information for the Council to consider re-appointment of T Watkinson (year two annual re-appointment) and an overview of the contents was provided. The Nominations Committee considered the proposal at a meeting on 16 September 2022 and recommended re-appointment as outlined in the report.

**The Council RESOLVED to re-appoint T Watkinson for the period 1 April 2023 up to and including 31 March 2024 (year two annual re-appointment).**

*Non-Executive Directors re-joined the meeting at this point.*

**112/22 Register of Interests**

The report presented information to the Council on the declared interests of Governors as at 31 October 2022.

**The Council RESOLVED to:**

- 1. Receive the report and approved their declared interests as detailed in appendix 1.**
- 2. Note the requirement to ensure any changes were notified to the Office of the Company Secretary at the time of the change.**

**113/22 Non-Executive Director update: Finance and Performance Committee Chair**

A presentation was delivered on the role and responsibilities of the Chair of the Finance and Performance Committee. A copy of the slide presentation would be circulated to Governors following the meeting.

**114/22 Non-Executive Director update: Audit Committee Chair and Senior Independent Director**

A presentation was delivered on the role and responsibilities of the Chair of the Audit Committee. An overview of the role of the Senior Independent Director was also provided for information. A copy of the slide presentation would be circulated to Governors following the meeting.

Reference was made to the slide detailing current developments, specifically regarding Audit Chairs networking across the ICS and it was suggested the Council would find it helpful to receive an update about how audits would be undertaken in the same context across the system. It was explained that the network arrangements were work in progress and there would not be a dramatic revolution as each Trust would continue to maintain the vast majority of audit work locally. Each organisation was statutorily required to have an Audit Committee but increasingly there would be a move to obtain assurance collaboratively. It was confirmed that the networking point would be a feature in next year's presentation.

**115/22 Hybrid virtual meetings for Council Workshops and Development Sessions**

Following discussions with the Chief Executive and confirmation of supporting the way forward, the Company Secretary was discussing with IT colleagues the equipment required to set up a facility for hybrid meetings in the Gordon Hesling Room, with the potential to roll-out the arrangements if successful.

Discussion was held regarding the identified location due to the size limitations of the room and it was suggested that a larger room within the Education Centre would be more appropriate. It was explained that the Trust was an education and research organisation and the rooms within the Education Centres should be protected to ensure appropriate capacity for such activity, rather than being meeting-focused, therefore, the Gordon Hesling Room had been proposed to test the hybrid approach. An interesting observation was made regarding the poor acoustics in larger rooms when compared to sound quality in smaller rooms during hybrid meetings. It was agreed the Council's comments would be fed back to the Chief Executive to see if there was a larger, alternative location that could be identified.

**116/22 Council Development Plan update**

The report provided a further update on the status of the Council Development Plan since last reported to the Council at the July meeting.

Reference was made to the final action relating to developing a separate corporate calendar for governor events. It was suggested there was confusion in respect of the update provided as the action related to a separate corporate calendar for governor meetings and had no relation to membership events. The point of clarification was noted.

**The Council received and noted the status of the Council Development Plan.**

**117/22 Items for information**

The following reports were circulated with the agenda and the contents noted for information:

- (i) Clinical Services Strategy
- (ii) Corporate and Governor Calendar 2023-24
- (iii) Governor opportunities and activities summary
- (iv) Governor issues report
- (v) Minutes of Governor Subgroups:
  - Care and Safety Subgroup – 14 July 2022
  - Membership Subgroup – 6 June and 8 August 2022
  - Chairs, Deputy Chairs and Lead Governor – 4 July 2022

**118/22 Date, time and venue of next meeting**

The next meeting of the Council of Governors will be held on Thursday, 26 January 2023 at 1.00pm using MS Teams.

**119/22 Reflections on how the meeting had been conducted**

No reflections were put forward on how the meeting had been conducted.

**120/22 Resolution to exclude press and public**

**RESOLVED THAT press and public be excluded from the meeting.**

## Action log: Council of Governors (part I) – 3 November 2022

*There are no outstanding actions from previous meetings.*

### **COMPLETED ACTIONS** (for information)

No	Min. ref.	Meeting date	Action and narrative	Owner	Deadline	Update
1.	113/22 and 114/22	3 Nov 2022	<i>Non-Executive Director presentations</i> – the slide presentations delivered by the Finance and Performance and Audit Committee Chairs to be circulated to governors.	K Brewin	26 Jan 2023	<b>Completed</b> <b>Update for 26 January 2023</b> – slides emailed to governors (3 November 2022).
2.	115/22	3 Nov 2022	<i>Hybrid meetings</i> – investigate whether there is a larger room than the Gordon Hesling Room to equip and test the approach to hybrid meetings.	J Foote	26 Jan 2023	<b>Completed</b> <b>Update for 26 January 2023</b> – no suitable alternative identified



# Council of Governors

Equality, Diversity and Inclusion – Annual Update							
<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 January 2023				
<b>Report of:</b>	Chief People Officer	<b>Prepared by:</b>	L Graham				
Purpose of Report							
<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
Executive Summary:							
<p>The purpose of this report is to provide an annual update against the principles and aims of the Equality, Diversity and Inclusion (EDI) Strategy 2021 – 2024.</p> <p>This report details the actions which have been completed in the last 12 months against the five principles set out in this strategy for our communities, patients and colleagues. The report highlights achievements, some of which are the use of patient and colleague lived experience to help shape our colleague and patient experience agendas and the establishment of an effective EDI Strategy Group which helps shape Trust and Divisional level focus, driving forward the improvements that matter most to colleagues and patients. The incorporation of the EDI agenda into all aspects of our organisation and strategies has helped to accelerate delivery of this strategy.</p> <p>The report outlines the measurable impact and presents the current demographic information on our workforce and patients. It highlights our performance and current benchmarks reported in other mandated reports such as the Workforce Race Equality Standard, Workforce Disability Equality Standard, National Staff Survey and Gender Pay Gap, alongside other intervention level evaluation measures where applicable. It describes the future focus to ensure we continue to deliver the strategic aims, this includes increasing the quality of data we hold for patients and colleagues to ensure we have an accurate understanding of health inequalities, representation and experience in our organisation, continuing to deliver upon systemic actions which help to ensure EDI is embedded in all aspects of our work.</p>							
Trust Strategic Aims and Ambitions supported by this Paper:							
Aims				Ambitions			
To offer excellent health care and treatment to our local communities		<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care			<input checked="" type="checkbox"/>	
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria		<input type="checkbox"/>	Great Place To Work			<input checked="" type="checkbox"/>	



To drive innovation through world-class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money	<input type="checkbox"/>
		Fit For The Future	<input type="checkbox"/>
<b>Previous consideration</b>			



# EQUALITY, DIVERSITY & INCLUSION STRATEGY – ANNUAL REPORT 2022



**Being consciously inclusive in everything we do for colleagues and our communities**

## INTRODUCTION

The Equality Diversity and Inclusion (EDI) Strategy was launched 12 months ago and this is the first annual update highlighting the progress we have made against the five strategic aims underpinning our vision which is to be **“consciously inclusive in everything we do for colleagues and our communities”**. The five strategic aims are:

1. Demonstrating Collective Commitment to EDI.
2. Being Evidence Led and Transparent.
3. Recognising the Importance of Lived Experience
4. Being Representative of Our Community.
5. Bringing About Change Through Education and Development.

The ambition for this strategy was to be transformational, to take a systemic approach to delivering improvements. We wanted to go deeper than surface level actions, seeking to bring patient and colleague experience together, utilising and capitalising on the opportunity that the two are inextricably linked, finding new ways to understand our data and to reflect on the health equalities in our system and the disparities experienced by colleagues, taking decisive action to bring about change.

This year has been focussed on setting firm foundations, raising the profile of EDI across the organisation. This has been achieved through strengthening local action through the EDI Strategy Group where divisional leaders and corporate leads come together to plan the actions which need to be taken at all levels to create an inclusive care organisation and a diverse workplace.

Another essential cornerstone of this years delivery has been to further support our Inclusion Ambassador Forums, having a clear purpose, a sense of community, creating a place where colleagues can have a voice, make progress on what matters and shared their lived experience. The other core theme throughout this annual report delivered through the last 12 months is integration and alignment of EDI principles and priorities in all workstreams, it has been a deliberate part of our strategic approach, for EDI to be everyone’s business and not a standalone strategy delivered only by ‘EDI experts’.

In the last 12 months we have started to see improvements, such as some movement on our workforce equality standard reporting for race and disability, also for with regards to National Staff Survey results. However given the transformational efforts performance improvement and impact will need to be observed over a longer period of time.

The information in this report represents the action and progress undertaken in compliance with our public sector duties as set out in the Public Sector Equality Duty and the Equality Act (2010), which requires public bodies to have due regard for the need to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between people who share a protected characteristic and those who do not.

Significant progress has been made, the report highlights many of our achievements, provides a breakdown of our data for patients and colleagues and sets out our future focus to continue to progress this vital agenda.

# PRINCIPLE 1 – DEMONSTRATING COLLECTIVE COMMITMENT TO EDI

This principle seeks to hardwire EDI into all aspects of the way we provide care and go about our business in the organisation to ensure we are consciously inclusive. At a strategic level we made a pledge that every strategy published within the organisation from now on will contain a section on equality, diversity and inclusion in order to support an increased momentum and collective focus for improvement. As well as this we would ensure that adequate consultation and involvement taken place with minority groups through colleague Ambassador Forums and Patient Involvement Groups.

Since the launch of the EDI Strategy, the Allied Health Professionals (AHP) Workforce Strategy 2022-2025 has been published, this strategy contains explicit data pertaining to the minority group make up of our AHP workforce, it includes actions which are aligned to the EDI Strategy vision and core principles and the images used are representative of a range of protected characteristics.



## FOR PATIENTS AND OUR COMMUNITIES

### COLLECTIVELY TAKING ACTION TO BRING ABOUT IMPROVEMENTS FOR PATIENTS FROM MINORITY GROUPS

Through the EDI Strategy Group each of the Divisions are asked to nominate an EDI Lead whose responsibility is to attend the Strategy Group, to develop a joint EDI Annual Plan against the 5 Principles set out in the EDI Strategy and to ensure there is focus on EDI within the Division via the Divisional Board and in the Divisional Workforce Committee. A number of Divisions have included colleague or patient's stories which focus on their experience of care or work and learning we can take to bring about improvements.

We have the following departments and divisions represented at the EDI Strategy Group; Medicine, Surgery, Women and Children, Finance, IT, Education, Nursing Directorate, Estates and Facilities, Workforce and Organisational Development. We still need to secure commitment and attendance from DCS.

Medicine, Surgery, Education, Workforce and OD have finalised their Divisional and Departmental EDI Annual Action Plans. With Estates and Facilities, Women and Children, IT and Finance in the process of being finalised for submission to the EDI Strategy Group. Diagnostics and Clinical Services Division have more recently joined the EDI Strategy Group and will be supported to develop their localised plans.

In addition to the work being delivered through the EDI Strategy group, the lived experiences of patients with protected characteristics, more general patient and other stakeholder experiences are routinely used to focus improvement activity as part of each of the continuous improvement Big Rooms.

## **ENGAGING DIVERSE COMMUNITIES, PATIENTS, FAMILIES AND CARERS IN ALL NEW SERVICE DEVELOPMENTS**

Across the Divisions we have set up and are utilising **patient and public involvement groups** to support the co-production of services. Examples include:

- The implementation of a personal stroke record booklet designed by the stroke association.
- The spiritual offer within the organisation has been expanded in the last year. This has led to a broader range of religious services to promote the organisations values of inclusion within the community. The introduction of a multifaith room at Preston has been welcomed and work is underway to duplicate this at Chorley.
- The maternity voices partnership, chaired by an independent chair provides a regular forum for families to share experiences and drive improvements in the experience of visiting.
- Utilising the FREDIE principles when implementing service developments as the principles help to focus the mind ensuring we always consider Fairness, Respect, Equality, Diversity, Inclusion and Engagement from a patient and community perspective
- Within Renal we have 'Patient Knows Best' this approach empowers patients to see their results and be involved in their care.
- Patient representatives in Renal are involved in current tender process and interviews for colleagues involved in their care.
- Renal are part of the Northwest Network which is seeking to recruit a Patient voice Manager for the Northwest. The networks are focused on collaboration between patients, Nephrology teams and local commissioning services. They promote positive working relationships, encourage innovation as well as quality improvement seeking to reduce variation and health inequalities within pathways of care.
- Children and family feedback has been used to shape the design of the extended Emergency Department children's area and will inform the safe space design in ED.
- The ability to engage with patients has been impaired as a result of the pandemic and a new appointment in the role of the Associate Director for patient experience and involvement will drive improvements in this area of the strategy in the next 12 months.

**Patient initiated follow up (PIFU)** has been rolled out in Neurology, Gastro, Cardiology and Respiratory. The purpose of PIFU is to provide patients and their carers the flexibility to arrange their follow-up appointments as and when they need them. Examples include:

- For patients with cardiac loop devices and pacemakers have access to Home Monitoring, enabling patients and their relatives to link in with the department if they have symptoms, then use PIFU to provide patients with flexibility to manage their appointments.
- Home monitoring for Lung Function (CPAP patients) has been implemented to prevent unnecessary visits, with PIFU then available to support booking follow up appointments.
- Using PIFU to support the delivery of Valve Clinics which are undertaken by a trained Echocardiographer, this enables timely reviews for patients with ongoing valve disease, valve repairs and replacement valves.

## ENHANCING OUR SERVICES TO WORK AS ONE AROUND THE PATIENT

A number of service developments have been introduced to improve the experience of receiving care easier, to ensure we are joined up around our most vulnerable patients and the care we provide happens in the best environment for their needs. Some examples of actions delivered in the last 12 months include:

- Three population health fellows are now in place to work with the organisation to improve the offer to patients and families.
- The Emergency Department hold a monthly multidisciplinary mental health frequent attender meeting. Within the meeting patient's notes are reviewed, care bundles checked and any new presenting symptoms are discussed. If appropriate enhanced levels of support are provided to the patients.
- The creation of additional secure waiting space for paediatrics patients in Emergency departments.
- The development of purpose-built patient facilities and environment within the Neuro Rehabilitation Unit which includes dedicated disabled parking spaces, adapted toilets, ceiling tracking hoists, rehabilitation bay and rehabilitation kitchen (NRU).
- Frailty consultant in reach to emergency department. This is in place to try and ensure the shortest possible stay in an acute hospital setting.

## FOR COLLEAGUES

To create a culture which is consciously inclusive and hardwire EDI firmly as part of our internal organisation priorities we have made progressed in following areas in the last 12 months, such as creating localised plans to support inclusion for our colleagues at Divisional levels, strengthening our Inclusion Ambassador Forums, demonstrating visible commitment to EDI and shaping a zero-tolerance approach. Further detail is provided below.

As part of every **Divisional People Plan** there are now dedicated divisional level EDI actions which will increase representation of colleagues with protected characteristics in our workforce, alongside actions which are focussed on proactively improve experience of work and seek to remove discrimination.

Within the Divisions through the development of the EDI plans, the Divisions have sought to embed organisation wide interventions and programmes of work to be more inclusive and bring about improvements in the experience of colleagues with protected characteristics. To illustrate the breadth of actions which have been undertaken in the Divisions aligned to this principle include:

- A number of divisions have begun to commence all Divisional meetings with a colleague or a patient's story, some of which have an EDI and focus.
- Including EDI as part of a cycle of business of key departmental and divisional meetings.
- Divisions have sought to demonstrate their support to agile and flexible working, describing examples of how they have implemented a range of reasonable adjustments put in place such as to support colleagues who are agile workers with long term conditions.
- Utilising the Carer's passport.



- Encouraging colleagues to complete the Rainbow Badge e learning package, participating in menopause advocate training and attending Inclusion Ambassador forums.

At an organisational level we have, undertaken a number of programmes of work to strengthen the visible commitment to EDI across the organisation and help to start to change the cultural narrative around diversity and inclusion through the following core actions:

## INCLUSION AMBASSADOR FORUMS

The Inclusion Ambassador Forums have been established since 2019, we have 3 core groups which are Ethnicity, Living with Disability and LGBTQ+. In addition to the 3 forums, we have more recently established a Menopause Group and a Carers Group whilst these are related to protected characteristics, they are also aligned and supported by the health and wellbeing agenda.

The Inclusion Ambassador Forums are each chaired by a member of the group, with support from the Diversity and Inclusion Practitioner and with sponsorship from members of our Board and Executive Team.

Membership and attendance at the groups has been variable over the last 12 months, since we moved the chair role to being a member of the group from a member of the EDI team, some of the groups have taken a little time to find their new focus and pace. To support the refocusing and strengthening of the groups, we have co-created new terms of reference with each of the 3 core forums. The focus of the terms of reference is to support stronger psychological safety to enable colleagues with protected characteristics to raise concerns and receive support, create a sense of belonging, understand their experience of work and wellbeing needs. The next stage will to move to a cycle of business to help further structure the groups to enable them to have holistic, focussed conversations whilst still providing the space for emerging issues to be discussed.

In addition to the new terms of reference, we have strengthened governance and alignment to the EDI Strategy Group. With each Forum invited to attend the EDI Strategy Group on a regular cycle of business, to update the Strategy Group with themes, actions, progress and to seek support from the group to find resolution or take action. The Inclusion Ambassador Forums each receive a copy of the EDI Strategy Group minutes for transparency, understanding and ensuring forum members have the opportunity to share their lived experience, ideas or concerns about the matters being covered in the Strategy meeting.

Did you know there were 4 Ambassador Forums in the trust?:

**Ethnicity**  
**LGBTQ+**  
**Faith**  
**Living with Disability**

To find out more please contact:  
Inclusion@LTHTR.nhs.uk or  
Tim Brown Diversity & Inclusion Practitioner  
Tim.Brown@LTHTR.nhs.uk

To increase membership of the groups, we have increased publicity, with the introduction of a screen saver, publicising our new Diversity and Inclusion Practitioner coming into post, scheduling all the dates for the forums a year in advance and circulating. In addition to this the LGBTQ+ group distributed a survey asking colleagues who identify as LGBTQ+ to share

what they would want from a forum, the focus, the times of meetings and the barriers to attending.

## RAISING AWARENESS AND LIVING OUR COMMITMENT TO CREATING AN INCLUSIVE WORKPLACE

To ensure EDI is a prominent part of our organisational narrative we have refreshed our **EDI calendar**. The focus of the calendar is to identify which events or dates we are going to actively promote in year to create interest, boost understanding, to align the focus of teams to ensure a consistent approach to the events we are promoting (e.g., across catering, patient experience, health and wellbeing, library services, organisational development, communications and EDI) to create greater scale, spread and cascade.

A recent example of the new approach to raising awareness using the refreshed EDI calendar is with regards to Black History Month, running across the whole of October. To bring this into focus, we have shared national events being delivered via corporate communications, have a dedicated page on the intranet, Library and Knowledge Management Services promote aligned resources and a linked menus are being served across our restaurants, cafes and canteens.

Going forward we hope to create resource packs, posters and information to be deployed in all teams, ward and departments to encourage conversation, increased understanding and show appreciation of one another's differences.

We plan on an annual basis to refresh our EDI calendar, to ensure we represent all of our minority groups and have the chance to shine a spotlight on what matters. Whilst we have an annual calendar of what we need to corporately support, we still actively encourage teams and individuals to celebrate other events, such as Dyslexia Awareness, religious festivals, events relating to specific long-term conditions.

To raise our profile and celebrate diversity we continue to support **Preston Pride** which takes place in September every year. This provides us with a fantastic opportunity to invite our LGBTQ+ colleagues to support Pride, to demonstrate how we are committed to colleagues who belong to this minority group to feel accepted and encouraged to be their whole self at work. Equally it helps to indicate to our communities that we are a healthcare provider who is inclusive, wants to understand the needs of the LGBTQ+ community in how we deliver care and understand specific challenges or areas we can improve. Whilst simultaneously helping us to recruit new colleagues from the LGBTQ+ community to work for us, by setting out our commitment to inclusion and position in the community to influence awareness raising and reduction of discrimination.

October is Black History Month

# B:HM2022

DIG DEEP, LOOK CLOSER, THINK BIGGER







## FINANCE DEPARTMENT EQUALITY, DIVERSITY AND INCLUSION CHARTER

The Finance Department as part of their local annual EDI plan have created a EDI Charter, which sets out the teams commitment to be equal, diverse and inclusive. The charter consists of the steps they will take such as through recruitment practices, rolling out unconscious bias training, ensure colleagues are listened to, there is zero tolerance of harassment of bullying, how individual differences will be celebrated through the events the team recognise, through to encouraging learning and development, creating a team ethos which makes colleagues feel proud and valued.

### COMMITTING TO A ZERO TOLERANCE APPROACH

To support the creation of an **antidiscrimination and anti-racist organisation** we are progressing well with a zero-tolerance approach. Through this approach we intend to use our position within the community as a healthcare provider and as a larger employer to help influence wider community change by actively tackling discrimination and inequality faced by people with protected characteristics when receiving care or working for us.

To date a zero-tolerance statement has been created and consulted upon with the Patient Experience Group, members of the Reducing Incidents of Violence and Aggression Steering Group and the Inclusion forums. The statement once finalised will be linked to information sent to patients as well as being published via our intranet and internet, to ensure colleagues, patients and visitors understand our expectations. This will be accompanied by a poster campaign, animation and communications both internally and externally.

To support further increased awareness and understanding of each colleagues' responsibilities to support a zero tolerance approach, an online toolkit has been drafted which centres on how to be an active bystander, how to support colleagues who may have received bullying, harassment, abuse, violence or discrimination, seeking to effectively challenge negative behaviours or language in the moment and deescalate situations. The toolkit will be enriched by the delivery of a short bystander intervention masterclass, helping colleagues to develop the skills and awareness to challenge negative behaviours, language or culture which is not in line with our zero tolerance expectations.

## OUR FUTURE FOCUS

- Include EDI measures within the STAR quality assurance process.
- Ensure all new estate developments incorporate a consciously inclusive approach i.e., always consulting with patient groups and ambassador forums to ensure design principles support patients and colleagues with disabilities to navigate around the site with ease and to ensure facilities have gender neutral toilets as standard.
- Ensure all job titles, communications, publications, patient facing leaflets and internal colleague information/policies is gender inclusive by changing references to gender specific roles to gender neutral terminology specifically using terms such as parent/guardian, you/their/them, people or individuals, siblings, humankind (not mankind), artificial/synthetic (not manmade).
- Use our position within the community as a healthcare provider and as a larger employer to help influence wider community change by actively tackling discrimination and inequality faced by people with protected characteristics when receiving care or working for us.
- Drive to increase the number of patients from diverse backgrounds responding to national patient surveys.
- Increase the diversity of feedback in national surveys to better reflect the experiences of the community demographic.
- Agree the approach to the measurement and analysis of the 9 protected characteristics as part of all Trust defined audits and clinical reviews, so experience, health outcomes and inequalities can be understood and improved.
- Implement and promote our zero tolerance and anti-discrimination approach both internally on our intranet and externally on our internet page.

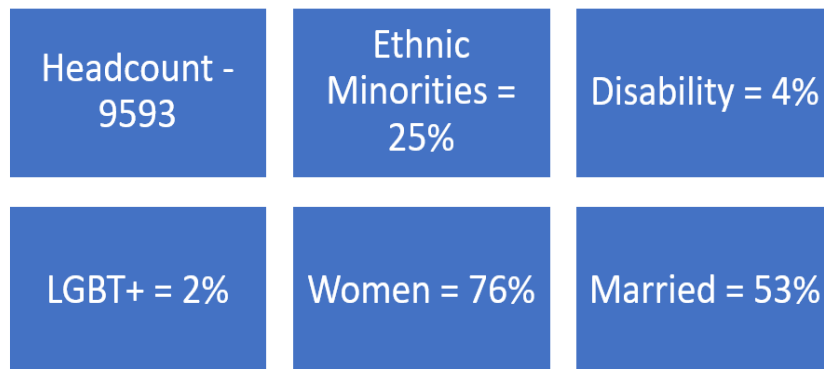
## PRINCIPLE 2 – BEING EVIDENCE LED AND TRANSPARENT

As outlined in the EDI Strategy, this principal centres around using evidence to help inform our focus enabling us to recognise where the experience of patients and colleagues with a protected characteristic is not where we would want, enabling us to create focussed actions to make right difference. Equally this principle set out the importance of using our data to help us reflect, understand and measure the impact we are having through the steps we are taking.

### BEING TRANSPARENT WITH OUR WORKFORCE EDI DATA

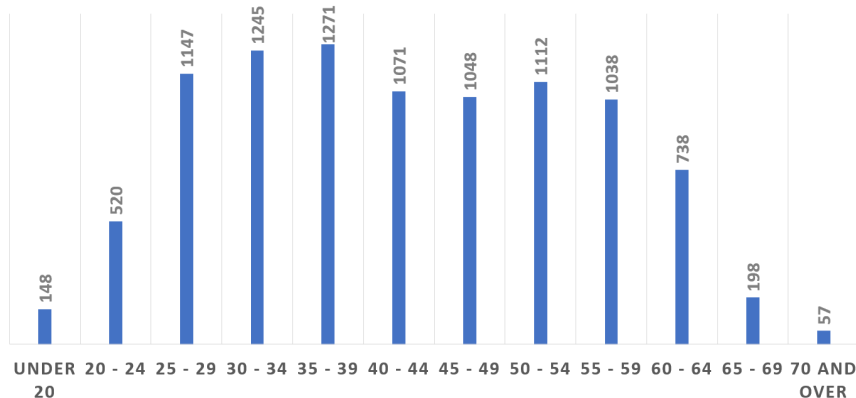
To deliver against this principle this report was one of the first steps we planned to take. Having a **comprehensive annual report** which sets out what we have focussed on and delivered upon in the last 12 months, forms part of our Trust's public sector statutory duties under the Equality Act 2010 to report on performance and delivery against equality objectives annually alongside the breakdown of protected characteristics detailing the diversity of our workforce.

### Our Workforce Diversity Headlines

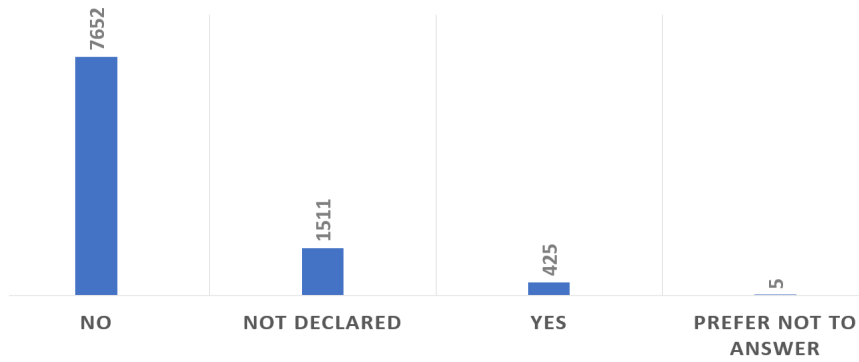


### Age Profile

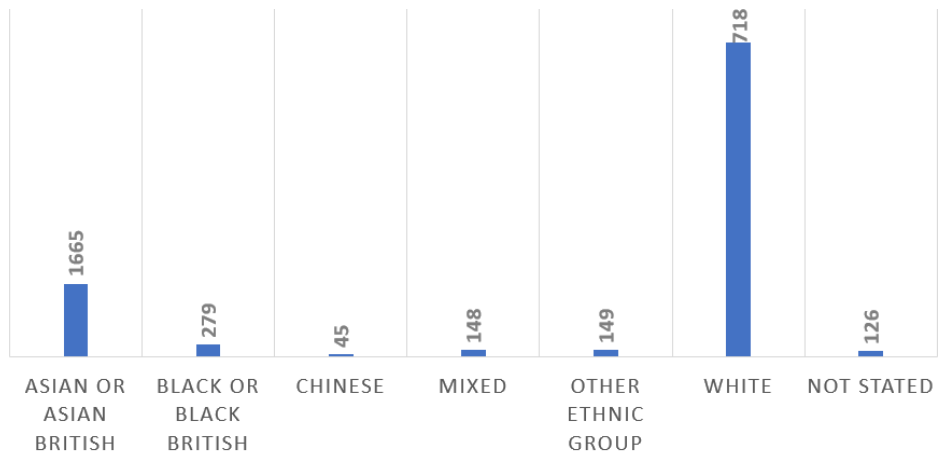
Workforce Age profile



## Disability Profile

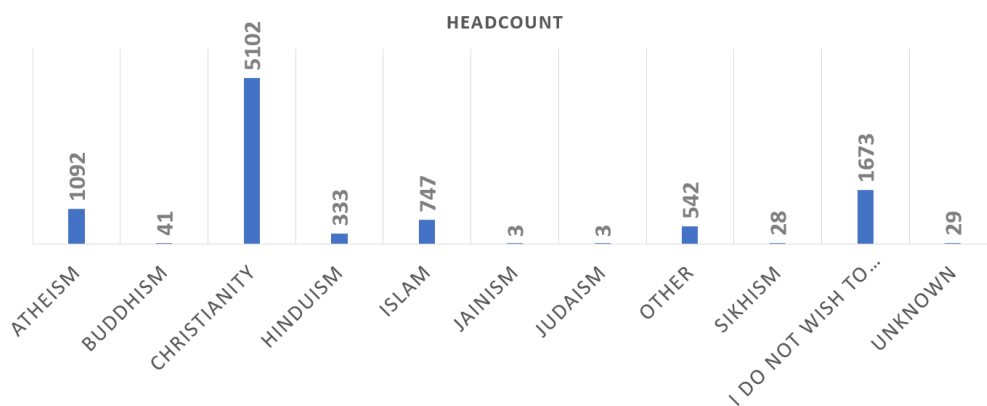


## Ethnicity Profile



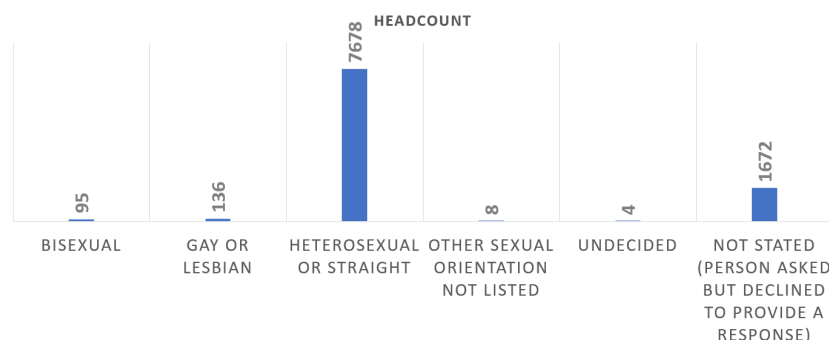
## Religion and Belief Profile

### Workforce Religion and Belief profile



## Sexual Orientation Profile

### Workforce Sexual Orientation profile



Appendix 1 and Appendix 2, displays infographics displaying our annual WRES and WDES returns for 2022. The full reports can be found [here](#).

Further actions to support the transparency of our approach with regards to delivering improvements for EDI as defined by the public sector equality duties is to undertake the annual **Equality Delivery System** (known as EDS2022) self-assessment process via coproduction with colleagues, patients and members of our community from minority groups. The purpose of EDS is to support NHS organisations to improve the services they provide for local communities and provide better work environments whilst meeting the requirements of the Equality Act 2010. The completion of EDS 2022 is mandated as part of our NHS Standard Contract. This report will be reported separately to Board outside of this annual update, however the approach to completing EDS 2022 is planned to be completed via consultation, engagement and involvement of colleagues with protected characteristics via the Inclusion Ambassador Forums, engagement with patients via the Patient Experience group as well as divisional engagement with colleagues supporting the delivery of EDI Actions. To understand our performance against last year's EDS2 assessment this can be found [here](#).

To understand the impact of our policies and workforce processes we have committed to undertaking **equality impact assessments** to understand how our employee relation policies are applied and if there is any adverse impact for colleagues with protected characteristics. From this process it was found that with regards to the formal capability process, disabled colleagues are more likely to be adversely impacted by this process, however the number of cases entering a formal capability process remains on average below 5 per year, therefore care must be taken when drawing a conclusion. With regards to the formal disciplinary process, we have in the last 12 months seen an improvement in the number of colleagues from a minority ethnic background entering the formal stages with the results indicating that there is no adverse impact for ethnic minority colleagues.

As part of this principle we made the commitment to progress and enhance the level of reporting, analysis and assurance we provide around the **Workforce Race Equality Standard (WRES)**, **Workforce Disability Equality Standard (WDES)** and **Gender Pay Gap**, all of which we publish externally [here](#). The key findings from each report are provided

in the Appendix, as the data forms part of our impact measures to assess the improvements delivered through this strategy. The associated strategy action plans contain actions designed to bring about improvements and reduce any adverse impacts experienced by these minority groups.

The **National Staff Survey** results each year are reviewed to understand if there are any differences in the experience of work for any of our minority groups. Through completing this analysis, we found a number of themes which include:

### **Bullying, Abuse, Violence and Aggression**

- Colleagues who have a disability or long-term condition reported experiencing higher than the Trust average for experiences of bullying, harassment, violence and abuse from patients, their relatives or members of the public. Similarly, it was found that colleagues with a disability of long term condition reported experiencing higher levels of bullying or abuse from colleagues and managers. Furthermore, colleagues with this protected characteristic indicated that they felt less secure in raising concerns and that as an organisation we would address them when compared with other minority groups as well as the Trust average.
- It was found that colleagues from a Pakistani background and colleagues who identified as belonging to a white ethnic minority background experienced the highest levels of bullying, harassment, violence and abuse from patients, their relatives or members of the public, colleagues and managers when compared to other ethnic minority backgrounds and the wider Trust average.
- Colleagues who were below the age of 30 reported more experiences of bullying, harassment, violence and abuse from patients, their relatives or members of the public.

The actions taken to bring about improvements are detailed elsewhere in this document and form part of Our People Plan strategic action plan, in summary this includes development of a zero-tolerance approach, bystander intervention toolkit and training, communication and awareness campaign. It is aligned with the actions being delivered through the Freedom to Speak Up Strategy and the Reducing Violence and Aggression Strategy.

### **Colleague Engagement**

- Colleagues aged between 16 and 30 have the lowest engagement levels, the most engaged groups are those aged 41-50, with those aged 66 and over having the greatest levels of engagement.
- Colleagues with a disability were found to have lower levels of engagement compared to those without a disability and in comparison to the organisational average.
- Colleagues who identified as being Black/African/Caribbean/Black British had the highest engagement scores, closely followed by colleagues who are Asian/Asian British. These scores are higher than the organisation average and also higher than white colleagues. Colleagues with lower staff engagement levels were those from mixed or multiple ethnic groups.
- Males and females had largely the same levels of staff. Colleagues who are non-binary had the lowest staff engagement levels.
- Levels of staff engagement were lowest for colleagues who are gay, lesbian, bisexual or other, in comparison to heterosexual colleagues.

- With regards to religion, colleagues who are Buddhist had the lowest staff engagement scores when compared with the organisation average. Colleagues whose religion is Hindu or Muslim have the highest engagement levels.

### Staff Satisfaction

- Colleagues between 21-30 years experienced higher levels of work-related stress, found work more emotionally exhausting, work to be tiring than other age groups. With colleagues over the age of 41 years experiencing the greatest levels of satisfaction across all of the items measures in the National Staff Survey.
- Disabled colleagues had far lower levels of satisfaction across all of the indicators in the National Staff Survey, this included factors relating to their job such as ability to show initiative, manage conflicting demands on time, feeling valued for their work. Through to how they feel working in their team, levels of respect and kindness demonstrated and ability to access training and development opportunities.
- Across all of the staff satisfaction indicators, White and Black Caribbean colleagues, Pakistani colleagues, colleagues from a white ethnic minority and colleagues who identified with the category any other Asian background had the highest number of red RAG rated items compared with other ethnic minority groups and the Trust average.
- Across all of the staff satisfaction indicators, colleagues who identify as gay, lesbian, bisexual and other had lower levels of satisfaction than heterosexual colleagues.

To bring about improvements in the levels of engagement and staff satisfaction experience by colleagues with protected characteristics, we are involving the Inclusion Ambassador Forums to help understand the actions which will make a difference. The actions identified to date include, dedicated development opportunities for colleagues with protected characteristics, a bespoke talent management process to support colleagues to reach their career aspirations, increased awareness and understanding of wider colleague groups as to what inclusion means and how they can support positive action.



## ENHANCING THE ROUTING MONITORING OF PROTECTED CHARACTERISTICS OF OUR PATIENTS

### Patients Demographics

A programme of work is being led through the **Digital and Health Inequalities EDI Subgroup** specifically focussing in on how we can increase the routing monitoring of the protected characteristics of our patients to capture information across all 9 protected areas on patients records to enable deeper analysis and understanding of health inequalities. We understand that we need to reduce the proportion of patient records which currently have a percentage unknown for a number of protected characteristics. For example with regards to ethnicity we found that 15.8% of patient visits in the last year their ethnicity was unknown (this could be due to the patient not being asked or not known due to reasons such as being unconscious or not willing to state), with 73% identifying as White British, 1.9% any other



White background, 1.6% Pakistani or British Pakistani, 1.2% from any other Asian backgrounds and all other recorded ethnicities below 1%.

Through the initial benchmarking exercises as part of the initiation stage of this programme of work, it was found that we regularly record the following protected characteristics for patients; age, marriage/civil partnership, pregnancy/maternity, race, religion/belief, disability and sex.

Through the project the following characteristics have been added or the process for capturing this information has been strengthened;

- Sexual orientation has recently been added to QuadraMed, with changes being made to patient correspondence being provided to patients to inform them as to how they may wish to change this entry in their patient records. Work is underway with GP's to share information held relating to sexual orientation.
- Disability, whilst already captured in QuadraMed, alerts have now been added to the system, to prompt the clinician to identify if any further adjustments need to be made to support the patients care. Going forward it is planned to collate patient disability passports electronically, adding this richer information to QudraMed for review.
- Gender Identification, whilst this is not a protected characteristic, we have made the decision to include this field in QuadraMed and this request has been put forward formally as a change.

To increase the accessibility for patients to provide information on their protected characteristics work is underway to create a patient portal, this will enable those patients who are able and willing to self-disclose their personal information, rather than having to verbally state at an outpatient's reception desk for example deeply personal information. For those patients such as the elderly or with disabilities we will ensure suitable alternatives are in place to support patients who wish to share this information so we can capture it on their behalf.

## **TAKING ACTION TO REDUCE LENGTH OF STAY OR UNPLANNED HOSPITALISATIONS FOR PATIENTS WITH PROTECTED CHARACTERISTICS**

Through the delivery of the Divisional EDI Plans, a number of programmes of work have been completed which have utilised data to help develop new services or bring about service improvements. Examples include:

- The Parkinson's team have created a Trust wide learning package to support patients with Parkinson's getting medications on time. This package has been picked up nationally after being highly commended in the UK Parkinson's Excellence Network Awards as an example of responding to patient need and health inequalities given that research found that 63% of patients with Parkinson's did not receive their medication on time (national findings).
- The Acute Frailty Unit in place at Royal Preston Hospital which provides multidisciplinary integrated and co-ordinated care plans to meet the needs of elderly patients. One of the aims behind this service to support elderly patients to avoid a long hospital stay as they receive the care they need at the time of attendance, as elderly patients spend significantly longer in hospital than younger members of our community.



- The establishment of Frailty Consultant in reach into the Emergency Department. This is in place to try and ensure the shortest possible stay in an acute hospital setting.
- The development of an Acute Frailty Transition Service, again this is to support the reduction in length of stay of elderly patients, as it allows them to be discharged home when patients may not be yet be fit for community service though the provision of Frailty Specialist Practitioner support which includes home visits and telephone contact.
- Any patients over 75 years of age who are discharged from Emergency Department with a fall will be followed up with a phone call.
- Within the Specialist Mobility and Rehabilitation Service we have achieved the Customer Service Excellence Award continuously since 1992 and we reassessed annually by external assessors, ensuring we deliver a high-quality service to patients with a disability.
- From September we introduced the roll out of our virtual ward project designing patient pathways for virtual wards across Respiratory, Frailty and SDEC specialties, with a focus on using digital solutions to support the patient at home during their recovery
- From November we introduced our community health care hub at Finney house using a system partnership collaborative approach to care for patients who no longer meet the criteria to reside in an acute hospital bed but can be supported before returning into the community and thus reducing the impact to patients who may decondition in hospital.

## **HEALTH INEQUALITIES**

- The strategy highlighted the need to combine quality and equality impact assessments into business as usual as part of change process across the organisation, in the last 12 months the equality impact assessment process has been combined and reflected in policy with the quality impact assessment process. This is currently applied to all cost improvement projects and will be developed further this year to include further change programmes.
- To progress the action which was to examine structural health inequalities that may exist within services we have utilised the national CORE20 PLUS 5 programme of work for adults to shape the approach to understanding patients who are on the waiting list who may be at increased risk of harm whilst waiting. The recently published CORE20PLUS5 for children will be used to develop a plan in the next year. Development sessions led by the Director of Public health have been conducted with the Board and divisional leaders to connect public health with acute hospitals and increase awareness and understanding.
- A working group established to manage the risk to patients experiencing length of stay has developed the ability to examine the patients on the waiting list who may be more likely to experience harm due to their protected characteristic. Clinicians are currently reviewing patients who have a diagnosed learning disability and severe mental illness. This will then inform future work and aims to link with community services to utilise existing services to advocate for patients less able to do so.

## **OUR FUTURE FOCUS**

- Take an intersectional approach to evaluation and reporting, enabling us to identify unwarranted variations in experience for both patients and our workforce.
- Improve our methods of understanding barriers to social mobility and career progression of colleagues from all social class backgrounds by seeking to measure the socio-

economic background of our workforce and benchmark our position and progress against the Social Mobility Employer Index.

- Have a clear measurement strategy for all patient facing engagement and involvement groups so we are able to understand impact and improvements delivered through this approach, as well as demonstrating to patients how we have taken forward actions to address their views and experiences. This will include the launch of a new patient/carer forum which will focus on service redesign and developments. The recruitment of the group is being established from all current focus groups enabling a broad spectrum of members from all backgrounds and communities.
- Each service will develop the ability to view outcome measures through the lens of protective characteristic data.
- Through understanding the system and Integrated Care Partnership 'system' data, approaches to prioritising services will consider health inequalities that affect outcomes for our communities.
- Participate in the Integrated Care Partnership Determinants of Health Board.
- Combine quality and equality impact assessments into business as usual as part of change process across the organisation.
- To design and deliver equality impact assessment training, to enable those who produce patient and colleague facing policies, processes and standard operating procedures to competently complete impact assessments.
- To undertake equality impact assessments for appraisal and talent ratings, turnover, sickness absence, training evaluation and education metrics.
- To deliver a campaign which encourages colleagues to update their personal data sets to enable more accurate reporting of protected characteristics.
- The new Patient Experience and Involvement Strategy (2022 -2025) includes a 3-year delivery plan which incorporates health inequalities with a special focus on ensuring processes and plans are inclusive for all diverse communities served by the Trust.
- Embed EDI measures into our organisational governance arrangements to give us clear oversight of how we are progressing from ward to Board.
- Improve the documented evidence of mitigations taken where impacts are recognised and confirm these are sufficient with colleague and community groups.

## **PRINCIPLE 3 – RECOGNISING THE IMPORTANCE OF LIVED EXPERIENCE**

This principle emphasises the importance of understanding, valuing and responding to the lived experience of our communities and colleagues. To provide excellent services and a great place to work we recognise that we need to engage with all groups but ensure the voices of minority groups in particular are engaged to co-produce and co-design as equal partners the shape of our services and type of organisation colleagues wish to work within. To implement Principle 3 the following actions have been taken forward to ensure we consciously recognise the lived experience of patients, our communities and colleagues:

### **FOR PATIENTS**

To learn from the lived experience of our patients in making improvements from our services we have sought to engage relevant patient groups in the design of services, to share their stories so we can reflect, learn and make impactful changes. Patient stories continue to be part of our Board Meeting, with the Divisions replicating this in their divisional board meetings as a way to understand lived experience from our patient and carers and strive to embed best practice in their areas.

In the last 12 months to develop our new Lancashire Eye Centre we engaged with patients, charities from the Visual Impairment Forum to support the development of wayfinding and signage for this new build. Further to this we are currently improving access into the Gordon Hesling Building following feedback on this area. As capital projects are progressed full consideration to access is given and improvements made.

To further engage patients in the development of our services, it is anticipated by implementing our new Patient Experience and Involvement Strategy which sets out the ambition to recruit Patient Experience Champions for all departments to ensure collaborative working and a consistent joint approach through all hospital sites in relation to patient involvement

We have continued to make accessibility a priority across all our procedures, policies, documentation, web sites, internal/external communication and ways of working (e.g. by achieving the NHS England Accessible Information Standard). In the last 12 months we have introduced audio leaflets and provided different colour paper copies, using different font sizes to support visually impaired and neuro diverse communities.

To support in patients with protected characteristics we have sought to ensure ward activities support the wellbeing and aid patient recovery, such as through the implementation of our visual impairment box which includes talking magazines and large font activity books.

The organisations Library and Knowledge Management Service have been leading a national project funded by Health Education England and Public Libraries to bolster the public's digital and health literacy skills, supporting communities across the country to be better able to access health information as a way to support reducing health inequalities. Our Knowledge and Library Services Managers chairs the national group and was recently shortlisted for Chartered Institute of Library and Information Professionals - Knowledge and Information Mobilisation Award, which we were the runner up.

## FOR COLLEAGUES

### UTILISING THE LIVED EXPERIENCE OF COLLEAGUES TO SHAPE HOW WE DO THINGS

As part of the EDI Strategy we committed to **coproducing all our workforce and organisational development policies with the Inclusion Ambassador Forums**, such as by taking drafted policies for discussion, seeking their view on the equality impact assessments, understanding the impact of how our policies are applied on their lived experience. A recent example is the rewriting of the **Transgender Policy**, which was a joint piece of work engaging with the Chair of the LGBTQ+ Ambassador Forum, Diversity and Inclusion Practitioner as well as Dr Lewis Turner who is the chair of Lancashire LGBTQ+.

We have sought the views of our Inclusion Ambassador Forums when helping to shape the EDI Strategy, the actions we need to take to support colleagues with protected characteristics. Similarly we have invited Inclusion Ambassador Groups to reflect on the findings from WRES, WDES and annual National Staff Survey results to identify if this reflects their experience of working with us, what would make the difference and bring about improvements. Following their feedback this has helped to shape the direction we take and what is given priority.

### INVITING COLLEAGUES TO SHARE THEIR EXPERIENCE

To raise awareness, bring about culture change and place diversity and inclusion at the centre of our culture and organisational narrative we have sought to create new ways to encourage conversations about protected characteristics. This includes holding a dedicated **Schwartz Round** to discuss going through hormonal changes in the workplace, the topic of this round has been commended by the Point of Care Foundation as innovative practice. During the round we heard from the panellists and members of the group their experiences of going through different types of hormonal change in the workplace such as menopause and IVF treatment.

We continue to run **Living Library** events, with the last 12 months seeing 3 events being delivered the purpose of which is to help challenge prejudices, enhance learning and understanding of what it is like to have a protected characteristic.



To encourage more regular, personalised conversations about diversity and inclusion, we have changed the focus of **appraisal** at the end of 2021. There is now a dedicated section which prompts appraisers and appraisees to discuss the 'person behind the role', such as exploring their wellbeing, impact of having a protected characteristic, work life balance, carer needs, review of supporting disability agreement, flexible or agile working arrangements and future career plans.

As part of the EDI Calendar we hold regular events to support colleagues with protected characteristics and members of our Inclusion Ambassador Forums to come together to

share their experience around different topics, examples include Bullying and Harassment aligned with Anti Bullying Week, Discrimination aligned to Black History Month.

## **RESPONDING TO HEALTH AND WELLBEING BEING NEEDS OF MINORITY GROUPS**

In this years annual Health Needs Assessment, colleagues with protected characteristics reported slightly higher levels of stress than wider organisational results, they also indicated less satisfaction with their role and social environment than colleagues from majority groups. Through the feedback provided from respondents from minority groups they set out that they would welcome greater access to health and wellbeing information, would welcome policies to be used more fairly, access to longer breaks/more flexible working opportunities, exercise classes, improved equipment to do their job, creating a culture of action with regards to bullying, harassment and abuse as well as providing enhanced support for managing backpain. Further actions need to be taken forward to support improvements in these areas.

Through feedback provided through the annual health needs assessment and progression of the health and wellbeing agenda we have sought to provide dedicated, tailored health and wellbeing support for colleagues with protected characteristics to reduce health inequalities and help colleagues feel well at work. In the last 12 months this has included creation of a **Carers Forum**, a Carers Passport and supporting carers resource pages to support those colleagues who have caring responsibilities alongside their work.

Provided a menopause and significant hormonal changes webinar with 80 attendances, which became a platform for us to subsequently establish focus groups, a network of colleagues to establish a Menopause Forum and a train the trainer programme for **Menopause Champions**.

Ran a **programme of health checks** for colleagues at higher risk of serious illness from COVID-19, including Vitamin D screening, antibody screening, BMI and blood pressure checks. 145 colleagues participated in this and 66 colleagues were subsequently supported following Vitamin D deficiency results, with 35 onward referrals to GPs for other reasons.

As measured through the annual Workforce Disability Equality Standard, we found that 72.6% of colleagues who have a disability of long-term condition or illness say the organisation has made **reasonable adjustments** to enable them to carry out their work. This is slightly above the national average for this measure, however a deterioration compared with our previous years data. We have also found an improvement in the proportion of colleagues with a disability, long term condition or illness who felt under pressure to come into work when not feeling well enough (n+21.7%), this is an improvement from last year and also slightly better than the national average. However it is important to note that further work is still needed as it is slightly above the disparity ratio at 1.28.

## **OUR FUTURE FOCUS**

- To improve the experience of work for our temporary workforce with protected characteristics to reflect that of our substantive colleagues.
- Further evidence targeted health promotion interventions in protected characteristic groups to improve outcomes related to obesity, alcohol and tobacco.

- Continue to ensure all Workforce and Organisational Development policies are reviewed by relevant Ambassador Groups and members of the group are involved in reviewing the diversity impact assessment.
- Review the effectiveness of Supporting Disability in the Workplace Agreement with every colleague who has a disability or long-term condition.
- To review internally if we are fully delivering the information accessibility standard internally for colleagues.
- To review if we are fully delivering the information accessibility standard for patients, their families and members of our community.
- To review Core People Management Skills Programme in partnership with the Inclusion Ambassador Forums to shape content in which to build the competence and confidence of line managers to have conversations with colleagues about their protected characteristics such as during a return-to-work conversation, as part of appraisal, when considering a range of factors which could be impacting on an individuals performance.
- For every structural estate change, or new building development we will commit to engaging with individuals with protected characteristics, specifically those patients who are living with the condition in the design and layout of our physical estate from conception stage to build sign off.
- Work with diverse groups of patients, their families, carers and service users to shape wayfinding and signage to make it easier to navigate when in hospital and transferring care between hospital and community services. This should include accessible interventions for those with additional needs.
- Ensure all new software and equipment goes through a procurement, EIA or accessibility check before it is piloted or purchased.
- All pathway and service redesign will involve the patient voice, providing opportunity for co-design and consultation.
- Explore the use of social prescribing to promote health and wellbeing in community groups.

## PRINCIPLE 4 - BEING REPRESENTATIVE OF OUR COMMUNITY

This principle focusses inward and sets out our ambitions to increasing the diversity of our workforce so it is proportionally representative of our communities. Within the EDI Strategy we have set out ambitious goals which includes increasing the representation of colleagues with protected characteristics, publicly demonstrating our support to recruiting individuals with protected characteristics or who are from more disadvantaged backgrounds or from deprived areas through to supporting colleagues with protected characteristics to reach their full potential and climb the career ladder should they wish.

### INCREASING REPRESENTATION OF COLLEAGUES WITH PROTECTED CHARACTERISTICS

Through the series of annual reports we produce as part of our NHS Contract, we understand our current position with regards to representation for a number of protected characteristics, specifically:

- We have seen **some increases in the percentage of disabled colleagues across our workforce** as a whole, with 4.7% of our non-clinical workforce who identify as disabled and with 4% of our clinical workforce disabled. It is positive to note increase in clinical bands 7 and 8b, as well as in non-clinical bands 7 and 8c. Despite these successes we know that on our Employee Staff Record system, 396 colleagues have recorded they have a disability or long-term condition, however we understand from our National Staff Survey data that we have at least 958 colleagues with a disability and potentially far more than this, given the proportion of people who take part in the survey (typically 50% of total workforce).
- Through the annual Workforce Race Equality Standard we found in the last 12 months that across the majority of the agenda for change bands we have seen **an increase in the percentage of ethnic minority colleagues within our workforce**.
- The greatest representation of ethnic minority colleagues in non-clinical roles are in bands 2 and below (below band 1 tend to be apprentices) and in band 8b (35.71% of band 8b colleagues are from an ethnic minority background). Across all bands with the exception of apprentices, bands 2 and band 8b colleagues ethnic minority colleagues are underrepresented when compared against the Trust wide ethnic minority workforce.
- From a clinical workforce perspective the highest percentage of ethnic minority colleagues can be found in band 5 roles, this could in part be due to extensive international recruitment in the last 12 plus months. With the exception of band 5 clinical roles, ethnic minority colleagues are underrepresented in all other bands when compared against the Trust wider ethnic minority workforce.
- The majority of our workforce is aged over 21 years at 98%, meaning those aged below this are in the minority and the predominant gender is female at 77% which is typical for NHS organisations.

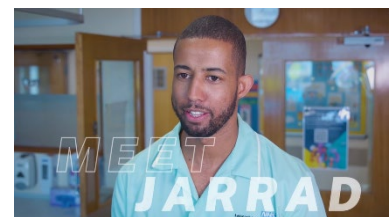
Within both WRES and WDES we measure the likelihood of disabled and ethnic minority candidates being shortlisted. There have been slight improvements in last 12 months in relation to the likelihood of disabled candidates being appointed from shortlisting, showing a reduction of adverse impact for disabled candidates compared against the experience of



non-disabled candidates. However for ethnic minority candidates we need to take action as the race disparity ratio for this indicator has deteriorated since last year, moving to 1.28 (from 1.23). This means that white candidates are 1.28 times more likely to be appointed from shortlisting than candidates from an ethnic minority. The disparity ratio is slightly above the range of 0.8 – 1.2, therefore further action needs to be taken.

To encourage applications from minority groups and to showcase the diversity of our workforce we have produced a number of [short videos](#) highlighting our roles through colleagues Maggie, Jarrad and Zaib sharing their experience of working for us. These videos have dual purpose to highlight the diversity of our workforce and encourage potential applicants to see themselves in our workforce as well as talk about the rewarding nature of the role and type of work through the #bemorelike campaign.

We have produced a **Selection and Assessment Toolkit** for recruiting managers to use, supporting them to develop fair and robust selection processes. The toolkit complements the Core People Management Skills Programme, it contains content on dealing with unconscious biases in shortlisting, selection and interviewing. The toolkit makes clear the equalities act and recruiting managers responsibility, as well as helping users to reflect on their own biases and how they need to be aware of this when entering into any part of the recruitment for new team members.



## DEMONSTRATING OUR COMMITMENT TO CREATING A DIVERSE WORKPLACE

To lay down the right foundations we have sought to commit to several pledges, charters and covenants. The purpose of undertaking these actions has been to assess our own current position against the standards set by external bodies, to reflect on what more we should be doing, to show our commitment to our current workforce and externally to our future workforce alongside patients and the communities we serve. In the last 12 months we have:



Reapplied for and were successful in obtaining **Disability Confident Employer at Level 2**. We have been at level 2 for the last 2 years and made the decision to not apply for Level 3 this year, due to wanting to further embed a number of actions so we are completely fulfilling all aspects of the standards expected.

We have signed up to the **Disability Employment Charter**. This charter sets out nine areas signatories commit to putting in place to address the disadvantage disabled people encounter in their working lives. The charter is predominantly aimed at government and the actions that should be driven forward centrally, through showing our support it will hopefully levy wider change in the support of disabled





individuals, which us as an organisation would welcome and align to our own practices.

We continue to believe in the five steps set out in the **Dying to Work Charter**, which was led by our Staff Side colleagues. The charter asks us as an employer to ensure our sickness absence processes and policies are compassionate towards colleagues with a terminal condition, ensure we have an employee assistance process, provide support to managers who are supporting a colleague with a terminal illness and to promote that we have signed this charter.



In 2021 we created and communicated our own [Working Smarter Pledge](#) to ensure flexible and agile working is embedded within our organisation. The charter sets out the importance of encouraging and supporting agile and flexible working, it also emphasises the importance of colleague wellbeing, compassion towards colleagues, focusing on results rather than presenteeism, all of which can be supportive mechanisms for colleagues who may have a disability of long term condition and if their role allows to work productively, as well as for other colleagues who need greater flexibility due to demands in their home life such as caring responsibilities to be able to succeed at home and work.



As part of our social value and anchor institution work, we have signed up to **Care Leaver Friendly Employer Charter** which is part of **the Care Leavers Covenant** and in addition we committed to a statement of intent, which sets out that we recognise the challenges young people face when they leave the care system, we are prepared to offer support to care leavers through development and employment opportunities via our widening access schemes to support them transition into adulthood and secure the best possible outcomes for them. The next stage in this process is to work with the Covenant team to adopt the behaviours in the charter and take action to mitigate any gaps we may have in our current offer.

## DEVELOPING A TALENT POOL AND SUPPORT CAREER PROGRESSION

Our WRES and WDES data tells us that:

- 52.8% of colleagues with a disability and 60% of colleagues without a disability believed that our organisation provides equal opportunity for career progression or promotion. The disparity ratio falls between 0.8 – 1.2 indicating for this metric there is no adverse impact for colleagues with a LTC or illness. The organisations score is very slightly better than the national benchmark.
- However only 45.5% of ethnic minority colleagues and 44.6% of white colleagues believes our organisation provided equal opportunities for career progression and promotion. Whilst there is no adverse impact for ethnic minority colleagues, it is clear further actions need to be addressed though the delivery of Our People Plan.
- Colleagues from ethnic minority groups are almost 1.5 times less likely to be able to access non mandatory and continuous professional development than their white counterparts. Whilst ability for all colleagues both from white and ethnic minority backgrounds to access training and professional development has reduced substantially from last year probably due to Covid-19, we need to take further action to support a higher proportion of colleagues from an ethnic minority background to develop in the next 12 months.
- 7.1% of the Board's voting membership has an ethnic minority background, compared with an overall workforce of 22.5%, a difference of -17.0%. This negative value of -

17.0% indicated that the percentage of ethnic minority members on the board of directors is lower than in our whole workforce, therefore could be not proportionately representative of our workforce.

- With 7.14% of the Board's voting membership identify as having a disability, this is greater than the NHS average of 3.7%. Further actions are required to understand if there are a proportion of Board members who have not disclosed their disability or long-term illness/condition, as well as taking supportive actions which continue to increase the diversity of Board membership.

To bring about improvements and ensure colleagues with protected characteristics have greater opportunity to access development, are supported in their talent and career aspirations, as well as trying to create greater diversity in colleagues who obtain more senior, executive and non-executive director level posts we have undertaken a number of programmes of work. These include:

### **Inclusive Leadership at Lancs Programme**

The programme was launched mid-2021, with the aim of addressing under representation of ethnic minority groups in more senior positions, to create career opportunities, help retain out talent and a social movement for change by inspiring other ethnic minority colleagues to progress their careers.

The programme took a modular approach and made up of a number of other successful courses already delivered across the organisation, alongside a series of bespoke sessions. This included completing:

- **Talent Management Programme** – which aims to support participants to reflect on their career journey to date and to start to map out the career journey they want moving forwards. It also supports participants to reflect on their values, skills, strengths and areas for development.
- **Core People Management Skills** – this 5-session programme provides new and experienced managers with the fundamental management skills in essential areas of recruitment, induction, performance management, team management, health and wellbeing and what to do when things do not go to plan.
- **Microsystem Coaching Academy Programme** – aims to support participants to have the skills to influence, rethink and redesign services by having the knowledge, skills and abilities to apply quality and continuous improvement science in their teams through taking a team coaching approach.
- **RADA Personal Impact Training** – this consisted of 3 short modules involving actors and role play to support participant to build their personal presence, leadership approach, ability to influence and negotiate.



When the programme was launched there was the expectation that the participants would complete all of the above within a 12-month time period, however in reality this has been challenging to achieve due to pressures in the organisation and the volume of sessions to

attend, this learning will be incorporated into the future design of this programme. Despite delays we are confident that 24 colleagues will complete all elements of the Inclusive Leadership in Lancs Programme by end of March 2023. At this stage we will hold a graduation and seek to involve participants in completing a full evaluation of the programme to inform how we move forward as well as seeking to monitor their career progression over the next 2-3 years.

### **Leadership to the Disabled NHS Directors Network**

Kate Smyth, Non-Executive Director, co-founded the Disabled Network in October 2020 and she continues to act as co-Chair of the Network alongside Peter Reading, Chief Executive of North Lincolnshire and Goole NHS Foundation Trust. The network is open to Executive and Non-Executive Directors with disabilities on the Boards of NHS Trusts, CCGs, ICSs, NHS Arms-Length Bodies and Community Interest Companies and Public Sector Mutuals providing NHS services. The Network set out to raise the standards of disability across all NHS Boards, raise awareness of the benefits of diversity in leadership positions, provide a supportive environment for members to share issues and lobby for improved selection processes for Non-Executives and Lay Members to ensure more accurate representation of the communities that Boards represent – especially in relation to disabled people.

### **ICS Non-Executive Director (NED) Programme**

This system wide programme of work which aims to enable individuals from an ethnic minority background to get a seat at the Board table in our organisations and improve representation at board level. The overarching aim of this programme is to help people from protected characteristics get a seat at the Board table in our organisations and improve representation at Board level. The programme includes a 6-month Shadow Board which through experiential learning will support participants to have a detailed knowledge of the role of an NHS NED, ability to contribute to the strategic direction of the NHS, increased confidence and competence to operate at Board level through chance to develop key skills such as influencing, understanding risks, making informed decisions etc.

In addition to Shadow Board Programme, participants can access mentorship from a pool of Board members across the ICS and participate in further facilitated sessions on CV writing and interview skills for Board level posts. At the time of writing this report, the programme is currently at the recruitment stage, further updates will be reported to the EDI Strategy Group.

### **ENCOURAGING SOCIAL MOBILITY AND WIDENING ACCESS**

The Widening participation team continues to provide career inspiration and opportunities for employment to our local community, through provision of a number of programmes and events designed to support those who are at a disadvantage and aspire to a career in the NHS.

**Work Familiarisation Programme** is a programme that provides work inspired activities both on placement and in the classroom for students with disabilities and severe additional learning needs. In the last 12 months this programme has restarted following the restrictions applied during the pandemic. We welcomed a cohort at each of our hospital sites in September 2022 with an offer of 12 places for students on each programme.

**Pre-Employment Programme**, over the last 12 months we have continued to provide a pre-employment programme aimed at getting a long-term unemployed people within our community back into work. By working with partners including the Department for Work and Pensions and the Princes Trust we offer 20 places per programme. Over the last 12 months we have supported 51 people back into work. These people have been recruited into various departments including healthcare and domestic services.

**Reboot** was introduced in June 2022, this 4-week programme is aimed at supporting potential employees who find the application the application process a barrier to employment but, unlike pre-employment candidates, they have the qualifications and experience. During the programme candidates receive advice and support on application form writing, interview skills, NHS and Trust values, professional conduct, role and responsibilities and work-based shadowing in an area of their choice. Successful candidates receive a guaranteed interview upon completion. In June 2022, 11 people who were unemployed applied and 10 completed the programme successfully, 5 are now employed within the Trust and a further 3 are awaiting recruitment checks to be completed before moving into employment.

**Preston Widening Access Programme** has been running annually since 2014, disadvantaged students from our local area who aspire to study medicine at Manchester University can enrol onto this programme in order to build knowledge skills and experience to support their application form via UCAS. This year's programme started in January 2022, 16 students attending and 9 completed successfully.

**Kick Start** was a government initiative that commenced in March 2022 aimed at people aged 16 to 24 who claim universal credit. Employment on a 26 hour a week contract will be funded via Health Education England and placements to be provided by NHS organisations. Recruitment offers went out to 6 candidates, 3 successfully completed, 1 of which gained full time employment, 1 postponed employment due to maternity leave and 1 is receiving ongoing support to gain employment.

**Inspiring Careers** - Widening participation team have also been holding virtual clinics with schools and colleges supporting them with interview skills, application form writing and career pathway options. Face to face careers activity has now recommenced as of 1<sup>st</sup> September 2022, with the Widening Participation team already in year attending 4 careers events and have a further 5 booked for November 2022. The team will attend Preston Muslim girls school the careers event day in the new year. We will be inspiring this ethnic minority group into NHS careers and exploring opportunities with them ensuring they are on the right academic pathway.

## **ENSURING ALL OUR COLLEAGUES AND COMMUNITY MEMBERS SEE THEMSELVES REFLECTED IN THE IMAGES WE PROMOTE**

We have made a commitment that all images, videos, leaflets, training resources, written publications and animations use images which reflect the full diversity of the communities we serve and our colleagues. As reflected elsewhere in this annual report, we consciously ensure the images reflect our diversity, professions and areas of the organisation.

## OUR FUTURE FOCUS

- Review our recruitment and selection processes from end to end, this includes having as standard diverse recruitment panels and the presence of an equality representative who has the authority to stop selection processes if deemed unfair, along with all interviews for roles banded 8a and above will include a requirement for candidates to demonstrate the legacy of past EDI work they have undertaken.
- Take further steps to increase the representation of minority colleagues to ensure the diversity makeup across all minority and socioeconomic groups is broadly representative of the communities we serve at all levels of our organisation.
- Develop a talent pool database of individuals across the organisation who are considered to be Rising Stars and agree the positive action we will take to filling promotion opportunities with colleagues from underrepresented groups.
- Continue to prioritise and promote the widening access work and programmes in the organisation in order to further enable social mobility through our attraction, recruitment, retention efforts.
- Challenge the barriers that prevent colleagues with protected characteristics progressing (culture, working hours, expectations, flexible working, effectiveness of workplace adjustments) by continually reviewing the effectiveness of our policies, working practices, regular measurement of our organisational culture taking action as required.
- Understand disparities in performance management in colleagues with protected characteristics, specifically in relation to formal performance management processes, appraisal ratings, talent management ratings and ability to access training and development opportunities beyond mandatory training.
- Ensure wider engagement from our diverse communities across all services and divisions, in co-production, listening to feedback and taking actions based on feedback.

## PRINCIPLE 5 – BRINGING ABOUT CHANGE THROUGH EDUCATION AND DEVELOPMENT

Education and raising awareness is an essential part of the strategy, as it helps to inform, change mindsets and create a force for change. This section focusses in on how we are using training and development to support colleagues with protected characteristics, through to how we are using education and awareness to raise the wider workforces understanding of their role in supporting us to deliver the aims of this strategy. Some of the progress in this aim, has also been reported under other aims, this includes the Inclusive Leadership in Lancs Programme, Living Libraries, the Bystander Toolkit and Zero Tolerance approach which is nearly finalised and the refocussed appraisal process.

### REVERSE MENTORING

This is an ICS programme of work, which aims to train a system wide group of reverse mentors and mentees. Reverse mentoring involves a colleague in a senior position being mentored by someone in a more junior position than themselves. The programme will give our senior colleagues and leaders insight into what it is like to be working for our organisations with a protected characteristic or as a member of an underrepresented/marginalised group.

It should provide an opportunity for our leaders, managers and key role holders to engage in honest, open and respectful dialogue about the barriers, issues and problems that LGBTQ+ colleagues, colleagues from minority ethnic groups or with disabilities sometimes encounter while working for us.

We have two members of our Executive Team who have committed to being a reverse mentor, this involves attending a preparation session and then at least 6 sessions with their reverse mentor as a well as attending facilitated reflective practice sessions. We have in this cohort 6 members of our organisation who have protected characteristics who have come forward to be mentors, as part of this process they have undergone mentorship training and offered to put their skills into practice with a senior colleague from across the ICS. The programme is due to come to a close in March 2023 when an ICS wide evaluation will take place. At this stage we will review internally the impact it has had and decide how we may wish to take this forward and implement as an internal scheme also.



### INCLUSIVE, ACCESSIBLE BLENDED LEARNING AND LIBRARY SERVICES

In the last 12 months we have taken the steps to diversify the way we deliver online learning. This has included converting Core Skills training into **3 different languages** which are Gujarati, Hindi and Urdu. By purchasing a language pack we have the ability to produce materials in a wider range of languages to ensure that a language does not prevent our colleagues from learning.



For colleagues with neurodiversity (e.g. dyslexia) or visual impairment we offer to produce a **printable document** which can be printed on different colour paper for discussion and completion with their line manager or colleagues in an educational role.

We have included **subtitles** as an option for users to select for all our multimedia assets to support colleagues and our communities who may have reduced or no hearing.

The Operational Library Services Lead has created and delivered a presentation to University Students on how we tailor our services to support dyslexic library users, the presentation was part of Manchester Metropolitan's University Health Library module and was a great way to showcase our practice. This case study has also been shared with Health Education England as a way to illustrate good practice.

## **LEADERSHIP AND MANAGEMENT SKILLS**

Through the refresh of **Core People Management Skills Programme** in early 2022 we have incorporated EDI in all the sessions we deliver, such as understanding how to effectively raise and deal with micro aggressions using lived experience case studies. Through to under performance management considering the impact of protected characteristics, and in recruitment focussing on how bias can create discrimination and disadvantage.

## **DECOLONISATION OF LEARNING AND DEVELOPMENT**

Across both Organisational Development and Education, work has progress to decolonise our training materials, this has included using inclusive materials, resources and imagery in our leadership and management development offer. Through to encouraging participants to have critical conversations about the impact of colonial legacies on popular theories and literature, alongside the relevance of past published theories and seminal articles in today's culture and different cultures.

In addition to this, we have diversified our simulation equipment through the purchase of Asian and Black skinned manikins, to ensure our learning environment reflects the patients we provide care to.

## **TRAINING EVALUATION**

In the last 12 months, we have reviewed the evaluation process for all development delivered through Organisational Development to include protected characteristics and barriers to learning. This will enable us to understand if colleagues from different minority groups have a different experience both in the classroom and then in their ability to apply their new skills when back in the workplace.

Further to this within Organisational Development we have sought to capture our learner's demographic information as standard in our registration processes. The reason for this is to both understand the diversity of our applicants, where we may need to take positive action and also when



a participant drops out of a programme or fails to attend we proactively get in touch to see if there are any issues as to why they are unable to attend, how we can support their development and resolve any organisational barriers.

## **ENCOURAGING REFLECTIVE LEARNING THROUGH TAKING A JUST AND RESTORATIVE CULTURE APPROACH**

We have implemented a restorative, just and learning culture debrief process to support colleagues who have been involved in employee relations investigations to reflect on lessons learnt at an individual, team and organisational level, as well as consider what hurt or moral injury is still impacting on colleagues and what is needed to help individuals/teams move forward.

In recent months we have taken this approach and sought to apply it to incidents involving patients. As part of taking this restorative and just culture process, we have brought together groups of colleagues who have been involved in challenging circumstances to reflect, to talk about the factors that contributed, how they felt, their reflections and learning, as well as what we can do to help prevent similar incidents from happening in the future.

## **OUR FUTURE FOCUS**

- Finalise the review of current EDI training available to all colleagues to ensure everyone understands their personal responsibility to promote equality, work in line with inclusive practices, challenge inappropriate behaviours and remove any unfair barriers. This will include raising awareness of expected behaviour, terminology, relevant good practices and where to access further guidance and support.
- Deliver Equality Impact Assessment Training for all colleagues and teams who draft policies, guidelines, patient information and colleague communication.
- To deliver an EDI Masterclass Series to equip leaders and managers with the skills, competence and confidence to have conversations with colleagues about ethnicity, religion, disability, sexuality, generational differences aligned to their experience of work, support and additional needs they may have to fulfil their potential.
- Implement a Bystander Intervention Kit which includes further values based and civility resources to help colleagues to tackle uncivil behaviours, discrimination, bullying and harassment.
- To ring fence a proportionally representative percentage of apprenticeships, accredited (e.g. Institute of Leadership and Management Level 2, Consultant Leadership Development etc.) non-accredited (e.g. Continuous Improvement Programmes, Core People Management Skills, Senior Leadership Development etc.) taught programmes for colleagues with protected characteristics.
- To scope, develop and implement an internal reverse mentoring scheme.
- To foster a restorative, just and learning culture by integrating learning from concerns and complaints made by patients, families, carers and colleagues into the organisations learning to improve processes.



## FINANCIAL IMPLICATIONS

Whilst there are limited direct financial implications associated with this report, there are a number of indirect costs which could be incurred if we are unable to progress against the strategic aims outlined. These include:

- Costs associated with missed appointments from patients who may have lower health literacy skills, from a poorer demographic background, or minority group.
- Increased treatment costs for patients with health inequalities.
- There is no ceiling for the maximum amount which could be awarded from a potential employment tribunal with a discrimination claim.
- The associated costs for colleague turnover, this includes impact on team morale which can impact on levels of productivity, impact on reputation, time to hire and needing to use temporary worker colleagues, as well as time spent recruiting and upskilling.

## LEGAL IMPLICATIONS

As a public sector body, we are governed by the Public Sector Equality Duty which came into force in 2011 alongside the Equality Act 2010. As part of this we are obliged to meet the objectives set out which include:

- a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities to publish:

- equality objectives, at least every four years,
- information to demonstrate their compliance with the public sector equality duty.

This annual report and the EDI Strategy supports the transparency with regards to the objectives we are taking to improve diversity and inclusion alongside our data profile. In conjunction with this report, the Workforce Race Equality Standard, Workforce Disability Equality Standard and the Gender Pay Gap report support further transparency with regards to our data and experience of colleagues from certain protected characteristics.

## RISKS

The risks to not progressing against the EDI strategy are in part documented within the financial and legal implications. Further to this wider risks include:

- Ability to analyse our patient data by all 9 protected characteristics is limited due to system limitations, this makes it more challenging to understand any health inequalities that may exist, alongside measure any impact through actions taken in delivering the strategic aims.
- Negative impact on the experience of work for colleagues with protected characteristics.
- Increased discrimination claims.

- Reduction in overall levels of colleague engagement and satisfaction as measured by the National Staff Survey and the National Quarterly Pulse Survey.
- Reduced reputation as an inclusive employer
- A workforce that is not representative of the communities we serve.
- A workforce that is not representative at all levels and professions.
- A workforce which is not consciously inclusive, or possess the skills, knowledge, confidence and competence to tackle discrimination and deliver inclusive working practices.
- Inability to progress social value work through increasing the diversity of our workforce which in turn supports our communities to thrive.
- Increased health in equality gap.
- Services which do not meet the unique needs of our local populations.
- Inability to achieve CQC standards around equality, diversity and inclusion of the services we offer.
- In ability to deliver on the NHS People Plan and the NHS People Promise Element - We Are Compassionate and Inclusive.
- Not keeping up with developments in diversity and inclusion from a patient, community and workforce perspective.

## **IMPACT ON STAKEHOLDERS**

The stakeholders are patients, their families, the wider community, our current and future workforce. All of these groups could be negatively impacted if we fail to deliver on all aspects of the EDI strategy.

## **RECOMMENDATIONS**

It is recommended that Board approve the paper for external publication.

# APPENDIX 1



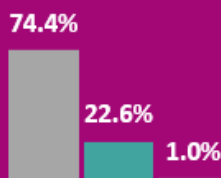
## THE WORKFORCE RACE EQUALITY STANDARD



The NHS Workforce Race Equality Standard (WRES) was devised to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. There are nine WRES indicators. The infographic (for 2022) below highlights any differences between the experience and treatment of White colleagues and ethnic minority colleagues, as an organisation we are committed closing those gaps through the development and implementation of actions to bring about continuous improvement over time.

### OUR DATA AND KEY FINDINGS

#### REPRESENTATION



■ White ■ BME ■ Not stated

#### APPOINTMENTS

White candidates are **1.28** times more likely than ethnic minority candidates to be appointed from shortlisting

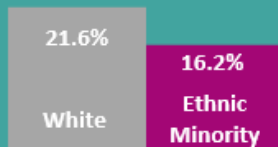
#### DISCIPLINARY PROCESS

Ethnic minority colleagues are **0.74** times less likely to enter a formal disciplinary process than white colleagues

#### TRAINING AND DEVELOPMENT

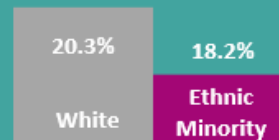
White colleagues are **1.48** times more likely to access non-mandatory training and CPD compared to ethnic minority colleagues

#### BULLYING AND HARRASSMENT FROM PAITENTS AND THE PUBLIC



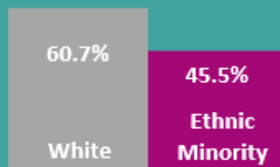
**16.2%** of Ethnic Minority colleagues experienced harassment, bullying or abuse from patients, relatives or public in the last 12 months

#### BULLYING AND HARRASSMENT FROM COLLEAGUES



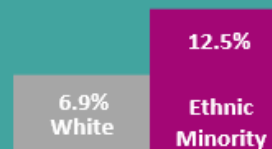
**18.2%** of Ethnic Minority colleagues experienced harassment, bullying or abuse from other colleagues in the last 12 months

#### CAREER PROGRESSION



**45.5%** of Ethnic Minority colleagues believe that the Trust provides equal opportunities for career progression or promotion

#### DISCRIMINATION



**12.5%** of Ethnic Minority colleagues reported experiencing discrimination from their manager / team leader / colleagues within last 12 months

#### BOARD MEMBERSHIP

1 Board Member identifies as belonging to a non-white ethnic minority group out of a total of 15 Board Members



# The Workforce Disability Equality Standard



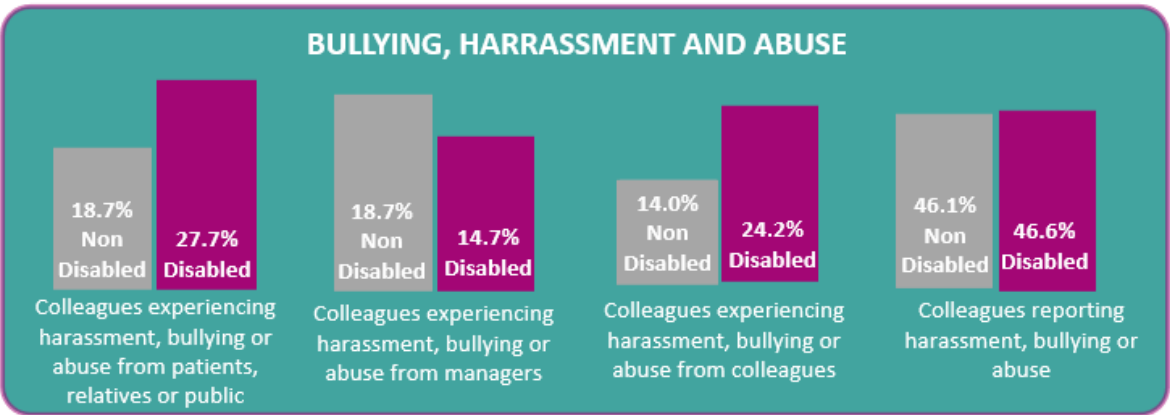
The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The infographic below (for 2022) highlights the differences between the experience and treatment of Disabled colleagues and Non-Disabled colleagues, as an organisation we are committed to closing those gaps through the development and implementation of actions to bring about continuous improvement over time.

## OUR DATA AND KEY FINDINGS

**REPRESENTATION**  
**4.2%** of colleagues have declared they have a disability or long term health condition.

**SHORTLISTING**  
 Non-disabled colleagues are **1.21** times more likely to be appointed from shortlisting.

**CAPABILITY PROCESS**  
 Disabled colleagues are **5.56** times more likely to enter the formal capability process.



**CAREER PROGRESSION**  
**52.8%** of Disabled colleagues believe that the Trust provides equal opportunities for career progression or promotion, compared with 60.0% of Non-Disabled colleagues.

**PRESSURE TO WORK**  
**27.9%** of disabled colleagues have felt pressure from their manager to come to work, despite not feeling well enough to perform duties., compared with 21.7% of Non-Disabled colleagues.

**FEELING VALUED**  
**35.8%** of Disabled colleagues are satisfied with the extent to which their organisation values their work, compared with 47.0% Non-Disabled Colleagues.

**REASONABLE ADJUSTMENTS**  
**72.6%** Of Disabled colleagues saying their employer has made adequate adjustments to enable them to carry out their work.

**STAFF ENGAGEMENT SCORE**  
 Disabled colleagues feel less engaged at work  
**6.4/10** Disabled  
**7/10** Non-disabled

**BOARD MEMBERSHIP**  
 1 Board Member identifies with having a disability or long term health condition out of a total of 15 Board Members



# Council of Governors Report

## Review of Standing Orders and Code of Conduct

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 January 2023
<b>Report of:</b>	Company Secretary	<b>Prepared by:</b>	J Foote
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input checked="" type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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### Executive Summary:

Council will recall that it reviewed and approved the constitution at its meeting in November with the dual aim of ensuring the revised constitution would be agile and fit for purpose for new ways for working under an Integrated Care System and was compliant with the requirements of the Health & Care Act 2022. The Standing Orders and Code of Conduct for Governors have since been reviewed with advice from Hempsons to ensure consistency with the new version of the constitution and are now submitted for Council approval.

The revision received input, scrutiny and oversight from a working group of governors established for that purpose.

### Trust Strategic Aims and Ambitions supported by this Paper:

<b>Aims</b>	<b>Ambitions</b>	
To offer excellent health care and treatment to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care <input checked="" type="checkbox"/>
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work <input checked="" type="checkbox"/>
To drive innovation through world-class education, teaching and research	<input checked="" type="checkbox"/>	Deliver Value for Money <input checked="" type="checkbox"/>
		Fit For The Future <input checked="" type="checkbox"/>

### Previous consideration

Constitution Review Working Group

## 1. Standing Orders

Standing Orders are the byelaws or rules that Council makes for the conduct of its business. They are ancillary to the constitution and require only the approval of Council to come into effect. The revised Standing Orders are set out at Appendix 1 (the formatting will be completed once the Standing Orders are approved in final form).

## 2. Areas of Revision and Working Group Rationale

<b>Amendment</b>	<b>Rationale</b>
Updated names, terminology and references throughout to comply with Health & Care Act 2022 and other legislation	Required for the document to be compliant with statute.
Neatening of references and narrative to avoid duplication and allow for clarity of guidance	The Standing Orders contained a number of areas of duplication and clauses which benefitted from more succinct drafting by Hempsons, but which did not alter the intent.
Revised wording for SO 6 (resolution of disputes with the Board)	The previous version was cumbersome and overly detailed. The more streamlined reference allows for both flexibility and clarity of process.
Articulation of process to allow alternate Local Authority appointed governors	Advice from Hempsons is that this is not explicitly required. The process should follow whatever process is in place at each Local Authority as they are the appointing authority for their representatives. Each Local Authority has been given the opportunity to identify a named alternate representative.

## 3. Code of Conduct

The form and substance remain unaltered but the wording has been drafted to be more concise and to avoid duplication. The revised Code of Conduct is set out at Appendix 2.

## 4. Financial implications

Legal costs for advice and drafting by Hempsons.

## 5. Legal implications

Together with the constitution and Terms of Reference, Standing Orders and Codes of Conduct form the legal framework for the business of the Board and Council.

## 6. Risks

A regular review of all framework documents ensures that the business of the Trust can be undertaken in a compliant and consistent manner.

## 7. Impact on stakeholders

Clear governance framework documents should have a positive impact.

## 8. Recommendations

The Council of Governors is recommended to approve the revised Standing Orders and Code of Governance.

COUNCIL OF GOVERNORS – STANDING ORDERS





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## 1. INTRODUCTION

- 1.1 Lancashire Teaching Hospitals NHS Foundation Trust is a statutory body which became a public benefit corporation on 1 April 2005 following its authorisation as an NHS Foundation Trust.
- 1.2 The principal places of business of the Trust are:
- Chorley and South Ribble Hospital, Preston Road, Chorley, Lancashire, PR7 1PP
  - Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston, Lancashire, PR2 9HT
- 1.3 NHS Foundation Trusts are governed by Acts of Parliament, by their Constitutions and by the terms of their provider licences (“the regulatory framework”).
- 1.4 The functions of the Trust are conferred by the regulatory framework. As a body corporate the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable. The Trust also has a common law duty as a bailee for patients' property held by the Trust on behalf of patients.
- 1.5 The regulatory framework requires the Council of Governors to adopt Standing Orders (“SOs”) for the regulation of its proceedings and business.

## 2. INTERPRETATION

- 2.1 Save as permitted by law and subject to the Constitution, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which they shall be advised by the Company Secretary).
- 2.2 Any expression to which a meaning is given in the National Health Service Act 2006 (“2006 Act”) (as amended) or in any Regulations or Orders made under the 2006 Act shall have the same meaning in the interpretation of these Standing Orders and in addition:

“Chair of the Trust” or “Chair”	is the person appointed by the Council of Governors to lead the Board of Directors and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression “the Chair of the Trust” or “Chair” shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.
“Chief Executive”	means the chief officer of the Trust.
“Code of Governance”	means the <i>Code of governance for NHS provider trusts</i> (NHS England, October 2022) or any later version of the Code that may be published by NHS England from time to time.
“Company Secretary”	means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and to monitor the Trust’s compliance with the law, the regulatory framework and these Standing Orders.
“Constitution”	means the Constitution of the Trust.

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“Council of Governors” or “Council”	means the Council of Governors of the Trust.
“Board of Directors” or “Board”	means the Chair, Executive and Non-Executive Directors of the Trust collectively as a body.
“Executive Director”	means a member of the Board of Directors who holds an executive office of the Trust.
“HSCA”	means the Health and Social Care Act 2012.
“Lead Governor”	means the governor appointed to exercise the role set out in SO 4.2(a) below.
“Licence”	means the licence granted to the Trust in accordance with Section 88 of the HSCA.
“Member of the Council” or “Governor”	means a Governor of the Trust. “Member of the Council” in relation to the Council of Governors does not include the Chair.
“Motion”	means a formal proposition to be discussed and voted on during the course of a meeting.
“NHS England”	means the body corporate established pursuant to Section 1H(1) of the 2006 Act.
“Non-Executive Director”	means a member of the Board of Directors who does not hold an executive office of the Trust, including the Chair.
“Officer”	means an employee of the Trust.
“Senior Independent Director”	is the Non-Executive Director appointed to fulfil the role of senior independent director as described in the Code of Governance.
“SOs”	means these Standing Orders.
“Sub-group”	means a group of governors, directors and/or other persons appointed by the Council of Governors to assist it with the discharge of its functions.
“Trust”	means Lancashire Teaching Hospitals NHS Foundation Trust.
“Vice Chair”	means the Non-Executive Director appointed by the Board of Directors to take on the Chair’s duties if the Chair is absent for any reason.

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### **3. THE COUNCIL OF GOVERNORS**

#### **Composition of the Council of Governors**

- 3.1. The Council of Governors shall be constituted in accordance with paragraph 11.6 of the Constitution.

#### **Role of the Chair**

- 3.2. The Chair is not a member of the Council of Governors. However under the regulatory framework, they preside at meetings of the Council of Governors and have a casting vote.
- 3.3 Where the Chair has died or has ceased to hold office, or where they are unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform their duties, be taken to include references to the Vice-Chair.

### **4. THE LEAD GOVERNOR**

- 4.1 The Council of Governors shall adopt such process to appoint the Lead Governor as it considers appropriate from time to time.
- 4.2 The Lead Governor shall exercise the role set out in paragraph 4 of Appendix B to the Code of Governance.

### **5. MEETINGS OF THE COUNCIL**

#### **Admission of the public**

- 5.1 All meetings of the Council of Governors are to be held in public unless the Council of Governors decides otherwise in relation to all or part of a meeting for special reasons, such as for reasons of commercial confidentiality.
- 5.2 The Chair may exclude any member of the public, or the public generally, from a meeting of the Council of Governors if the attendance of the public generally or specific individuals is interfering with, or preventing, the proper conduct of the meeting.
- 5.3 Nothing in these Standing Orders shall require the Council to allow members of the public to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place, without the prior agreement of the Council.

#### **Calling meetings**

- 5.4 There shall be 4 meetings of the Council of Governors in any financial year, except in exceptional circumstances.
- 5.5 Meetings of the Council may be called by the Company Secretary or by the Chair of the Trust. Eight members of the Council of Governors (including at least two elected members and one appointed member) may request the Company Secretary to call a meeting of the Council of Governors by giving written notice to the Company Secretary

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requesting that a meeting is called and specifying the business to be carried out. The Company Secretary shall send a written notice to all members of the Council of Governors as soon as possible after receipt of such a request. The Company Secretary shall call a meeting on at least fourteen but not more than twenty-eight days' notice to discuss the specified business. If the Company Secretary fails to call such a meeting then the Chair or four (or more) members of the Council shall call a meeting on at least fourteen days' notice.

### **Notice of meetings**

- 5.6 The Company Secretary, in order to give written notice of meetings of the Council of Governors, shall provide the members of the Council of Governors with a calendar for each year setting out the dates for the Council of Governors meetings for that year. Notice of each Council of Governors meeting will also be published in appropriate local media, the members' newsletter and on the Trust's website.
- 5.7 If an extraordinary meeting of the Council of Governors needs to be called, the Company Secretary shall send written notice to each member of the Council of Governors by e-mail to the e-mail address provided for that purpose by the relevant member of the Council. The Company Secretary shall provide such notice of the meeting as they consider appropriate in the circumstances. The notice of the meeting shall specify the business proposed to be transacted at it and shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf.
- 5.8 Lack of service of the notice on any member of the Council shall not affect the validity of a meeting.
- 5.9 In the case of a meeting called by members of the Council or the Chair in default of the Company Secretary, the notice shall be signed either by those members of the Council or the Chair and no business shall be transacted at the meeting other than specified in the notice.
- 5.10 Agendas will be sent to members of the Council before each meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than three clear days before the meeting, save in the case of emergencies or the need to conduct urgent business.

### **Setting the agenda**

- 5.11 The Council may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted.
- 5.12 A member of the Council desiring a matter to be included on an agenda shall make their request in writing to the Chair or the Company Secretary at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests shall be included on the agenda at the discretion of the Chair.

### **Petitions**

- 5.13 Where a petition has been received by the Trust, the Chair shall include the petition as an item for the agenda of the next Council meeting.

### **Chair of Meeting**

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5.14 At any meeting of the Council, the Chair, if present, shall preside. If the Chair is absent from the meeting the Vice-Chair, if there is one and they are present, shall preside. If the Chair and Vice-Chair are absent, one of the Non-Executive Directors shall preside. Where the Chair, Vice-Chair and other Non-Executive Directors are all absent, an appropriate representative will be appointed from amongst the Governors present at the meeting to preside at the meeting and have a casting vote. This will normally be the Lead Governor where they are present at the meeting.

5.15 If the Chair is absent temporarily or is disqualified from participating in the meeting on the grounds of a declared conflict of interest, the Vice-Chair, if present, shall preside. If the Chair and Vice Chair are absent, or are disqualified from participating in the meeting, such Non-Executive Director as the members of the Council present shall choose, shall preside. Where the Chair, Vice-Chair and other Non-Executive Directors are all absent or have a conflict of interest, an appropriate representative will be appointed from amongst the governors present at the meeting, to preside at the meeting and have a casting vote. This will normally be the Lead Governor where they are present at the meeting.

#### **Notices of motion**

5.16 A member of the Council desiring to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Chair or the Company Secretary. The Chair may, at their discretion, insert in the agenda for the meeting any notice so received. Subject to SO 5.9, this paragraph shall not prevent any motion being moved during the meeting, without notice, on any business mentioned on the agenda.

#### **Withdrawal of motion or amendments**

5.17 A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

#### **Motion to rescind a resolution**

5.18 Notice of a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member of the Council who gives it and also the signature of four other Council members. When any such motion has been disposed of by the Council, it shall not be competent for any member other than the Chair to propose a motion to the same effect within six months. However, the Chair may do so if they consider it appropriate.

#### **Motions**

5.19 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

5.20 When a motion is under discussion or immediately prior to discussion, it shall be open to a member of the Council to move:

- an amendment to the motion
- the adjournment of the discussion or the meeting
- that the meeting proceed to the next business (\*)
- the appointment of an ad hoc committee to deal with a specific item of business

- 
- that the motion be now put (\*)
  - a motion resolving to exclude the public under SO 5.1.

(\*) In the case of sub-paragraphs denoted by (\*) above to ensure objectivity, motions may only be put by a member of the Council who has not previously taken part in debate and who is eligible to vote.

- 5.21 No amendment to the motion shall be admitted, if in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

### **Chair's ruling**

- 5.22 Statements of members of the Council made at meetings of the Council shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

### **Voting**

- 5.23 If a question is put to the vote, then, subject to SO 5.24 and 5.29 below, it shall be determined by a majority of the votes of the members of the Council present and voting on the question and, in the case of the number of votes for and against a motion being equal, the Chair of the meeting shall have a second or casting vote.
- 5.24 No resolution of the Council of Governors shall be passed if it is opposed by all of the public governors present.
- 5.25 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression, by a show of hands, by a paper ballot or by a ballot held electronically.
- 5.26 If at least one-third of the members of the Council present so request, the voting (other than by paper ballot or electronic ballot) on any question may be recorded to show how each member of the Council present voted or abstained.
- 5.27 If a member of the Council so requests, their vote shall be recorded by name upon any vote (other than paper ballot or electronic ballot).
- 5.28 In no circumstances may an absent member of the Council vote by proxy. Absence is defined as being absent at the time of the vote.
- 5.29 Appointments to the sub-groups of the Council of Governors shall be reported to the next meeting of the Council of Governors for approval. In the event that two or more candidates receive an equal number of votes, the Council of Governors determine the process to be followed.

### **Participation in meetings**

- 5.30 The members of the Council of Governors may participate in meetings of the Council by means of telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.

### **Minutes**



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- 5.31 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting.
- 5.32 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the meeting.
- 5.33 Minutes shall be circulated in accordance with the members of the Council's wishes. Where the minutes are a record of a meeting held in public, they shall be made available to the public.

### **Suspension of Standing Orders**

- 5.34 Except where this would contravene any statutory provision or any direction made by NHS England, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Council are present, including one public governor and one staff governor, and that a majority of those present vote in favour of suspension.
- 5.35 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.
- 5.36 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and members of the Council.
- 5.37 No formal business may be transacted while Standing Orders are suspended.

### **Variation and amendment of Standing Orders**

- 5.38 These Standing Orders shall be amended only if:
- a notice of a motion under Standing Order 5.16 has been given; and
  - no fewer than half of the total number of the Trust's Governors vote in favour of amendment; and
  - at least two-thirds of the Council members are present; and
  - the variation proposed does not contravene a statutory provision or direction made by NHS England.

### **Attendance**

- 5.39 The minimum level of attendance for all Governors per annum is 3 out of 4 Council meetings and 5 out of 8 training events (with any absence due to ill health or exceptional circumstances being recognised). The names of the Chair and members of the Council present at each meeting and each training event shall be recorded in the minutes.

### **Quorum**

- 5.40 No business shall be transacted at a meeting of the Council unless at least nine members are present, of which at least one must be a public Governor and at least one must be a staff Governor or an appointed Governor.
- 5.41 If a member of the Council has been disqualified from participating in the discussion on any matter and / or from other voting on any resolution by reason of the declaration of a

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conflict of interest (see Standing Order 8 or 9) they shall no longer count towards the quorum. If a quorum is then not available for the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

### **Written resolutions**

- 5.42 The Council of Governors may use the process for proposing/ adopting a written resolution set out in SOs 5.43 to 5.49 (inclusive) to enable them to transact business between meetings of the Council of Governors. This process shall not be used to replace meetings of the Council of Governors.

### **Proposing written resolutions**

- 5.43 At the Chair's request, the Company Secretary shall propose a written resolution to the Governors.
- 5.44 A written resolution is proposed by giving notice of the proposed resolution to the Governors. Such notice shall stipulate:
- (a) the proposed resolution; and
  - (b) the long-stop date by which the written resolution is to be adopted, which shall be not less than ten (10) days from the date the written resolution is dispatched by the Company Secretary.
- 5.45 Notice of a proposed written resolution must be given in writing to each governor. Notice by e-mail or post is permitted.

### **Adopting written resolutions**

- 5.46 A proposed written resolution shall be adopted when it has been signed and returned to the Company Secretary by e-mail or post by a majority of the Governors.
- 5.47 For the avoidance of doubt, the proposed written resolution shall lapse if it has not been signed and returned by the requisite number of Governors pursuant to SO 5.46 above, by the longstop date.
- 5.48 Once a written resolution has been adopted, it shall be treated as if it had been a decision taken at a Council of Governors' meeting in accordance with these Standing Orders.
- 5.49 The Company Secretary shall ensure that the Trust keeps a record, in writing, of all written resolutions for at least six (6) years from the date of their adoption.

## **6. SUB-GROUPS**

- 6.1 Subject to such directions and guidance as may be issued by NHS England, the Council may, and if directed by NHS England shall, appoint Sub-groups of the Council to assist the Council in the proper performance of its functions under the Constitution and the regulatory framework, consisting of its members, Directors and/or other persons.

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- 6.2 A Sub-group appointed under this SO 6 may, subject to such directions as may be given by NHS England or the Council, appoint groups consisting wholly or partly of members of the Sub-group.
- 6.3 The Standing Orders of the Council, as far as they are applicable, shall apply with appropriate alteration to meetings of any Sub-groups established by the Council. In which case the term “Chair” is to be read as a reference to the chair of the Sub-group as the context permits, and the term “member of the Council” is to be read as a reference to a member of the Sub-group also as the context permits.
- 6.4 Each Sub-group shall have such terms of reference and shall be subject to such conditions as to reporting back to the Council as the Council shall decide and shall be in accordance with the regulatory framework and any direction or guidance issued by NHS England. Such terms of reference shall have effect as if incorporated into these standing orders.
- 6.5 The Council shall approve the appointments to each of the Sub- groups which it has formally constituted.
- 6.6 Where the Council is required to appoint persons to undertake statutory functions, and where such appointments are to operate independently of the Council, such appointment shall be made in accordance with applicable statute and regulations and with guidance issued by NHS England.
- 6.7 The Sub-groups established by the Council shall be such Sub-groups as are required to assist the Council in discharging its responsibilities.
- 6.8 In accordance with the Trust Constitution, the Council cannot delegate any of its powers and accordingly, any Sub-group established by the Council will not have executive powers.

## **7. RESOLUTION OF DISPUTES BETWEEN THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS**

- 7.1 Should a dispute arise between the Council of Governors and the Board of Directors then the disputes resolution procedure set out below shall be followed.
- 7.2 The Chair, or the Senior Independent Director (if the dispute involves the Chair), shall first endeavour, through discussion with Governors and Directors or, to achieve the earliest possible resolution, representatives appointed by them to act on their behalf for these purposes, to resolve the matter to the reasonable satisfaction of both parties. The senior independent director shall also be available to governors and directors if they have concerns which contact through normal channels has failed to resolve or for which normal contact is inappropriate.
- 7.3 Failing resolution under SO 7.2above, the Chair or the Senior Independent Director may propose such further steps as they consider appropriate to try and resolve the dispute, for agreement by the parties.
- 7.4 Nothing in this procedure shall prevent the Council of Governors, if it so desires, from informing NHS England that, in the Council of Governors’ opinion, the Board has not responded constructively to concerns of the Council of Governors, that the Trust is not

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complying with the 2006 Act or meeting the terms of its Constitution and/ or its Licence.

## **8. DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS**

### **Declaration of interests**

- 8.1 Any member of the Council who has a material interest in a matter, as defined below, shall declare such interest on their behalf or on behalf of their partner or close family member, to the Council. All current Council members should declare such interests. Any new Council members should do so on appointment.
- 8.2 Interests which should be regarded as “material” are as follows:
- (a) any directorship of a company;
  - (b) any interest held by a Governor in any firm or company or business which, in connection with the matter under consideration, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust;
  - (c) any interest in a voluntary or other organisation providing health and social care services to the National Health Service;
  - (d) a position of authority in a charity or voluntary organisation in the field of health and social care;
  - (e) any connection with any organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust including but not limited to lenders or banks.
- 8.3 Interests which should not be regarded as “material” are as follows:
- (a) shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange;
  - (b) an employment contract held by a staff Governor;
  - (c) an employment contract with a local authority held by a local authority Governor;
  - (d) an employment contract with a partnership organisation held by a partnership Governor.
- 8.4 At the time Council members’ interests are declared, they should be recorded in the Council minutes. Any changes in interests should be declared at the next Council meeting following the change occurring.
- 8.5 Details of interests of Governors likely or possibly seeking to do business with the NHS should be declared and referred to in the Trust’s annual report. The information should be kept up to date.
- 8.6 During the course of a Council meeting, if a conflict of interest is established, the member of the Council concerned:
- (a) shall withdraw from the meeting and play no part in the relevant discussion or decision; and
  - (b) shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

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- 8.7 If Council members have any doubt about the relevance of an interest, this should be discussed with the Chair. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.
- 8.8 This Standing Order 8 applies to a Sub-group of the Council as it applies to the Council and applies to a member of any such Sub-group as it applies to a member of the Council.

### **Register of Interests**

- 8.9 The Company Secretary will ensure that a register of interests is established to record formally declarations of interests of Council members. In particular, the register will include details of all directorships and other material interests which have been declared by Council members, as defined in Standing Order 8.2, and all pecuniary interests which have been declared by Council members, as defined in Standing Order 9.
- 8.10 These details will be kept up to date by means of a regular review of the register, in which any changes to interests declared will be incorporated. However each and every Council member is responsible for notifying the Company Secretary of any change to their declarations of interest in writing as soon as practicable following any such change arising (which shall include the existence of any new material, or pecuniary, interest).
- 8.11 The register will be available to the public and the Company Secretary will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it.
- 8.12 In establishing, maintaining, updating and publicising the register, the Trust shall comply with all guidance issued from time to time by NHS England.

### **9. DISABILITY OF CHAIR AND MEMBERS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST**

- 9.1 Subject to the following provisions of this Standing Order, if the Chair or any member of the Council has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- 9.2 The Council may exclude the Chair or member of the Council from a meeting of the Council while any contract, proposed contract or other matter in which they have a pecuniary interest, is under consideration.
- 9.3 For the purpose of this Standing Order the Chair or member of the Council shall be treated, subject to SO 9.4, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:
- (a) they, or a nominee of theirs, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or
  - (b) they, are a partner of, or are in the employment of a person with whom the

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contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration.

and in the case of persons living together the interest of one spouse or partner shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

9.4 The Chair or member of the Council shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

- (a) of their membership of a company or other body, if they have no beneficial interest in any securities of that company or other body;
- (b) of an interest in a company, body or person with which they are connected as mentioned in SO 9.3 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member of the Council in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

9.5 Where the Chair or a Governor:

- (a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and
- (b) the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and
- (c) if the share capital is of more than one class, the total nominal value of shares of any one class in which they have a beneficial interest does not exceed one-hundredth of the total issued share capital of that class;

this Standing Order shall not prohibit them from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to their duty to disclose their interest.

9.6 This Standing Order 9 applies to a Sub-group of the Council as it applies to the Council and applies to a member of any such Sub-group as it applies to a member of the Council.

## **10. STANDARDS OF BUSINESS CONDUCT POLICY**

10.1 Governors should comply with the Trust's Code of Business Conduct, the requirements of the regulatory framework, including the Constitution and any guidance and directions issued by NHS England.

### **Interest of Governors in contracts**

10.2 If it comes to the knowledge of a Governor that a contract in which they have any pecuniary interest not being a contract to which they are a party, has been, or is proposed to be, entered into by the Trust, they shall, at once, give notice in writing to the Company Secretary of the fact that they are interested therein. In the case of persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

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- 10.3 A Governor must also declare to the Company Secretary any other employment or business or other relationship of theirs, or of their cohabitating spouse or partner, that might reasonably be predicted could conflict with the interests of the Trust.

#### **Canvassing of, and recommendations by members of the Council in relation to appointments**

- 10.4 Canvassing of Governors of the Trust or of any committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this Standing Order 10.4 shall be included in application forms or otherwise brought to the attention of candidates.
- 10.5 A member of the Council shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this Standing Order shall not preclude a member of the Council from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.
- 10.6 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the Panel or Committee.

#### **Relatives of members of the Council or Officers**

- 10.7 Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member of the Board or Council of Governors or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render them liable to summary dismissal. The contents of this Standing Order 10.7 shall be included in application forms or otherwise brought to the attention of candidates.
- 10.8 The Chair and every member of the Council and officer of the Trust shall disclose to the Chief Executive any relationship between themselves and a candidate of whose candidature that member of the Council or officer is aware.
- 10.9 On appointment, members of the Council should disclose to the Council whether they are related to any other member of the Council or holder of any office in the Trust.
- 10.10 Where the relationship to a member of the Council of the Trust is disclosed, the Standing Order headed "disability of Chair and members of the board in proceedings on account of pecuniary interest" (SO 9) shall apply.

### **11. MISCELLANEOUS**

#### **Standing Orders to be given to members of the Council**

- 11.1 It is the duty of the Company Secretary to ensure that existing members of the Council and all new members are notified of and understand their responsibilities within these Standing Orders. Updated copies shall be issued to staff designated by the Chief Executive. New designated officers shall be informed in writing and shall receive copies where appropriate of the Standing Orders.

#### **Review of Standing Orders**

- 11.2 These Standing Orders shall be reviewed at least every three years. The requirement for review extends to all documents having the effect as if incorporated in Standing Orders.

## Code of conduct for governors

As a governor of Lancashire Teaching Hospitals NHS Foundation Trust, I will at all times (and not only when acting in the role of governor):

- support the aims and vision of the foundation trust and the Lancashire and South Cumbria Integrated Care Partnership
- adhere to the foundation trust's values (as set out in the Appendix to this code)
- act in the best interests of the foundation trust and the Lancashire and South Cumbria Integrated Care Partnership
- value and respect everyone with whom I come into contact and treat them with dignity and fairness
- act with integrity and objectivity, without any expectation of personal benefit
- demonstrate high standards of personal conduct, including upholding the seven principles in public life (also known as the Nolan Principles and set out in the Appendix to this code)
- conduct myself in a manner that reflects positively on the foundation trust, acting as an ambassador for the trust
- not use my position for personal advantage or to raise personal issues nor seek improperly to confer an advantage or disadvantage on any other person
- not make, permit or knowingly allow to be made, any untrue or misleading statement relating to my role or duties as a governor of the foundation trust.

In my role as a governor, I will:

- work constructively and collaboratively with my fellow governors and colleagues in the NHS and the wider community;
- contribute effectively to the work of the council of governors in the fulfilment of its role, as set out in the constitution
- seek to ensure that the decisions of the council of governors take full account of the needs and views of patients, carers, visitors, local people, staff and partner organisations with appropriate consultation
- seek to ensure that, individually and collectively, governors uphold the foundation trust's commitment to equality and diversity and seek alternative methods of engaging with hard-to-reach groups
- respect appropriate confidentiality of information received in my role as governor and ensure that I adhere to the principles of privacy and dignity within my role



- make every effort to attend meetings of the council of governors, workshops, annual members' meetings and training events to enable me to carry out the role of governor to the best of my ability and, as a minimum, attend at least three out of four council of governors meetings each year and five out of eight training events arrive punctually and ready to participate in each council of governors meeting, workshop and/or training event, adhere to good practice in the conduct of the meeting, workshop and/or training event and be respectful to others
- adhere to all applicable governance documents, policies and procedures established by the foundation trust, including the constitution, the council of governors' standing orders and the terms of reference of any council of governor sub-groups of which I am a member
- declare any interests I may have in external organisations, as required by the council of governors' standing orders, or provide a nil return.

I accept that failure to adhere to this Code of Conduct make result in the termination of my role as a governor of Lancashire Teaching Hospitals NHS Foundation Trust.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

## APPENDIX TO THE CODE OF CONDUCT FOR GOVERNORS

The seven principles of public life (“the Nolan Principles”) are:

- Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or friends.
- Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals that might influence them in the performance of their official duties.
- Objectivity:** In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- Openness:** Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- Leadership:** Holders of public office should promote and support these principles by leadership and example

Our values are:

- Caring and compassionate:** We treat everyone with dignity and respect, doing everything we can to show we care.
- Recognising individuality:** We respect, value and respond to every person’s individual needs.
- Seeking to involve:** We will always involve you in making decisions about your care and treatment, and are always open and honest
- Team working:** We work together as one team and involve patients, families and other services, to provide the best care possible
- Taking personal responsibility:** We each take personal responsibility to give the highest standards of care and deliver a service we can always be proud



# Council of Governors Report

## Chair and NED Appraisal Process 2023

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 January 2023
<b>Report of:</b>	Company Secretary	<b>Prepared by:</b>	J Foote
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>	<b>For discussion</b>	<input checked="" type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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## Executive Summary:

This report sets out the Chair appraisal framework as directed by NHSE together with a NED appraisal framework which reflects the same methodology.

The appraisal framework in this form will be used for the Chair and NED appraisals from 2023.

## Trust Strategic Aims and Ambitions supported by this Paper:

<b>Aims</b>	<b>Ambitions</b>	
To offer excellent health care and treatment to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care <input checked="" type="checkbox"/>
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work <input checked="" type="checkbox"/>
To drive innovation through world-class education, teaching and research	<input checked="" type="checkbox"/>	Deliver Value for Money <input checked="" type="checkbox"/>
		Fit For The Future <input checked="" type="checkbox"/>

## Previous consideration

Council of Governors July 2022

## 1. Background

In 2019 NHSE published a framework for the appraisal of Trust Chairs and in 2021 this was updated. It was agreed in 2022 that the NED Appraisal Framework should be reviewed, with the requirements of the NHSE document incorporated into the Trust framework.

Concerns raised by governors in 2022 were: the timeliness of the process, the need to ensure that only governors who had been in position at least a year could take part, and the requirement (as directed by Council) that only governors who had undertaken training on how to give feedback in a 360 appraisal should be allowed to take part. These issues are addressed in the new framework, set out as an appendix to this report.

## 2. NHSE Framework for the Appraisal of Chair

The NHSE framework gives a clear methodology for the appraisal of Chair and is incorporated into the LTH framework.

Key points to note:

- NHSE templates provided as part of the framework should be used as the basis of a standardised approach
- The Chair and appraisal facilitator (the SID) should determine which stakeholders contribute to the multisource assessment (360<sup>o</sup> appraisal). Therefore, whilst the advice from Council is that training should be undertaken and has been included in the timeline, it is not within the power of Council to mandate this as a requirement – the decision rests with the Chair and facilitator who may decide in any year to include some, all or only the lead governor in the 360<sup>o</sup> appraisal
- The appraisal should be forward looking in addition to a prior year review
- The process should commence at the end of the financial year, with reporting complete within Q1 of the next year. The timeline has been planned so that the 360<sup>o</sup> questionnaire is sent out at the end of March ensuring that governors have been in position for a sufficient amount of time
- The outcome must be reported to NHSE, with the right reserved for the NHS Improvement's Chair and Chief Operating Officer to seek further information or moderate the outcome

## 3. LTH Framework for the Appraisal of NEDs

The NHSE framework methodology is mirrored for NEDs to allow for a parity of application and to demonstrate the commitment of the Trust to the operation of a robust process.

Key points to note:

- The Chair of the Trust is responsible for ensuring that non-executive directors receive an appraisal of their performance
- NHSE/I advise Trusts to submit an appraisal summary related to the performance of NEDs in order that they can capture details of any learning and development needs identified and consider the support that could be provided at regional or national level
- The timeline should be concurrent with the appraisal of Chair to allow for a holistic approach and overview
- The outcome of NED appraisals must be reported to NHSE

#### 4. Timeline

In order to manage the complex process to deliver a timely outcome the timetable for 2023 will be set as follows:

Date	Action
Week commencing 6 March	Governors offered training in completing 360 degree survey <i>(A Leadership Development Advisor from the OD Team has been asked to facilitate)</i>
13 March	360 surveys issued for completion by 24 March
27 March	Surveys downloaded and personal survey results forwarded to each NED to discuss during their appraisal
3 to 14 April	Appraisals held: <ul style="list-style-type: none"><li>• PoN to appraise VC, AP, KS, JW</li><li>• TWa (as SID) to appraise PoN</li><li>• TWh (as Vice Chair) to appraise TWa</li></ul>
April <i>(date tbc)</i>	Report to Nominations Committee
27 April	Confirmation of completion reported to Council of Governors
May	Return submitted to NHSE

#### 5. Financial implications

Costs to undertake the appraisals are budgeted for in-year.

#### 6. Legal implications

The correct implementation of the NHSE framework requirements is an important aspect of a number of assurance frameworks and requires the outcome of appraisals to be reported back to NHSE/I.

#### 7. Risks

For the appraisals to be a worthwhile exercise it is important that the timetable is adhered to.

#### 8. Impact on stakeholders

Appropriately conducted appraisals should give assurance to external stakeholders that the Trust is well led.

#### 9. Recommendations

The Council of Governors is asked to note the appraisal framework as set out in the appendix.

# Non-Executive Director Appraisal Framework

## Introduction

NHSE/I have established a standard framework for the annual appraisal of Chairs and non-executive directors. Whilst this is not mandated for Foundation Trusts, it is recommended that the framework is adopted. Whilst some local adaptations have been made to reflect local needs, the national framework is mirrored in principle.

Appraisal should be a valuable and valued experience that provides an honest and objective assessment of an individual's impact and effectiveness, at the same time identifying potential support or development needs.

## Chair's Appraisal

The Chair has a pivotal role in creating the conditions for the board's effectiveness in maintaining a focus on strategy, performance, culture and values, stakeholders and accountability. In leading the board, the chair should set clear expectations concerning the style and tone of its discussions, ensuring it has effective decision-making processes and applies sufficient challenge in conducting its business. This requires an ability to foster relationships based on trust, mutual respect and open communication between non-executive directors and the executive team, and between the unitary board and its key partners (both internal and external). The appraisal process should reflect on these aspects of the Chair's performance.

The following principles related to the Chair's performance will be applied:

- As a minimum the Chair will participate in a face-to-face annual appraisal discussion
- The full appraisal process should be completed by the end of quarter 1 each year.
- The Chair will be expected to reflect on their own performance as part of the process
- The appraisal will include a 360 degree feedback process that seeks the views of governors, board members and key external stakeholders. The national template will be used to inform this.
- The outcomes arising from the appraisal discussion will be recorded and shared with respective NHSE/I regional directors via the national reporting template.
- A report of the Chair's appraisal will be presented by the SID to the Nominations Committee and Council of Governors in line with the cycle of business

The preparation for and conduct of the appraisal will be facilitated by the senior independent director (SID) who will be responsible for:

- receiving the chair's self-evaluation and collating all assessment feedback from the 360 feedback
- conducting the appraisal discussion and supporting the identification of development

needs

- documenting the outcome of the appraisal process
- ensuring the appraisal outcome is reported nationally
- identifying any issues that may affect the individual's suitability for appointment, including whether they continue to comply with the fit and proper person regulations

## Chair's Appraisal process

### Stage 1: Appraisal preparation

A pre-appraisal meeting should take place at which the Chair and the SID should discuss the content of the 360 degree feedback template and agree whether there are any areas where additional feedback should be sought. This may include such issues as the chair's previous appraisal outcomes, personal development plan, achievement of in-year objectives; key aspects of the trust's board development plan; the trust's current overall performance. Should additional areas be agreed for inclusion in the 360 degree feedback, the template (at Appendix 1) should be updated accordingly.

At this meeting, the chair and the appraisal facilitator should agree which stakeholders will be invited to contribute to the appraisal through the 360 degree feedback process. This will be conducted by the use of an on line survey tool.

An overall timetable for completing the required appraisal activity should also be agreed at this meeting.

### Stage 2: Multisource assessment

Assessments of the chair's effectiveness should be sought from a range of key stakeholders who represent the trust and external partner organisations.

This should include (as a minimum) governors, non-executive directors, the chief executive, executive directors and the ICS Chair.

The Chair and the SID may agree to include other system partners, patient and public representative leads, Chairs from other Trusts in the provision of feedback.

Concurrently, the chair should conduct a self-assessment using the same and agreed 360 degree feedback template. This self- evaluation should include commentary on any identified personal development or support needs.

The issuing and collation of the 360 feedback will be facilitated by the Company Secretary.

### Stage 3: Evaluation

The SID will need to devote sufficient time in preparing for the appraisal in order that they can



fully evaluate the collated 360 degree feedback and the Chair's self-evaluation.

#### Stage 4: Appraisal output

The collective evaluation of the 360 degree feedback should form the basis of, and subsequently guide, the appraisal discussion between the chair and the SID. During the discussion consideration should be given to:

- assessing in-year performance
- completion of any personal development
- additional development or support
- key objectives for the coming year

The key points arising from the appraisal discussion should be formally recorded on the template provided at Appendix 2 by the appraisal facilitator and agreed by the chair.

After completing the appraisal process, a copy of the appraisal reporting template should be submitted to the Non-Executive Talent and Appointments team (NTAT) who will forward this to NHSE/I regional director for review.

The SID will also provide a summary report of the outputs of the Chair's appraisal to the Nominations Committee and the Council of Governors respectively at their next meetings.

#### NED's Appraisal

The Chair of the Trust is responsible for ensuring that non-executive directors receive an appraisal of their performance, at least annually. The Trust's approach to this is outlined in this section.

Non-executive directors will need to demonstrate a significant range of leadership behaviours and the highest standards of conduct required to contribute effectively in a board level role.

NHSE/I advise Trusts to submit an appraisal summary related to the performance of NEDS in order that they can capture details of any learning and development needs identified and consider the support that could be provided at regional or national level.

The following principles related to the NED's appraisal will be applied:

- The chair will conduct the appraisal of all NED's with the exception of the Senior Independent Director whose appraisal will be conducted by the Vice Chair
- Appraisals will take place annually as a minimum
- Appraisals should look forward as well as back and take account of the future organisational needs, any learning and development identified and the aspirations of the individual
- Appraisals will include a 360 degree appraisal feedback process

- Any performance issues should be identified and discussed constructively as part of the appraisal process and there should be clarity about the support individuals will receive to help them improve
- All documentation relating to the appraisal should be completed during, or shortly after, the appraisal and signed by both parties
- A report on the outcome of NED appraisals will be presented to the Nominations Committee and the Council of Governors each year as part of the cycle of business
- The full appraisal process should be completed by the end of quarter 1 each year.

The preparation for and conduct of each appraisal will be facilitated by the Chair (or in the case of the SID the Vice Chair) who will be responsible for:

- receiving the appraisee's self-evaluation and collating all assessment feedback from the 360 feedback
- conducting the appraisal discussion and supporting the identification of development needs
- documenting the outcome of the appraisal process (appendix 3)
- identifying any issues that may affect the individual's suitability for appointment, including whether they continue to comply with the fit and proper person regulations

The process may also be used to identify individuals with the potential to progress to chair roles and for succession planning. This should be recorded in the appraisal documentation along with any development needs.

The Chair will be responsible for completing the national NED reporting template (appendix 4).

## NED's Appraisal process

### Stage 1: Appraisal preparation including 360 feedback

Assessments of each NED's effectiveness should be sought from Board colleagues using the 360 feedback form at appendix 4. This will be undertaken through an on-line survey tool and facilitated by the Company Secretary.

Concurrently, NEDs should conduct a self-assessment using the same and agreed 360 degree feedback template. This self-evaluation should include commentary on any identified personal development or support needs.

### Stage 2: Evaluation

The appraisal facilitator will need to devote sufficient time in preparing for the appraisal in order that they can fully evaluate the collated 360 degree feedback and the appraisee's self-

evaluation.

### Stage 3: Appraisal output

The collective evaluation of the 360 degree feedback should form the basis of, and subsequently guide, the appraisal discussion. During the discussion consideration should be given to:

- Providing feedback from the 360 degree process
- Reviewing performance since last appraisal
- Setting new objectives
- Identifying any learning and development needs
- identifying any issues that may affect the individual's suitability for appointment, including whether they continue to comply with the fit and proper person regulations

The key points arising from the appraisal discussion should be formally recorded on the template provided at Appendix 3 by the appraisal facilitator and agreed by the appraisee.

After completing all NED appraisals, a copy of the appraisal reporting template (appendix 5) should be submitted to [keely.howard1@nhs.net](mailto:keely.howard1@nhs.net) by the Company Secretary

## 360 Degree Feedback Template

### Introduction

You have been invited to provide feedback for the annual appraisal of XXXXX, Chair of Lancashire Teaching Hospitals NHS Foundation Trust.

The NHS provider chair competencies framework identifies four key aspects central to the chair's role:

- leading the board, both in shaping the agenda and managing relationships internally and externally
- ensuring the board sets the trust's long-term vision and strategic direction and holding executive directors to account for delivering the trust's strategy
- creating the right tone at the top, encouraging change and shaping the organisation's culture
- building system partnerships and balancing organisational governance priorities with system collaboration

The template consists of themed statements. Based on your direct knowledge of the chair, you are asked to provide a response to each statement (ie strongly agree, agree, disagree, or strongly disagree). You are also invited to provide commentary in response to two questions: "what does the chair do particularly well?" and "how might the chair's impact and effectiveness be improved?" Responses will be particularly valuable in highlighting areas of high impact and good practice, and opportunities for development and support.

### 360 Degree Feedback

Name of chair:	
Name and role of appraisal facilitator:	
Assessment period:	

## Part 1: Responses to statements relating to the NHS provider chair competencies framework

The following themed statements relate to the chair's impact and effectiveness in their role.

Please respond to as many of the statements as possible.

Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	Strongly agree	Agree	Disagree	Strongly disagree
Leads the board in setting an achievable strategy.				
Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.				
Provokes and acquires new insights and encourages innovation.				
Evaluates evidence, risks and options for improvement objectively.				
Builds organisational and system resilience, for the benefit of the population of the system as a whole.				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Develops external partnerships with health and social care system stakeholders.				
Demonstrates deep personal commitment to partnership working and integration.				

Promotes collaborative, whole-system working for the benefit of all patients and service users.				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.				

<b>Competency: People</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.				
Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.				
Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.				
Supports, counsels and acts as a critical friend to directors, including the chief executive.				

<b>Competency: Professional acumen</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Owens governance, including openness, transparency, probity and accountability.				
Understands and communicates the trust's regulatory and compliance context.				
Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.				

Applies financial, commercial and technological understanding effectively.				
--	--	--	--	--

Competency: Outcomes focus	Strongly agree	Agree	Disagree	Strongly disagree
Creates an environment in which clinical and operational excellence is sustained.				
Embeds a culture of continuous improvement and value for money.				
Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.				
Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.				

## Part 2: Strengths and opportunities

Please highlight the chair's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

**Strengths: What does the chair do particularly well?**

**Opportunities: How might the chair increase their impact and effectiveness?**

### Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

**Additional commentary**

Thank you for participating. By clicking 'done', your responses will be sent to the appraisal facilitator, who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the appraisal facilitator, again in strict confidence, please request to do so via the Company Secretary.



## Appendix 2

### NHS provider chair appraisal reporting template

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between provider chairs and appraisal facilitators.

Name of provider trust:	
Name of chair:	
Name and role of appraisal facilitator:	
Appraisal period:	

### Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

#### a. Summary of significant emergent themes from stakeholder assessments:

--

**b. Highlighted areas of strength:**

**c. Identified opportunities to increase impact and effectiveness:**

**Part 2: Self-reflection (for completion by chair)**

**Summary of self-reflection on multisource stakeholder assessment outcomes:**

### Part 3: Personal development and support (for completion by chair and appraisal facilitator)

Identification of personal development and/or support needs:			
Description	Proposed intervention	Indicative timescale	Anticipated benefit/measure of success

### Part 4: Principal objectives (for completion by chair and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/measure of success	Anticipated constraints/barriers to achievement

### Part 5: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Chair		
Appraisal facilitator		

## Part 6: Submission

Copy submitted to [nhsi.chairsappraisal@nhs.net](mailto:nhsi.chairsappraisal@nhs.net) who will forward to your regional director, for review

Name of regional director	Date

Endorsement by NHS Improvement Chair and Chief Operating Officer (NHSEI will action)

Signature (Chair)	Date
Signature (Chief Operating Officer)	Date

<b>Comments (including potential moderation):</b>



# NED Appraisal Summary

## Appendix 3

Name	
Appraisal Year	

### **Section One – Overall assessment of Performance**

Overall performance has been assessed at (indicate with an X)



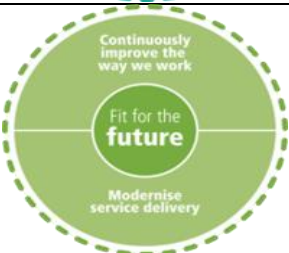

Met requirements	Requires development

### **Section Two – Achievement of objectives**

#### Board Objectives

Objective	Achieved/Not achieved
To contribute to the Board’s role in setting the strategy and promoting the vision of the organization	
To provide leadership to the wider system through engagement as appropriate at place, system and national level	
To gain assurance that the right systems, processes and controls are in place relating to risk, safety and quality, statutory compliance, workforce, culture, continuous improvement, transformation, finance and performance to ensure delivery of the Trust’s strategy	
To support and promote a positive, diverse, inclusive and learning culture, reflecting the Trust’s values, the Nolan Principles, the Trust’s Code of Conduct and the principles of Freedom to Speak Up	
To behave in a way which demonstrates an appropriate balance of support and constructive challenge in holding to account, ensuring that sound decision making is underpinned by consideration of all the issues and is taken in the context of the responsibilities of a unitary board	

Individual Objectives

Ambition	Objective	Achieved/Not achieved
		
		
		
		





**Section Three – General assessment of performance**

**Section Four – Strengths and Aspirations**

**Section Five – Summary of 360 Feedback**

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**Section Six – future Objectives**

Ambition	Objective		
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	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="height: 50px;"></td></tr> <tr><td style="height: 50px;"></td></tr> </table>		

**Section Seven - Learning and development needs**

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**Any Additional Comments**

--

<b>Appraiser</b>	
Signed	
Name	
Position	
Date	

<b>Appraisee</b>	
Signed	
Name	
Position	
Date	



## Appendix 4

Non-Executive Director 360

<b>Question</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Comments</b>
Demonstrates ability to think strategically					
Demonstrates sound understanding of national and regional policies and their impact on the Trust					
Promotes the vision of the Trust					
When necessary constructively challenges colleagues based on the issue					
Is receptive to challenge from others					
Demonstrates an understanding of issues beyond their portfolio or area of expertise					
Behaviour demonstrates respect for the views and opinions of others					
Demonstrates board level leadership skills by acting in an ambassadorial role and leading by example					
Discussion is balanced on all impacting factors rather than uni-dimensional					
Seeks assurance through questioning, challenge and discussion and, where appropriate, by commissioning external reviews/audits/inspections					
Understands the risks faced by the organisation					
Is open, honest and transparent					

Behaves in a way that is in line with the Trust values and Nolan principles					
Challenges behaviour that is contrary to Trust values					

Appendix 5

**Non-executive team - Appraisal summary 20XX/XX**

<b>Organisation</b>	
<b>Chair</b>	

**Non-executive team**

<b>Name of NED</b>	<b>Overall score (Strong performance/ Fully competent/Needs development/Poor performance)</b>	<b>Learning &amp; development needs identified</b>	<b>Any issues that might affect suitability for appointment</b>	<b>Does the NED demonstrate your Trusts values and behaviours?</b>

**Any other comments (including any whole board development requirements)**

<b>Chair</b>	
Signed	
Name	
Date	

Once complete this form should be sent to [keely.howard1@nhs.net](mailto:keely.howard1@nhs.net)



# Council of Governors Report

## Governor Elections 2023 Update

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 January 2023
<b>Report of:</b>	Company Secretary	<b>Prepared by:</b>	K Brewin
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input checked="" type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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## Executive Summary:

The purpose of this report is to provide the Council of Governors with a high-level update on progress with arrangements for the 2023 Governor Elections.

A meeting was held in mid-November 2022 with representatives from Civica Election Services who operate as Returning Officer for the governor elections. The plan was finalised and work completed to support election to eight Public Governor seats where terms of office will expire on 31 March 2023. Four Staff Governor seats have been identified for the 2023 election in the following staff constituencies:

1. Doctors and dentists who are registered to practise
2. Nurses and midwives who are registered to practise
3. Other healthcare professionals and healthcare scientists, registered and unregistered, employed in a clinical capacity
4. Unregistered healthcare support workers (new category introduced following approval of the Trust Constitution, December 2022)

In preparation for the discussion with Civica Election Services, an email was sent to all governors on 13 October 2022. The purpose was to remind those governors whose terms of office would finish on 31 March 2023, and to ask other governors whether their personal circumstances had changed and they would be standing down, to ensure all vacant governor seats were covered in the 2023 elections.

### Timetable for Election

The Notice of Election has been published on the Trust's website and the timeline has been confirmed as:

- Notice of Election/Nominations open – Monday, 9 January 2023
- Nominations deadline – Monday, 6 February 2023
- Voting packs despatched to members – Tuesday, 28 February 2023
- Close of election – Thursday, 23 March 2023
- Declaration of results – Friday, 24 March 2023

## Pre-Election Governor Awareness Workshops

As part of the process, two virtual pre-election Governor Awareness Workshops were held on Tuesday, 17 January (10am to 12pm) and Wednesday, 18 January (4pm and 6pm). The Workshops were hosted by the Interim Chair and Company Secretary and Governors Lynne Lynch and Steve Heywood provided an overview at the Workshops on the role of the governor. In line with last year's arrangements, representatives from Civica Election Services attended both sessions to offer members an opportunity to find out a little more about the role of the governor and, in part, demystify the nomination and election process as well as respond to questions about the election.

## Communicating the Governor Elections 2023

There are a range of communications in place to publicise the elections to staff and public members across constituencies and communities, including:

- An article in 'Trust Matters' magazine (published on 3 January 2023) emailed to members and posted to addresses where members have not provided an email address
- A postcard mailing to members' home addresses
- Messages posted on the Trust's website, intranet and media screens across both hospital sites
- Social media messages posted at regular intervals from when nominations opened on 9 January
- Internal communications, such as the Chief Executive's Monday Message and weekly bulletins
- Introduction of a screensaver on PC screens across the Trust
- Reference to the elections during the weekly Strategic Operations Group (SOG) meeting

If Governors are aware of anyone who is interested in standing for election then please share your experiences, help to promote the role of the Governor and encourage people to get in touch to ensure the views of patients, their families, carers and the wider community are heard.

A brief overview of the role of the governor and information on how to apply to stand for election are included in appendix 1.

**It is recommended that the Council of Governors receive the report and note the contents for information.**

## Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care	<input checked="" type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input type="checkbox"/>	Great Place To Work	<input checked="" type="checkbox"/>
To drive health innovation through world class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money	<input checked="" type="checkbox"/>
		Fit For The Future	<input checked="" type="checkbox"/>

## Previous consideration

Not applicable

## **1. Financial implications**

There is a financial impact in respect of Civica Election Services based on the number and category of seats (public and/or staff) included in the annual election. The cost for the 2023 election amounts to £14,890 including a 10% discount as the Trust uses the Civica Engagement Solutions Engage membership database.

## **2. Legal implications**

The Trust is required to conduct the elections in accordance with the constitution and model election rules.

## **3. Risks**

There are no risk implications associated with the recommendations in this report.

## **4. Impact on stakeholders**

There is no impact on stakeholders associated with the recommendations in this report.

## **5. Recommendations**

It is recommended that the Council of Governors receive the report and note the contents for information.

## WHAT DO GOVERNORS DO?

Governors have a key role in representing the interests and views of our members (staff and public) and the wider general public and in supporting our Trust's performance by:

- Helping to promote membership opportunities and the role of governor
- Developing networks and engaging members (staff and public) and the wider community, including minority groups
- Seeking the views of members (public and staff) and the wider public when developing our future plans and priorities and sharing these with our Board of Directors
- Seeking assurance from our Board of Directors around the Trust's performance and conveying key performance assurance information to members and the wider public

There are no specific qualifications for the governor role, only a commitment to represent members and the wider public to the best of their ability. The Trust provides an induction programme for newly elected governors and an ongoing training programme is provided for all governors.

## HOW TO APPLY?

If anyone is interested in standing for election they can download an information pack and nomination form using the link [www.cesvotes.com/LTH2022](http://www.cesvotes.com/LTH2022). Alternatively:

Contact: Ciara Hutchinson, Returning Officer, Civica Election Services

Email: [fnominations@cesvotes.com](mailto:fnominations@cesvotes.com)

Tel: 020 8889 9203

Post: Civica Election Services, 33 Clarendon Road, London, N8 0NW



# Council of Governors Report

## Council Development Plan update

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 January 2023
<b>Report of:</b>	Company Secretary	<b>Prepared by:</b>	K Brewin
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input checked="" type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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## Executive Summary:

The purpose of this report is to provide the Council of Governors with an update on outstanding actions on the Council Development Plan.

The Council has received an update at each meeting since the plan was approved in October 2021 and appendix 1 provides a further update in the RAG-rated column on the status of some of the outstanding actions.

It is recommended that the Council of Governors receive the report and note the contents for information.

## Trust Strategic Aims and Ambitions supported by this Paper:

<b>Aims</b>	<b>Ambitions</b>	
To provide outstanding and sustainable healthcare to our local communities	<input type="checkbox"/>	Consistently Deliver Excellent Care <input type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input type="checkbox"/>	Great Place To Work <input type="checkbox"/>
To drive health innovation through world class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money <input type="checkbox"/>
		Fit For The Future <input type="checkbox"/>

## Previous consideration

Not applicable



## **1. Financial implications**

There are no financial implications associated with the recommendations in this report.

## **2. Legal implications**

There are no legal implications associated with the recommendations in this report.

## **3. Risks**

There are no risk implications associated with the recommendations in this report.

## **4. Impact on stakeholders**

The effective operation of the Council of Governors is a significant component of the Trust's assurance arrangements and the development plan will further enhance working relationships between Governors.

## **5. Recommendations**

It is recommended that the Council of Governors receive the report and note the contents for information.

Appendix 1: Council Development Plan

COUNCIL OF GOVERNORS DEVELOPMENT PLAN

Appendix 1

THEME	ISSUES	ACTIONS	RESPONSIBLE/LEAD	STATUS
MEMBERSHIP	Lack of diversity amongst membership with some groups under-represented	Review and update of membership strategy. Workshop planned 13 <sup>th</sup> October 2021 to develop strategy.	Karen Swindley	
		Ideas to be written into refreshed strategy	Karen Swindley	
		Strategy to be signed off by Council of Governors	Pav Akhtar	
	Engaging with members has been difficult during covid and acknowledgement that engagement methods may need to change.	Engagement approach to be considered as part of the review of the membership strategy	Karen Swindley	
		Governor engagement plan developed to be approved by Council of Governors	Karen Swindley	
	Recognise that to attract diversity amongst governors, level of commitment and ability to attend events must be balanced and facilitated	Explore use of hybrid meetings in the future	Company Secretary	Work ongoing with IT colleagues to explore hybrid meetings in the Gordon Hesling Room
	Longstanding issues of governor vacancies for some constituencies	Review of Constitution	Hempsons	
		Approval of revised constitution by council of governors	Karen Swindley	
ORGANISATION	Difficulty in accessing core information, eg, constitution	Information Management system to be sourced and implemented	Stephen Dobson/Karen Brewin	Consideration being given to a meeting management tool within current constraints on finance
	Need to improve the level of administrative support available to governor groups	Review of Corporate Affairs Office to build in appropriate levels of support for governor groups	Karen Swindley	
		Recruitment to new roles	Karen Brewin	
		Allocation of responsibilities	Karen Brewin	
	Lack of workshops over the	Workshops dates to be agreed and	Karen Brewin	

	last 18 months	incorporated into corporate calendar for 2022		
		Governors to agree workshop content to allow for appropriate facilitators to be identified and secured to avoid cancellation of events	Governors	
	Response to governor queries	Revisit governor process map	Karen Swindley	
		Agree process map	Governors	
		Re-issue process map	Karen Swindley	
GOVERNOR CONTRIBUTION	Differing views of the role and expectations of the governors	Debate and agree minimum contribution to ensure appropriate – COG workshop	Karen Swindley	
		Ensure commitment is clearly laid out to governor candidates	Company secretary	
		Ensure commitment is clear in induction	Company secretary	
		Undertake annual assessment of whether governors are meeting minimum requirements for annual report to council of governors	Company secretary	Assessment completed
		Governor workshop on contributing with confidence	Company Secretary	Added to training session list for 2023-24
		Implement the governor engagement plan	Karen Brewin	Within the constraints of current operational issues
		360-degree training for governors to contribute to NED appraisals in Q1 2022/23	Karen Swindley	
	Governors would like to get to know one another better and develop relationships	Council workshop focused on relationship building	Karen Swindley	
		Recovery roadmap for return to face-to-face meetings	Karen Swindley	
		Include pen portraits of governors on the new internet site	Naomi Duggan	
		Ensure governor photo boards are maintained up to date	Governor volunteers	

COUNCIL MEETINGS	Insufficient engagement in council meetings and too much focus on information giving	Review process for getting items on the agenda to ensure governors have greater influence on the items discussed	Company Secretary	
		Revisit format of the COG meeting to time agendas to allow for debate	Company Secretary	
		Use COG to garner views on forward looking issues	Chair of CoG	Interim Chair undertaking 1:1 meetings with governors
		Include governor queries report on the COG agenda	Company Secretary	
		Standing item on COG agenda for key issues and priorities for the next quarter	Chair of CoG	To be developed
		Develop a separate corporate calendar for governor meetings	Company Secretary	The Corporate and Governor Calendar to be retained in the current format as the Council did not operate in isolation and it was important to reflect how Council meetings fit in the wider cycle.



# Council of Governors Report

## Governor Opportunities and Activities – November 2022 – January 2023

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 January 2023				
<b>Report of:</b>	Governors	<b>Prepared by:</b>	J Leeming				
<b>Part I</b>	✓	<b>Part II</b>					
<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>

### Executive Summary:

The purpose of this report is to update the Council of Governors on the opportunities, events and activities Governors have been involved in during November 2022 to January 2023.

The Governor role is to represent the interests of Foundation Trust members, the public and the organisations Appointed Governors represent. The events and engagement opportunities that Governors have been involved in are recorded in the report and attached as appendix 1.

It should also be noted that several of our Governors also undertake voluntary roles across both our hospital sites.

It is recommended that the Council of Governors receive the report and note the contents for information.

### Trust Strategic Aims and Ambitions supported by this Paper:

Aims	Ambitions	
To offer excellent health care and treatment to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care <span style="float: right;"><input checked="" type="checkbox"/></span>
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work <span style="float: right;"><input checked="" type="checkbox"/></span>
To drive innovation through world-class education, teaching and research	<input checked="" type="checkbox"/>	Deliver Value for Money <span style="float: right;"><input checked="" type="checkbox"/></span>
		Fit For The Future <span style="float: right;"><input checked="" type="checkbox"/></span>

### Previous consideration

None

## **1. Background**

Governors have an important part to play by listening to the views of the Trust's members, the public and other stakeholders, and representing their interests in the Trust. This means, for example, gathering information about people's experiences to help inform the way the Trust designs, reviews or improves services effectively. Governors also have a role in communicating information from the Trust to members and to the public, such as information about the Trust's plans and performance. Successful engagement calls for an ongoing working relationship between a Foundation Trust and its members and the public, with patients and service users at the heart of this. Governors are supported in their work by other groups of people at the Trust including Executive and Non-Executive Directors and the Corporate Affairs Office.

## **2. Financial implications**

There are no financial implications associated with the recommendations in this report.

## **3. Legal implications**

There are no legal implications associated with the recommendations in this report.

## **4. Risks**

There are no risk implications associated with the recommendations in this report.

## **5. Impact on stakeholders**

Positive engagement with membership is a critical role for the Governors.

## **6. Recommendations**

It is recommended that the Council of Governors receive the report and note the contents for information.

There are a number of regular activities which Governors could be involved in including:

#### **Fabulous Feedback Friday**

Held monthly and virtually throughout the Covid-19 pandemic, teams provide an overview of their service at the Trust. Governors are provided with the opportunity to explore, receive insights and have a deeper understanding of the service being presented. The events have a broad reach and include invitations to Governors, Board Members, and a range of senior leaders throughout the Trust.

#### **STAR celebration events**

Held three times per year and virtually throughout the Covid-19 pandemic, teams present the peer support activity in which they have been involved as part of the STAR accreditation framework as well as celebrating achievements.

#### **PLACE (Patient Led Assessment of the Care Environment)**

The national programme usually takes place annually at each of our hospital sites (Chorley and South Ribble and Royal Preston Hospital). It is an opportunity for Governors to engage with patients and training is provided by the Trust. The programme is being reviewed nationally and further information on the changes is awaited.

#### **Strategic Operating Group (SOG) Debrief**

Every Friday between 10am and 12noon a Strategic Operations Group meeting is held during which leaders from across the Trust review existing pressures and make important decisions about our hospitals' current and future operational challenges. Governors along with staff can attend the debrief every Friday afternoon between 2pm and 2.15pm.

The list below does not include Governors' scheduled meetings and workshops.  
All activities were held using virtual platforms unless indicated otherwise.

<b>EVENT: excluding scheduled meetings and workshops</b>	<b>DATE: November 2022 – January 2023</b>
Freedom to Speak Up Seminar	14 November 2022
Staff Ambassador Forum	15 November 2022
Patient Issues-Car Parking	17 November 2022
Patient Experience Involvement Group	23 November 2022
Healthwatch visit to Chorley ATC	25 November 2022
Distributing books to patients at Chorley Hospital	25 November 2022
Carers Forum	30 November 2022
Patient Information AGM	1 December 2022
Car Parking Group Meeting	5 December 2022
Carol Service at Chorley and Christmas Lights Switch On	8 December 2022

Carol Service at RPH	12 December 2022
Jobs on Tour initiative at Chorley, Leyland, and Preston	20 December 2022
Staff Ambassador Forum	20 December 2022
Consultation on the Trusts Learning Disability Plan and Autism Strategy	5 January 2023
Car Parking System re-procurement discussion	6 January 2023
Second Consultation on the Trusts Learning Disability Plan and Autism Strategy	9 January 2023
Patient Experience and Involvement Group	11 January 2023
Patient Issues Car Parking Group	19 January 2023
Patient Letters Working Group	19 January 2023
Carers Forum	25 January 2023





# Council of Governors Report

## Governor Issues Report

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 January 2023
<b>Report of:</b>	Company Secretary	<b>Prepared by:</b>	N Gauld
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
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## Executive Summary:

The purpose of this report is to provide visibility of the issues and concerns raised by Governors for information.

The agreed process for Governors to raise issues and concerns is through the Senior Executive Assistant ([Natalie.gauld@lthtr.nhs.uk](mailto:Natalie.gauld@lthtr.nhs.uk)). These are then passed to the appropriate manager for investigation and response. A response is then provided to the Governor who raised the issue.

The attached report contains a summary of the issues raised since the last report to the Council and covers the period between November 2022 to date along with details of the responses provided.

**It is recommended that the Council receives the report and notes the contents for information.**

## Trust Strategic Aims and Ambitions supported by this Paper:

<b>Aims</b>	<b>Ambitions</b>	
To provide outstanding and sustainable healthcare to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care <input checked="" type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work <input checked="" type="checkbox"/>
To drive health innovation through world class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money <input checked="" type="checkbox"/>
		Fit For The Future <input checked="" type="checkbox"/>

## Previous consideration

Not applicable

## 1. Introduction

The purpose of this report is to provide visibility of the issues and concerns raised by Governors for information.

The agreed process for Governors to raise issues and concerns is through the Senior Executive Assistant ([Natalie.gauld@lthtr.nhs.uk](mailto:Natalie.gauld@lthtr.nhs.uk)). These are then passed to the appropriate manager for investigation and response. A response is then provided to the Governor who raised the issue.

The report contains a summary of the issues raised since the last report to the Council and covers the period between November 2022 to date along with details of the responses provided.

## 2. Activity report

During the reporting period, 11 concerns/issues were raised through the governor process map.

All concerns/issues have been closed within timescales for response, with the exception of the final issue listed below. The issue has recently been raised and a response will be provided in due course.

A summary of the issues raised is provided below:

- 1 concern was raised regarding a pharmacy services poster which would be difficult for a visually impaired patient or those without the required technology to access services. The pharmacy team have been contacted and asked to update the poster and information will also be reflected on the website.
- 1 concern was raised directly with the ICB regarding the eye care referral pathway and patient experience. It has been confirmed by the ICB that there is an urgent eye care pathway in place and all Optometrists should be aware of this. Further to this, awareness and clarity has been raised at the Lancashire Eye Health Network to promote and disseminate the details of the pathway as a reminder.
- 1 concern was raised directly regarding ED patients at RPH being safe due to the ambulance waiting times, full waiting rooms and staffing. Assurance was provided by the Chair of the Trust that heavy scrutiny is provided through dashboards, reports and discussion/challenge regularly at our Safety and Quality Committee. Reports are then fed through to the Board.
- 1 concern was raised regarding ambulance waiting times. The Chief Operating Officer provided a response outlining that decisions are based on clinical need with life threatening injuries or conditions first and it is a last resort to hold an ambulance. Escalation processes are in place when pressure builds to support the ambulance patients in a timely fashion and improvements have been noted through working with the Improvement Collaborative Working Group to improve hand over times.
- 1 concern was raised regarding lighting up the Chorley Hospital site purple to celebrate Disability History Month. It was confirmed that unfortunately there is no facility at Chorley to light up the site for such occasions. The Charity will be approaching the supplier for the Preston site to check if support could be sought to light up Chorley.
- 1 concern was raised within the Governors Care and Safety Sub-Committee regarding the PALS office at Chorley opening times. Issues about prisoners being taken into hospital without designated private waiting areas were noted and issues regarding the opening times of the morgue at Chorley. Feedback has been provided and has been noted with the departments.
- 1 concern was raised regarding a local GP practice being unsuccessful with the Chorley Together Primary Care Network following a partnership dispute and has been put out to tender. Feedback was given to contact the Director of Primary Care of the ICB as we are unable to comment on this.

- 1 concern was raised regarding data in relation to COVID patients within the hospital and also discharge. It was requested whether this information could be included within the CEO Briefing. The Comms team were contacted and responded directly.
- 1 concern was raised regarding the RVS shop at Chorley potentially closing in 45 days. The query was passed to the Director of Estates and Facilities to look into and take action if needed.
- 1 concern was raised regarding access to Dermatology services at Chorley and a wheelchair user having difficulty due to the incline to the front entrance. A response is still outstanding from the Director of Estates and Facilities.
- 1 concern was raised regarding a parking issue, where an elderly patient had received a parking charge due to not being able to pay on exit, but then leaving the car park and returning to pay. This then triggered a charge. The Director of Estates and Facilities has contacted Parking Eye to ask for the charge to be cancelled.

3. **Financial implications**

There are no financial implications associated with this report.

4. **Legal implications**

There are no legal implications associated with this report.

5. **Risks**

There are no risks associated with this report.

6. **Impact on stakeholders**

There is no impact on stakeholders associated with this report.

7. **Recommendation**

It is recommended that the Council receives the report and notes the contents of this report for information.

# Care and Safety Subgroup

10 October 2022 | 10.00am | Microsoft Teams

PRESENT	DESIGNATION	16/05	14/07	10/10	24/11	16/01	23/03
Janet Miller	Public Governor ( <i>Chair</i> )	P	P	P			
Paul Wharton-Hardman	Public Governor ( <i>Deputy Chair</i> )		P	P			
Keith Ackers	Public Governor	P	P	P			
Rebecca Allcock	Staff Governor	P	P	P			
Peter Askew	Public Governor	P		P			
Paul Brooks	Public Governor	P	P				
David Cook	Public Governor	A	P				
Kristinna Counsell	Public Governor	P	P				
Margaret France	Public Governor	P	P	P			
Steve Heywood	Public Governor	A	P	A			
Lynne Lynch	Public Governor	P	P	P			
Frank Robinson	Public Governor	P	P	A			
Ann Simpson	Public Governor	A	P				
Mike Simpson	Public Governor		A	P			
Piotr Spadlo	Staff Governor	P	P	A			
David Watson	Public Governor	P	A	P			
IN ATTENDANCE							
Alison Cookson	Patient Experience and Involvement	P	P				
David Hounslea	Director of Facilities and Services	P	A	A			
Christmas Musonza	Associate Director of Patient Quality, Experience and Engagement	A	A				
Kate Smyth	Non-Executive Director	P	P	A			
Joanne Wiseman	Corporate Affairs Officer (minutes)	P	P	P			
P – present   A – apologies <b>Quorum:</b> 50% of the Subgroup's total membership at the time of the meeting							

**Presenters:** **Catherine Silcock**, Deputy Director Nursing, Midwifery and AHPs - (*item 7*)  
**Kate Harrison**, Head of Professional Education Development – (*item 8*)

15/22. **Chair and quorum**

Having noted that due notice of the meeting had been given to each member and that a quorum was present, the meeting was declared duly convened and constituted.

16/22. **Apologies for absence**

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

17/22. **Declarations of interest**

The Deputy Chair declared a conflict for the Nurse Training Programme due to being a student nurse.

18/22. **Minutes of the previous meeting**

The minutes of the previous meeting held on 14 July 2022 were approved as an accurate record.

19/22. **Matters arising and action log**

The action log was reviewed and would be updated accordingly.

20/22. **Patient Experience and Involvement Update**

The Patient Experience and Involvement Lead presented an overview of the paper circulated with the agenda. The subgroup was informed that a Health Watch Engagement Officer had now joined the Patient Information Group. Patient leaflets would be uploaded to the website once the amendments that the Patient Information Group had requested were completed. The next Carer's Forum would be on 26 Oct and a link would be shared with Governors to join. The staff and student induction booklet had now been completed however it would need to be updated once the Intranet had been renewed and would be circulated to the subgroup.

It was noted that Blackpool Victoria had similar lost property issues as the Trust. It was confirmed that shared practice was offered by both Trusts, however no solutions had been found. The Chair confirmed that Anne Kirkham would be the Manager of Finney House and the current staff, if they wanted, would be transferred over to be employed by the NHS. It was noted that the improvement work on the link between GP's using the referral system was a great initiative that would benefit patients.

The issue of the information screens not working at Chorley Assessment and Treatment Centre was raised and The Patient Experience and Involvement Lead advised she would discuss with staff in the Communications Team and advised that the information would be updated as needed.

21/22. **Patient Experience Strategy 2022 Update and Patient Experience Improvement Group Update**

The Deputy Director Nursing, Midwifery and AHPs presented the Patient Experience and Involvement Strategy 2022-25 which had been approved by Board on 6<sup>th</sup> October 2022. An update from the Patient Experience and Improvement Group was also provided. It was noted that there would be interviews at the end of the week for the new Associate Director of Patient Quality, Experience and Involvement.

A member of the subgroup provided feedback from their experience of raising an issue via PALS and believed this did not involve staff trying to engage in dialogue, but more a case of the hospital behaving defensively. The Deputy Director of Nursing advised that more staff education and training was being undertaken and linked to objectives in staff appraisals.

A member of the subgroup informed of staff fatigue and that it was unfair to keep adding to their responsibilities as they were working long hours, sometimes until 12.30am at Chorley A&E Department despite the service closing at 8.00pm. The Deputy Director of Nursing advised that measures were in place to help staff leave on time with additional staff on a later shift and there was recognition of the interdependencies with the workforce and the staff experience. The subgroup was informed that the Matrons calling cards were being reviewed as part of the patient concern escalation process. It was confirmed that the PALS Team were back on site at Royal Preston and there would be a presence in Chorley Hospital from the 1 November 2022.

**22/22. Nurse Training Programmes Update**

The Head of Professional Education Development presented details of the current Nurse Training Programme and the future training plan that has been developed with UCLAN. The nurse training fees were confirmed at an annual cost of £9,250 with a non-means tested bursary available. The subgroup members were able to provide feedback from people who had experienced the nurse training programme. It was noted that the link between UCLAN, hospital staff and students could be improved to support students in the workplace. It was also suggested that extending the childcare at Busy Bees to support staff working out of hours would be helpful but the programme would not be able to support a 9-5 working plan, due to handovers taking place around 7.00am.

**23/22. Estates and Facilities Update**

The Estates and Facilities update was circulated with the agenda and sub-group members were offered the opportunity to raise any questions. The Chair confirmed that work had commenced to replace the nurse call system on ward 17 and the CCTV system at Royal Preston was also progressing.

**24/22. Non-Executive Director Update**

The Non-Executive Director Update was circulated with the agenda and provided links to useful reports.

**25/22. Reflections on the meeting**

There were no reflections.

**26/22. Request for future meeting topics**

The Chair informed that Portering Services were using an updated paging system and that it would be useful for Portering Services to be invited to the next meeting to inform of the improvements.

**27/22. Any other business.**

The Chair advised that it would be a positive step when Governors could become involved in the STAR visits again and noted that the interim Trust Chair was on site visiting areas.

**Date, time and venue of next meeting**

24 November 2022 at 1.00pm using Microsoft Teams.

# Care and Safety Subgroup

24 November 2022 | 1.00pm | Microsoft Teams

PRESENT	DESIGNATION	16/05	14/07	10/10	24/11	16/01	23/03
Janet Miller	Public Governor ( <i>Chair</i> )	P	P	P	P		
Paul Wharton-Hardman	Public Governor ( <i>Deputy Chair</i> )		P	P	A		
Keith Ackers	Public Governor	P	P	P	P		
Rebecca Allcock	Staff Governor	P	P	P	A		
Peter Askew	Public Governor	P		P	P		
Paul Brooks	Public Governor	P	P				
David Cook	Public Governor	A	P				
Kristinna Counsell	Public Governor	P	P				
Margaret France	Public Governor	P	P	P	P		
Steve Heywood	Public Governor	A	P	A	P		
Lynne Lynch	Public Governor	P	P	P	P		
Frank Robinson	Public Governor	P	P	A	P		
Ann Simpson	Public Governor	A	P		P		
Mike Simpson	Public Governor		A	P	A		
Piotr Spadlo	Staff Governor	P	P	A	P		
David Watson	Public Governor	P	A	P	A		
<b>IN ATTENDANCE</b>							
Alison Cookson	Patient Experience and Involvement	P	P	P	P		
David Hounslea	Director of Facilities and Services	P	A	A	P		
Jennifer Foote	Company Secretary			A	A		
Christmas Musonza	Associate Director of Patient Quality, Experience and Engagement	A	A				
Kate Smyth	Non-Executive Director	P	P	A			
Joanne Wiseman	Corporate Affairs Officer (minutes)	P	P	P	P		
P – present   A – apologies <b>Quorum:</b> 50% of the Subgroup's total membership at the time of the meeting							

**Presenters:** Martin Keeney and Andrew Taylor, Portering Services Assistant Managers  
(minute 26/22)

## 28/22. Chair and quorum

Having noted that due notice of the meeting had been given to each member and that a quorum was present, the meeting was declared duly convened and constituted.

## 29/22. Apologies for absence

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes. Apologies were received from John Howles who will join CaSS on 23<sup>rd</sup> January in his new role as Associate Director of Patient Quality, Experience and Engagement.

## 30/22. Declarations of interest

There were no declarations made by Subgroup members in respect of the business to be transacted during the meeting.

## 31/22. Minutes of the previous meeting

Excellent care with compassion

The minutes of the previous meeting held on 10 October 2022 were approved as an accurate record.

32/22. **Matters arising and action log**

The action log was reviewed and would be updated accordingly.

33/22. **Estates and Facilities Update**

The Director of Estates and Facilities provided the subgroup with an update. The Charters restaurant at RPH was to undergo refurbishment following the conversion to help with Covid cases last year. Funding had been received and work was expected to start in January 2023 to upgrade the facilities with new furniture and improve the staff rest area. There would be the addition of a Starbucks outlet in Charters. The café at the main entrance had now extended its opening hours to 10pm and may be extended further once staff were in place. There had been nurse call system replacements and upgrades to the environment on the wards. Ward 18 had now been completed and Ward 17 was expected to be finished by the end of the year. The Gordon Hesling reception area was undergoing refurbishments. A Starbucks outlet had opened in the Preston Business Centre and the opening hours would be extended once staffing was in place.

Cuerden Ward opened in July at Chorley Hospital and the construction of the top floor Outpatients was ongoing with the aim of completion by the end of 2022. The roll out of the Alcidion portering system at Chorley Hospital was expected early 2023. There had been significant work undertaken to upgrade the fire system at Chorley Hospital which was ongoing. It was expected that Finney House would start receiving admissions by the end of the month. Concerns were raised around the staff and patient car parking facilities at Chorley Hospital and it was noted that a final position had been reached with the landlord of the Euxton Lane site. The Trust would review the proposal; however, the scheme would involve extensive funding.

Improvements to the facilities at Chorley Hospital were ongoing and Costa Coffee at the ATC entrance had extended its opening hours. Hot food was provided with hot vending at both sites and the Trust was reviewing hot vending contractors along with other Trusts in Lancashire. Education Centre 3 was offering meals at lunchtime at Chorley. The doctors mess on the ground floor at Chorley and various other departments had microwaves and fridges in the staff rooms.

A concern was raised regarding the disabled parking bays at the main entrance at Chorley being occupied with portacabins. It was confirmed that the portacabins would be on site until February 2023 due to the electrical substation upgrade. The Director of Estates and Facilities agreed to request that the Communications team add a message to the internet regarding the reduced disabled spaces and alternative disabled parking areas at Chorley.

The subgroup raised a query regarding there not being bedside TV's in the Cuerden Ward. The Director of Estates and Facilities advised that such companies were withdrawing from the market and only maintained existing units as patients preferred to use personal digital devices. Discussion was held regarding exclusion of patients who had no access to such devices and the Trust recommendations that patients leave expensive items at home due to issues with lost property. Discussion was also held regarding the lack of dayroom



provision on Cuerden Ward, an issue that had been raised by the CQC in respect of the Nightingale Unit.

The Patient Experience and Involvement Lead asked if Estates had contacted Access Able who record information about the Trust in respect of access to entrances and toilet facilities for the disabled community. The Chief People Officer had informed that she would link to Estates. It was agreed that the email would be sent to the Director of Estates and Facilities.

A concern was raised regarding a homeless person who had been found sleeping on a settee in Costa Coffee at Chorley. The Director of Estates and Facilities was unaware of the incident and would contact the Security Team.

#### 34/22. **Patient Experience and Involvement Update**

The Patient Experience and Involvement Lead provided a summary of the information in the report. The Patient Information Group AGM was scheduled for 01 Dec 2022. There was another set of leaflets due to be circulated at the end of November. The Carers Forum last met in October and information was provided from the Physiotherapy Lead. Reference was made to the Carers' Rights Day and Peter Sullivan, Chair for Preston and District Group, was on site offering information and support to patients.

An overview was provided on progress with the lost property project including confirmation that an action plan was in place and the policy would be updated and launched in due course. There would be keypad lockers installed in areas where no secure facilities were provided. Crates of books which had been donated to the Trust had been delivered and would be donated to wards and departments around the Trust.

The Subgroup was advised that the Patient Experience and Involvement group and the Patient Experience and Improvement group had now merged. It was confirmed that there would still be representation from the Continuous Improvement team at the meetings.

#### 35/22. **Non-Executive Director Update**

The Non-Executive Director provided the following update:

- There was now a Place-based delivery board for the Health and Inequalities work which the Non-Executive Director had been attending. Progress was underway and Starting Well, Living Well, Aging Well and Dying Well groups had been created.
- The Non-Executive Director would be meeting the newly appointed Associate Director of Patient Quality, Experience and Engagement from January onwards.
- Work on social value and anchor institutions had been undertaken and the Non-Executive Director would be leading on the anchor institution work along with Julian Manley from the University of Central Lancashire.
- The book that the Trust had contributed to on social value would be published in March 2023.
- The Non-Executive Director was currently chairing the Safety and Quality Committee and provided an outline of the agenda items to be discussed at the 25 November meeting. Issues of particular focus included Clostridium Difficile infections and pressure ulcers, along with the timelines for responding to complaints.

- The Non-Executive Director had been working within NHS North West alongside other members of the Place-based group in respect of the national mentoring scheme which had been created for aspiring disabled Non-Executive Directors.
- Research work was being undertaken with colleagues at Bradford University for maternity services reviewing facilities for women with learning disabilities. The Non-Executive Director was also working with UCLAN around health and inequalities to link Lancashire Teaching Hospitals with Bradford and UCLAN.
- The Non-Executive Director was working with the ICB Chief People Officer, Culture Officer and HR Manager and would be presenting at the ICB Board in January regarding her national work.
- The Trust Board meeting on the 01 Dec would be in the middle of Disability History Month, Board members had been asked to wear purple and there would be purple lighting around the Trust during that period.
- The Non-Executive Director would be attending the workshop event for the New Hospital Programme on 12 December 2022 at Lancaster University and feedback would be provided to the subgroup in January 2023.

The Non-Executive Director agreed to contact the Communications team regarding whether Chorley would be lit up in purple lights for Disability History Month.

A concern was raised that the patient voice forum within the ICB was no longer in existence although it was recognised that the patient voice was being heard as part of engagement activity for the New Hospitals Programme but this was limited.

**36/22. Portering Service Smart Page Update**

The Portering Services Assistant Manager informed the subgroup of the new Alcidion Smart Page system which replaced the old hand-held radio system. Information was now communicated using a mobile phone and there had already been a reduction in delays. The system could be tailored to environments such as a pandemic and had replaced the bleep system which allowed an immediate response to be sent. Communication was now more direct to the relevant person. The roll out at Royal Preston had been successful and work behind the scenes had been immense. Feedback had been received and adaptations by Alcidion were underway. All staff who would not normally have access to emails now had communications sent to phones which had been a significant improvement. The roll out at Chorley would commence in the New Year. Concerns of seeing staff using mobile phones on site had been raised and the Trust had issued communications on the TV screens across the sites to inform patients and visitors that the catering and portering staff use phones as part of new ways of working. Domestic staff would also be included on the new system in due course. It was recognised that IT and Telecoms had been instrumental in the success of the system.

**37/22. Patient Experience Charitable Fund**

A funding application was considered from the Bereavement Liaison Officer for a selection of Bereavement books for patients and their families. The subgroup agreed to the funding subject to approval of Council.

**38/22. Reflections on the meeting**

The information shared regarding Estates and the Smart Paging System had been informative and reports had been comprehensive.

39/22. **Proposal to visit Urgent Care and the Emergency Department at Chorley Hospital**

It was explained that the Terms of Reference for the subgroup stated that any Governor visits to departments needed to be agreed by subgroup members. The proposal to visit the Urgent Care and Emergency Department at Chorley approved along with a visit to Finney House. It was noted that the number of Governors permitted to attend a visit would be at the discretion of the department manager.

40/22. **Request for future meeting topics**

The following visit and topics were proposed:

- Visit to SMRC
- Feedback on Finney House provision at the January 2023 meeting (Ann Kirkham)
- Medical devices – presentation by Phil Purcell.

41/22. **Any other business**

A concern was raised by a relative of a patient who had passed away who was informed that the body could not be released from the Mortuary at Chorley to their funeral director as the Mortuary was only open for two days a week. The Patient Experience and Involvement Lead agreed to send an email to clarify Mortuary opening hours.

In response to a query regarding the opening hours of the PALS Office at Chorley, the Non-Executive Director agreed to discuss with the Chief Nursing Officer.

A lengthy discussion was held regarding prisoners attending the hospital for treatment and whether waiting facilities were appropriate when capacity was challenged. Reference was made to previous arrangements where a separate room had been available in such circumstances although this was no longer available. The Non-Executive Director agreed to discuss the issues in the Safety and Quality Committee meeting later in the week.

The meeting was informed that the Subgroup Chair had a one-to-one discussion arranged with the Trust Interim Chair the following Monday and asked for governors to forward any issues they wished her to raise. Governors were also encouraged to arrange their one-to-one meetings with the Interim Chair.

**Date, time and venue of next meeting**

16 January 2023 at 10.00am using Microsoft Teams.

# Chairs, Deputy Chairs and Lead Governor with the Chair and Chief Executive

3 October 2022 | 10.00am | Microsoft Teams

PRESENT	DESIGNATION	04/04/22	04/07/22	03/10/22	09/01/23
Professor E Adia (Chair)	Chair (to 31/08/22)	P	A		
Kevin McGee	Chief Executive	P	A	A	
Professor P O'Neill	Interim Chair (from 1/09/22)			C	
Steve Heywood	Lead Governor (18/04/22)	A			
Janet Miller	Lead Governor (19/04/22)	P	P	P	
Mike Simpson	Deputy Chair, Membership Subgroup	P	P	P	
Piotr Spadlo	Chair of Membership Subgroup	P	P	P	
Paul Wharton-Hardman	Deputy Chair, Care and Safety Subgroup	P	P	A	
<b>IN ATTENDANCE</b>					
Jennifer Foote MBE	Company Secretary		P	P	
Karen Swindley	Chief People Officer	A	P		
Tim Watkinson	Vice Chair (to 12/08/22)		C		
Jonathan Wood	Deputy Chief Executive		D	D	
Jo Wiseman ( <i>minutes</i> )	Corporate Affairs Officer	P	P	P	
P – present   A – apologies   C – Chair   D - Deputy					

## 9/22 Apologies for absence

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

## 10/22 Minutes of the previous meeting

The minutes of the meeting held on 4 July 2022 were agreed as a true and accurate record subject to the following amendments:

The attendance matrix had been updated to the new members and S Heywood removed from the record in error. This was agreed to be reinstated to show the history until the end of 2022/23 meetings. J Miller was shown as apologies on 04 April 2022 but was in attendance and would be amended.

Page 6 reference to a mental health patient to be reflected more objectively.

## 11/22 Matters arising and action log

The action log was reviewed and would be updated accordingly. It was agreed that the completed action regarding the awareness of The Haven would be re-opened.

## 12/22 Chair and Chief Executive update on key issues

The Interim Chair advised of his formal appointment as Interim Chair and of the appointment of T Watkinson as Senior Independent Director. Discussions around a permanent Chair were ongoing and the Interim Chair will be discussing this with the Nominations Committee. The Constitution was under review and would be discussed at the November Council of Governors meeting. The position of Vice Chair would be discussed with the Non-Executive Directors and an update provided when appropriate. The Interim Chair informed that as well as visiting areas within the Trust he had recently attended the place-based meeting within South Ribble Council, meetings for the New Hospitals Programme and the Partnership Care Board and was starting to form a clearer understanding of the structure within the Integrated Care System. The importance of the Trust's ability to voice opinions and be able to influence the strategy was stressed due to being a large care provider within the Integrated Care System.

The Deputy Chief Executive informed that the Integrated Care Board now had five major transformation programmes in the system and the main focus was around emergency and urgent care. Many challenges would be faced during the winter pressures during the next few months and colleagues continued to work hard to ensure plans were in place within the Trust. The Trust was still planning to enter into the lease on Finney House which would also provide an additional 64 beds by February 2023. Restoration and management of waiting lists remained a challenge and under review within the ICB. The management of the Integrated Care Board corporate functions to avoid duplication were also under review and the larger programmes of change for ad-hoc staffing were progressing. Place was originally formulated around local authority boundaries and it was noted that working with local authorities and social services, particularly with the older generation would be a positive progression, working more collectively.

It was confirmed that Finney House would come under the Trust's CQC registration on the day of transfer of the lease. Staff would also transfer to NHS terms and conditions and become NHS staff. The Board of Directors agreed the terms of the lease.

The Company Secretary informed that the revised Constitution with Hempsons was expected imminently and a follow up meeting with the working group would then be arranged prior to the 3 November 2022 Council of Governors meeting.

## **13/22 Draft Council of Governors agendas (part I and part II) – 3 November 2022**

The draft Council of Governors agendas for part I and part II had been circulated with the agenda.

A discussion was held around the agenda items and it was agreed that:

- the winter planning update from the Chief Operating Officer would remain on the agenda due to the low attendance of Governors at the Governors Development sessions.
- A verbal update from Infection, Prevention and Control would be requested as an additional agenda item.
- Chief Executive update to include reference to Trust expectations on energy costs over the Winter.
- J Miller informed of an email that had been sent for the attention of the Chief Executive Officer but had not received a response and it was agreed this would be investigated.

## 14/22 Subgroups and Lead Governor updates

### (a) **Care and Safety Subgroup** (Janet Miller)

Janet Miller advised since the last meeting on 04 July 2022, there had been one Care and Safety Subgroup meeting held on the 14 July 2022. The 19 September meeting had been rescheduled for 10 October 2022.

- An update was provided by Karen Hatch who informed that Angela Lewthwaite was meeting with the Continuous Improvement Team regarding patient letters. Examples of poor communications were provided. It was agreed to review the action plans for the improvements for patient communications.
- The Continuous Improvement Director provided the Safety Surveillance System update and informed that Governors would be able to attend the STAR Assurance visits once they re-commence.
- Matron Kathryn Dickinson explained the STAR inspection process.
- Alison Cookson provided an update for the Patient Experience and Involvement work.
- A Digital Strategy update was provided by Janet Young.
- Gemma Wright updated the subgroup for the smoking cessation service.
- The PALS office at Chorley was still undergoing refurbishment and not being utilised.
- Concerns were raised around the cost of claims for patients lost property and the working group appear to be making slow progress so it was agreed to also review the action plans.

### (b) **Membership Subgroup** (Piotr Spadlo)

P Spadlo informed that the last Membership Subgroup meeting was held on the 08 August 2022 and provided an overview of the issues discussed, with highlights including:

- Review of the membership action plan was being undertaken.
- Opportunities to increase the BAME and younger membership was being reviewed along with promoting the membership and updating the website.
- The Deputy Workforce Director, the Company Secretary and the Patient Experience and Involvement Lead were invited to provide updates.
- The Trust Graphic Designer was assisting with the task and finish group to produce new membership banners and promotional materials.

Reference was made to the additional burdens on governors in the absence of a permanent membership support post. Governor concern at this lack of support was expressed.

### (c) **Lead Governor update** (Janet Miller)

A Governor resignation had been received on 18 Sept 2022 and on reflection, training and support could be improved as the previous expectation was for Governors to attend 3 out of 4 council meetings and 5 out of 8 training sessions. Governors required clarification of the meetings that were mandated training sessions. The Company Secretary explained that formal notification for Governor resignations would be given at

the next council meeting. The buddy system for new Governors was discussed and it was agreed that the Company Secretary would review the process.

**15/22 Any other urgent business**

**(a) PALS Office at Chorley**

A discussion took place around PALS who moved out of the Chorley office to accommodate the surgical team. The office was now vacant however PALS had still not returned as the office was being refurbished. It was agreed that Corporate Affairs would request an update and details of the PALS interface and improvement programme for communications would be provided at the next Governor Workshop.

**(b) Hybrid Meetings**

A request has been made for equipment to enable hybrid meetings for Governors. The Company Secretary confirmed that the Gordon Hesling Room has been identified as a possible suitable location and the feasibility of providing hybrid meeting-enabling technology was currently in progression with IT.

**(c) Signage**

It has been reported that visually impaired patients had been experiencing difficulties with the temporary signage being used. The signage was discussed and Facilities were continuing to review and improve the signage in the Trust.

**(d) Patient Communications including Chatbot**

The Lead Governor provided feedback from a patient who had received a text message informing that their appointment would be a telephone consultation and suspected it was a scam. It was agreed to review the Chatbot call system to identify any issues leading to patient dissatisfaction.

**(e) Fire Alarm System**

The Lead Governor provided feedback regarding a fire alarm triggered by a toaster at Chorley Hospital generating some confusion in the attending fire service trying to locate the site. This was reported to Estates and Facilities and it was agreed that Corporate Affairs would contact Estates to follow up the action plan.

**16/22 Date, time and venue of next meeting**

It was agreed that the date of the next meeting in the diary for Monday, 9 January 2023 would have to be changed as the Chair would be unavailable on that day.