



**Lancashire Teaching Hospitals**  
NHS Foundation Trust

# COUNCIL OF GOVERNORS



## COUNCIL OF GOVERNORS



24 April 2025



13:00 GMT+1 Europe/London



Lecture Room 1, Education Centre 1, Royal Preston Hospital



## AGENDA


• Agenda .....	1
0.0 - Agenda (PI) - Council of Governors - 24 April 25.pdf .....	2
1. Chair and quorum (1.00pm) .....	4
2. Apologies for absence (1.01pm) .....	5
3. Declaration of interests (1.02pm) .....	6
4. Minutes of the previous meeting held on 21 January & 25 February 2025 (1.03pm).....	7
4.0a - Minutes - COG (part I) - 21 Jan 25 - chair approved.pdf .....	8
4.0b - DRAFT Minutes - Special Council of Governors - 25 February 25.pdf .....	19
5. Matters arising and action log (1.04pm).....	21
5.0 - Action log (part I) - Council of Governors - 24 April 2025.pdf.....	22
6. Chairman and Chief Executive's opening remarks (1.05pm).....	23
7. Update from Care and Safety Subgroup (1.20pm).....	24
8. Update from Membership Subgroup (1.30pm).....	25
9. STRATEGY AND PERFORMANCE .....	26
9.1 Board Committee Chairs' Reports (1.40pm) .....	27
9.1 - Committee Chairs Reports - Council - 24 April 25.pdf .....	28
9.2 Single Improvement Plan (2.10pm) .....	33
9.2 - SIP 2 year plan CoG.pdf .....	34
9.3 Corporate Objectives 2025/26 (2.20pm) .....	47
9.3 - Corporate Objectives 2025-2026.pdf .....	48
10. GOVERNANCE AND COMPLIANCE .....	72
10.1 Report of Nominations Committee: Appraisal Outcomes 2024-25 (2.35pm).....	73
10.1 - Outcome of Annual Appraisals for NEDs - 2024-25.pdf.....	74
10.2 Quality Account 2025/26: Agreement of Safety Priorities (2.45pm).....	76
10.3 Governor Process Map and Procedure (3.00pm).....	77
10.3 - Governor Procedure and Process Map.pdf.....	78
10.4 Board of Directors, Non-Executive Directors portfolios and Assurance Committee Membership (3.10pm) .....	84
10.4 - NED committee appointments.pdf.....	85
10.5 Governor Elections Outcome (3.20pm) .....	88
10.5 - Governor Elections 2025.pdf .....	89
11. ITEMS FOR INFORMATION .....	96

11.1 Governor Opportunities and Activities Summary.....	97
11.1 - Governor Oppportunities and Activities - Jan-Apr 25.pdf.....	98
11.2 Appointment of Lead Governor.....	101
11.2 - Appointment of Lead Governor 2025-26.pdf.....	102
11.3 Appointment of Nominations Committee.....	104
11.3 - Appointment of Nominations Committee 2025-26.pdf.....	105
11.4 Register of Interests .....	107
11.4 - Register of Interests - April 2025.pdf .....	108
11.5 Cycle of Business & Training 2025/26 .....	112
11.5 - Cycle of Business and Training 25-26.pdf .....	113
11.6 Minutes of Governor Subgroups .....	117
11.6a - Minutes CASS 13 Jan 13 March.pdf .....	118
11.6b - Minutes Chairs, Deputy Chairs, Lead Governor 17 Dec 1 April.pdf.....	129
11.7 Date, time and venue of next meeting: 24 July 2025, 10.00am, Lecture Hall, Education Centre 3, Chorley & South Ribble Hospital (3.28pm) .....	137
12. Review of meeting performance (3.30pm).....	138

## AGENDA

## REFERENCES

Only PDFs are attached

 0.0 - Agenda (PI) - Council of Governors - 24 April 25.pdf

# Council of Governors

24 April 2025 | 1.00pm

Lecture Room 1, Education Centre 1, Royal Preston Hospital

## Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	1.00pm	Verbal	Information	M Thomas
2.	Apologies for absence	1.01pm	Verbal	Information	M Thomas
3.	Declaration of interests	1.02pm	Verbal	Information	M Thomas
4.	Minutes of the previous meeting held on 21 January 2025 & 25 February 2025	1.03pm	✓	Decision	M Thomas
5.	Matters arising and action log	1.04pm	Verbal	Information	M Thomas
6.	Chairman and Chief Executive's opening remarks	1.05pm	Verbal	Information	M Thomas/ S Nicholls
7.	Update from Care and Safety Subgroup	1.20pm	Verbal	Information	J Miller
8.	Update from Membership Subgroup	1.30pm	Verbal	Information	S Brennan
<b>9. STRATEGY AND PERFORMANCE</b>					
9.1	Board Committee Chairs' Reports	1.40pm	✓	Assurance	Non-Executive Directors
9.2	Single Improvement Plan	2.10pm	✓	Information	S Morrison
9.3	Corporate Objectives 2025/26	2:20pm	✓	Information	S Morrison
<b>10. GOVERNANCE AND COMPLIANCE</b>					
10.1	Report of Nominations Committee: Appraisal Outcomes 2024-25	2.35pm	✓	Assurance	Chair
10.2	Quality Account 2025/26: Agreement of Safety Priorities	2.45pm	Pres	Decision	S Morrison
10.3	Governor Process Map & Procedure	3.00pm	✓	Decision	J Foote
10.4	Board of Directors, Non-Executive Directors portfolios and Assurance Committee Membership	3:10pm	✓	Information and Consultation	J Foote
10.5	Governor Elections Outcome	3.20pm	✓	Information	J Foote

No	Item	Time	Encl.	Purpose	Presenter
<b>11. ITEMS FOR INFORMATION (taken as read)</b>					
11.1	Governor Opportunities and Activities Summary		✓		
11.2	Appointment of Lead Governor		✓		
11.3	Appointment of Nominations Committee		✓		
11.4	Register of Interests		✓		
11.5	Cycle of Business & Training 2025/26		✓		
11.6	<b>Minutes of Governor Subgroups:</b> (a) Care and Safety Subgroup – 13 January and 13 March 2025 (b) Chairs, Deputy Chairs and Lead Governor – 17 December 2024 & 1 April 2025		✓ ✓		
11.7	Date, time and venue of next meeting: <i>24 July 2025, 10.00am, Lecture Hall, Education Centre 3, Chorley &amp; South Ribble Hospital</i>	3.28pm	Verbal	Information	M Thomas
<b>12. REVIEW OF MEETING PERFORMANCE</b>					
12.1	Discussion on how the meeting in public has been conducted	3.30pm	Verbal	Information	All

## 1. CHAIR AND QUORUM

● Information Item

● M Thomas

● 1.00pm



## 2. APOLOGIES FOR ABSENCE

● Information Item

● M Thomas

● 1.01pm

### 3. DECLARATION OF INTERESTS

● Information Item

● M Thomas

● 1.02pm

## 4. MINUTES OF THE PREVIOUS MEETING HELD ON 21 JANUARY & 25 FEBRUARY 2025

● Decision Item

● M Thomas

● 1.03pm

### REFERENCES

Only PDFs are attached



4.0a - Minutes - COG (part I) - 21 Jan 25 - chair approved.pdf



4.0b - DRAFT Minutes - Special Council of Governors - 25 February 25.pdf

# Council of Governors

## Public Meeting

21 January 2025 | 10.00am

Gordon Hesling Conference Room, Trust HQ, Royal Preston Hospital

### Present:

Mike Thomas	Chair
Pav Akhtar	Public Governor
Takhsin Akhtar	Public Governor
Alistair Bradley	Appointed Governor
Sheila Brennan	Public Governor
Teik Chooi Oh	Staff Governor
Margaret France	Public Governor
Graham Fullarton	Public Governor
Steve Heywood	Public Governor
Angela Kos	Public Governor
Janet Miller	Public Governor
Christine Pownall	Public Governor
Frank Robinson	Public Governor
Graham Robinson	Public Governor
Suleman Sarwar	Appointed Governor
Mike Simpson	Public Governor

### In attendance:

Ailsa Brotherton	Executive Director of Improvement, Research & Innovation
Nicola Compton	Corporate Affairs Officer ( <i>minutes</i> )
Jennifer Foote MBE	Director of Corporate Affairs
Karen Lawrenson	Corporate Affairs Officer
Silas Nicholls	Chief Executive
Paul O'Neill	Non-Executive Director/Vice Chair
Kate Smyth	Non-Executive Director
Tim Watkinson	Non-Executive Director/Senior Independent Director
Tricia Whiteside	Non-Executive Director

### 1/25 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.

### 2/25 Apologies for absence

Apologies for absence were received from Victoria Crocken, Sarah Morrison, Neil Pease, Eddie Pope & Tom Ramsay.

### 3/25 Declaration of interests

The Non-Executive Directors (NEDs) present declared on interest in item 6/25.6 in that the discussion related to their own positions. The relevant individuals agreed to leave the meeting at this point.

#### **4/25 Minutes of the previous meeting**

The minutes of the meeting held on 7 November 2024 were approved as a true and accurate record subject to the amendment to minor typing errors identified in an email forwarded to the officer supporting the meeting.

#### **5/25 Matters arising and action log**

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

#### **6/25 Chair and Chief Executive's opening remarks**

##### **1. New Hospitals Programme (NHP):**

Following the Government announcement of the revision to the New Hospitals' programme (NHP), the CEO gave an update on the position of the Trust. The replacement hospital for the Royal Preston site was now listed in tranche 3, with no expectation of commencement on construction before 2035. It was also confirmed that this did not impact the recent purchase of land for a potential site which would be held as an asset pending any future developments.

The need to address current estate challenges that could not wait 10 years was emphasised. High-cost, high-impact solutions were needed for sustainability.

During the discussion that followed, Council raised questions about affordability and potential site reviews. Specifically, Council asked what the Department of Health might do to help alleviate the additional running costs of maintaining the buildings during the extended period; while no immediate answer was provided, it was noted that contact would be made with the regional director to seek support; the Chair acknowledged the disappointing news but highlighted the potential opportunity to explore the Chorley site and community expansion.

Council felt that public engagement sessions should continue, despite the delay; it was felt that the sessions could be repurposed to discuss broader issues and gather community input.

##### **2. Pathology Leadership and Site Reassessment:**

Council was informed that it had been agreed to centralise Pathology leadership at LTH, initially planned for the new hospital. Chorley District Hospital's old Trust HQ was mentioned as a potential site, with considerations for infrastructure, parking and expansion. Council raised a Salmesbury site as a further consideration and this was noted.

##### **3. Staff Morale and Communication:**

The CEO recognised the impact of challenges on staff morale and stressed the importance of unity and collaboration with staff-side colleagues during difficult decisions.

#### **4. Financial Challenges:**

Council was informed that Stephen Hays, as Regional Turnaround Director, would lead efforts to improve financial performance, with a focus on reducing variable spending (e.g. agency and overtime costs) without compromising patient safety. The Trust was facing intense scrutiny due to its significant deficit. Discussions would need to include the potential to stop providing certain services, though it was emphasised that this would include consultation with the public.

Council was informed that the Trust currently had no access to any additional funding as a result of the current situation. The importance of Council holding Non-Executive Directors (NEDs) to account for the performance of the Trust during this period was emphasised.

In response to a governor's query about whether other Integrated Care Boards (ICBs) face similar financial and estate issues, it was confirmed that such challenges were widespread, though some trusts had managed their estates more effectively. The financial constraints that had hindered LTH's ability to maintain its estates were stressed. Questions had also been raised on the allocation and impact of the support previously provided, underscoring the need to rebuild confidence in the Trust's financial management and secure support for estate improvements.

Council raised a question about privatisation. Whilst there was no central direction for privatisation, there had been discussions about using the private sector to reduce waiting lists. It was noted that the Trust preferred to handle care internally, where possible, for financial sustainability and patient care quality.

#### **5. Winter Pressures**

It was reported that while winter pressures were challenging, ambulance turnaround times had been maintained, and additional bed capacity had not yet been required. Flu cases had peaked but preparations were underway for potential future surges.

***Non-Executive Directors temporarily left the meeting***

#### **6. Recruitment of Temporary Non-Executive Directors (NEDs):**

The Chair requested the Council's approval to recruit a group of interim, experienced NEDs for a one-year term in order to deliver expertise and oversight to the governance of the Trust as it entered a period of intense turnaround. The need for stability and consistency during such a critical period was emphasised. This approach aimed to provide additional focus and enable fresh perspectives to drive necessary improvements. The plan had received support from NHSE.

During the discussion that followed, Council questioned the availability of qualified temporary NEDs and was assured of the existence of a pool of experienced NEDs who would be interested in undertaking the roles. The interim NEDs would be expected to

introduce fresh perspectives, challenge outdated practices and reshape discussions around governance, finances and patient safety.

It was further confirmed that, at the point at which Council chose to revert to its standard recruitment practice and seek to appoint through an open process the interim NEDs would have the opportunity to apply for these permanent roles. Council acknowledged the need to reflect on lessons learned from recent challenges and recognised the importance of improving Board committees, particularly those focused on finance, quality and audit.

Despite the need to act at pace, Council was assured that there would be an opportunity for members of the Nominations Committee to meet with prospective appointees before their formal appointment by Council.

**Council RESOLVED to approve a derogation to the NED recruitment process (as set out in clause 12.5 of the Constitution), in order to facilitate the recruitment of four interim NEDs for a one-year term.**

## **7/25 Update from Chairs of Subgroups**

The Chairs of the Care and Safety and Membership Subgroups summarised the topics discussed at recent meetings and the following points were noted:

### *1. Care and Safety Subgroup (CaSS)*

It was reported that since the last meeting on 7th November, two meetings had taken place on 14th November and 13th January. Due to operational pressures, there was no representation from Estates and Facilities at either meeting.

The Head of Patient Experience and PALS had provided an overview of survey results covering inpatient, urgent and emergency care, maternity, and cancer services. Feedback was mixed regarding the relocation of the blood clinic at Chorley, and the Trust was awaiting a report from Healthwatch. It was noted that patients requiring urgent blood tests at Preston were now being directed to the Health Port. Additionally, the Brompton case at Chorley had been moved to Cuerden Outpatients. Concerns were raised that the "Call for Concern" initiative was not being promoted effectively.

The Associate Director of Quality and Experience had reported that the Trust was experiencing significant winter pressures, which had severely impacted the emergency departments. Patients receiving care in corridors had been provided with apology letters. Additionally, the ambulance service had introduced a "tactical withdrawal" process, meaning the traditional handover procedure was no longer taking place.

A new Patient Complaints Review Group had been established to improve the quality of responses to complaints, concerns and patient feedback. Several Governors had volunteered to participate in this group.

Concerns had been raised about patients being moved between wards during the night and others being discharged in the evening.

The NED update had included discussions on the provision of a seven-day thrombectomy service, cleaning standards, boarded patients and a review undertaken by the maternity department. Progress was also noted regarding the recycling of mobility aids. Quality

Impact Assessments had been presented to the Safety and Quality Committee to ensure that budget reductions did not compromise patient safety and experience.

Security concerns at Chorley Hospital were also raised, highlighting an issues around lone working for volunteers. It was confirmed that these security concerns would be reviewed and assessed accordingly. The NED update had clarified that reinstating the security cameras was on the work plan, though not prioritised. Further discussions would be required to review staffing arrangements and risk assessments for lone workers.

A patient story was shared, describing an incident where a patient with an ankle injury had visited Chorley Hospital. While the patient had praised the treatment received from the X-ray and physiotherapy teams, she had expressed dissatisfaction with the reception staff, who on investigation was part of "GoToDoc" rather than a Trust employee, but this distinction was unclear to patients due to uniform similarities. If necessary, concerns would be escalated to the ICB, particularly if they negatively impacted the Trust's reputation.

*(b) Membership and Public Engagement Subgroup*

The subgroup had discussed the Membership Strategy 2025-2028, which superseded the previous Membership and Public Engagement Strategy, with the decision to focus the new strategy on the statutory membership requirements. Further consultation was required to determine how engagement could be incorporated into a wider trust initiative. In the meantime, it was felt that engagement efforts would need to continue on an ad hoc basis, using creative approaches to involve the public in the absence of a formal structure.

An initiative had been undertaken by a NED to gather feedback from governors on their key areas of concern. The responses had been largely as expected, with waiting times, elective surgery delays and A&E pressures being the predominant issues. The membership sub-group discussion highlighted two main points: firstly, that the non-executive directors were aware of these concerns and actively addressing them with the executives; and secondly, that there was ongoing uncertainty about accountability in decision-making. The evolving role of ICBs had created questions about how foundation trusts fitted into the system and what impact this had on the role of the Council of Governors. It was agreed that further clarification was needed to understand how engagement and governance responsibilities should be structured within this changing landscape.

A detailed discussion had taken place on governor elections. As part of governors' ongoing efforts to improve governance, a survey had been conducted to gather feedback from current governors about their experiences in the role and during their induction process. The aim was to use these insights to refine the induction programme, ensuring that new governors were better prepared and more engaged. Several responses had already been received, and it was hoped that by the next meeting, the findings would be analysed and used to inform future improvements.

**8/25 Board Committee Chairs' Reports**

The report provided a format for Council to undertake its responsibility to hold non-executive directors to account for the performance of the Trust Board of Directors. It was noted the detail contained in the report was not a definitive list of all matters considered, rather an assurance provided by the Chairs, as Non-Executive Directors, on what they



considered to be the matters of current importance. The Committee Chairs provided an overview of the business discussed during recent meetings and highlighted key issues allowing Council to ask questions and request assurance throughout:

## **1. Safety and Quality Committee:**

The discussion on winter planning acknowledged that the current resource limitations meant some difficult realities had to be accepted. While there was recognition of the negative impact on patient experience, there were no immediate solutions available, as capacity constraints could not be resolved overnight. However, the Chief Operating Officer was actively working on addressing these issues, and for the first time, detailed figures were available to inform decision-making.

The financial implications of safety and quality concerns were also raised, with a suggestion that greater focus be placed on identifying the cost impact of specific challenges.

A query had been raised regarding the ambulance service's "tactical withdrawal" policy, which aimed to expedite ambulance handovers. Concerns were expressed about the potential impact on the quality of handovers, particularly for critically unwell patients who were unable to communicate their own medical history. The situation was being closely monitored to ensure patient safety was maintained.

Regarding the four-hour Emergency Department target, the Committee had been provided with detailed reports and analysis. While pressures had made meeting the target increasingly difficult, the issue remained a key area of focus. It was noted that scrutiny was also being applied through the Finance and Performance Committee, where continuous improvement measures were being explored. Actions such as piloting a "Doctor at the Door" initiative and conducting geographical analyses of patient demand had been introduced to improve patient flow. However, it was acknowledged that such measures required time and resources to implement effectively. While immediate improvements remained challenging, there was assurance that steps were being taken to support longer-term progress in managing demand and improving efficiency within the Emergency Department.

## **2. Finance and Performance Committee (FPC):**

The FPC had focused its discussions on managing risks and navigating significant challenges. The emphasis had shifted towards transforming care delivery, making difficult decisions, and encouraging executive leadership to adopt a more courageous approach. The Committee had pushed for changes in risk appetite and for difficult decisions to be brought forward. Alongside this, there had been a strong focus on understanding the mitigations in place to address ongoing risks, particularly around sickness rates, failure to meet criteria to reside, winter pressures and the impact of the new income cap. The latter was expected to constrain opportunities for profitable services, requiring a shift in mindset towards a more commercial approach.

Discussions had also underscored the importance of specificity in planning, a point raised in an emergency committee meeting earlier that day. While certain actions were within the Trust's direct control, others required partnership working at a system level. Effective collaboration had the potential to unlock long-standing challenges that had previously remained unresolved.

The Council of Governors sought further assurance regarding progress on the Single Improvement Plan (SIP). Although verbal updates had been provided, concerns remained about the assurance framework underpinning future progress. In response, it was noted that recent changes in executive leadership had resulted in responsibility for this aspect of the plan shifting, and work was underway to develop a revised reporting approach. Improvements in operational performance reporting had been noted, particularly in terms of clarity on status, causal factors and planned actions. The same level of rigour and discipline was now required for the SIP, and the Committee had raised concerns that current plans lacked adequate resources and governance structures. These matters remained under executive review, with continued pressure from FPC to drive progress.

The robustness of governance messaging across the organisation was discussed. Ensuring that the gravity of financial and operational challenges remained consistent as messages filtered through different levels of the organisation was identified as a key risk. There was recognition that divisional teams played a crucial role in transmitting key messages, and there was always a risk that difficult news could be softened as it was communicated further down the organisation. The FPC Chair reinforced the need for direct and robust messaging, emphasising the moral responsibility of leadership to ensure transparency. The importance of addressing non-compliance with financial constraints was also highlighted, with a view that colleagues, rather than just senior leaders, should take responsibility for challenging inappropriate spending requests. The difficulty of this cultural shift was acknowledged, particularly given the relative financial protection the organisation had experienced in recent years.

### **3. Workforce Committee:**

Due to the absence of the Workforce Committee Chair, the paper was taken as read; no follow-up questions were asked.

### **4. Audit Committee:**

The Audit Committee had reviewed several key areas of concern, including procurement waivers, delays in internal audit reporting, cybersecurity and preparations for the annual report and accounts. Governors were assured that the Committee would maintain scrutiny of these areas.

There were no follow-up questions or comments from Council.

### **5. Education, Training and Research Committee:**

The Committee had discussed several key issues, including compliance with mandatory training, postgraduate medical training quality, workforce development initiatives, and research strategy.

The Trust was not meeting compliance targets in 11 out of 31 training areas. While many were close to target, the Committee has been exploring pressures and possible levers to improve compliance, particularly given its importance to the CQC. Actions had included incorporating training compliance into STAR reports and audits to increase visibility and accountability and considering stronger levers for persistent non-compliance, particularly for staff who are repeatedly failing to complete mandatory training. The Chief People

Officer had been asked to explore potential interventions for staff classified as “super red” (chronically non-compliant).

A discussion followed regarding the potential correlation between non-compliance and patient harm incidents. While it was acknowledged that direct causation is difficult to establish for individual cases, the CQC strongly associates poor compliance with deteriorating care quality. Council agreed that monitoring through STAR audits and risk analysis would help ensure accountability.

## **6. Charitable Funds Committee**

Key discussions at the Charitable Funds Committee had included the strong post-COVID fundraising recovery, tighter governance to prevent external charities fundraising on-site and an investment benchmarking review to ensure value for money.

There were no follow-up questions or comments from Council.

### **9/25 Single Improvement Plan**

The update on the Single Improvement Plan outlined the progress made and the challenges that remained. Significant work had been undertaken on workforce planning to reduce headcount, alongside efforts to improve compliance with core skills training. Although some metrics remained slightly below target, improvements were evident.

Operational performance had also shown progress, particularly in theatre productivity, while the new Acute Medical Unit had been opened to enhance patient flow. In A&E, the Trust had been working towards a 78% performance standard. While this target had not yet been reached, the Trust had moved up to eighth place out of twenty in the Northwest. In elective care, the 65-week wait position had improved, placing the Trust second within its ICB and tenth in the Northwest.

The System Improvement Board (SIB) exit criteria had been a key focus. Seven of the criteria had been met, nine were on track, and a further nine remained a challenge. Financial targets and workforce-related issues were among the areas requiring further attention, and these had been prioritised by the executive team for quarter four.

Sickness rates continued to be a concern, standing at 7% compared to a 6% regional and 5% national average. Estates and Facilities, along with Medicine, had been identified as the main areas of concern. The Trust had updated its sickness policy to introduce tighter triggers, and work had begun on exploring digital solutions to improve absence tracking. It had been noted that a 1% reduction in sickness could equate to approximately £1 million in financial savings.

Council requested an update on the outstanding CQC actions. Four were under review. One required investment to meet national cleaning standards for *C. difficile* prevention, which would be subject to a business case, while another action was dependent on an external digital provider. The Trust remained focused on meeting these actions by March, though it was acknowledged that the business case process would extend beyond that timeframe.

The SIP had led to improvements in governance, access, waiting times, and safety and quality, though financial challenges persisted. NHS England had recognised the progress

made and indicated a willingness to review some of the exit criteria based on sustained improvement trajectories.

**The Council of Governors noted the progress made in year one and approved the priorities for the second year of SIP delivery, ensuring alignment with the next year's operational planning.**

#### **10/25 Patient Experience and Involvement Strategy Update**

The Annual Patient Experience Report, now in its second year, presented a mix of positive developments and areas requiring improvement. The report highlighted an overall reduction in complaints, which was viewed as a testament to the dedication and compassion of staff despite ongoing pressures. Key themes emerging from complaints included communication, consent, treatment outcomes and nursing care, all of which needed to be addressed.

A proposal was made to restructure next year's report to ensure that areas of concern were highlighted at the beginning, rather than focusing on positive news first. This was intended to demonstrate a more proactive approach to identifying and addressing issues, particularly in the context of external scrutiny from regulators such as the CQC.

Despite expectations that increased pressures on staff would lead to a rise in complaints, the opposite trend had been observed, with a substantial decline in complaint numbers. The Trust's overall quality rating remained good, with some outstanding areas, reinforcing the importance of maintaining and building upon existing standards.

A question was raised regarding the impact of Patient Safety Partners on improving patient safety. While this was a matter for the Chief Nursing Officer to address, it was suggested that an update could be included as an item at a future meeting of the Care and Safety Subgroup. Additionally, concerns were raised about the role of volunteers in comparison to paid Patient Safety Partners, questioning whether the same work could be effectively carried out without additional employment costs. This issue was acknowledged, and further consideration would be given to the matter.

#### **11/25 New Hospital Programme Update**

Stood down due to recent announcement of the delay to the programme.

#### **12/25 Trust Car Parks – Parking Management**

An update on the way forward for parking management on Trust sites, as agreed by the Trust Management Board, was submitted for information. Concerns were raised about past implementation challenges, including significant negative publicity and operational issues when the system was first introduced. Assurance was sought that any future changes would be carefully managed to avoid a repeat of these issues. It was confirmed that parking would be reviewed as part of the wider Estates' Strategy, acknowledging that while a perfect solution was unlikely, improvements could be made through creative partnerships with local authorities and transport providers. The Council of Governors was invited to submit any additional questions in writing, with responses to be provided and circulated accordingly.

## 13/25      **Membership Strategy 2025-28**

The Membership Strategy as drafted by the task and finish group established for the purpose of review, was submitted. The strategy had also been discussed by the Membership and Public Engagement Subgroup. It was agreed that the narrative and text was fit for purpose, but the presentation and use of outdated and uncaptioned photographs needed revision before publication. An updated version would be circulated to the task and finish group prior to publication.

**Council RESOLVED to approve the text of the Membership Strategy 2025-28 noting that further work on presentation would be undertaken prior to publication.**

## 14/25      **Council Elections Timetable 2025**

The 2025 election timetable was presented for information. Due to the presence of governors standing for re-election, discussions remained neutral, without reference to due process that might provide any individual advantage.

Since the last meeting, resignations had been received from Louise Tudor and David Blanchflower. Additionally, Sheila Brennan and Takhsin Akhtar were reaching the end of their current terms but remained eligible for re-election. It was also noted that Philip Curwen, who joined in April, was currently on an approved leave of absence due to legacy matters from a previous role as Lead Governor at another foundation trust.

## 14/25      **Appointment of University Non-Executive Director**

The report provided information for Council to consider the appointment of a Non-Executive Director nominated from a partner University, as required by the Trust establishment order. The nominee had met with the Nominations Committee and a formal recommendation for appointment had been made.

**Council RESOLVED that the recommendation for the appointment of Prof. StJohn Crean as a Non-Executive Director of the Trust be approved for a term of office of three years commencing 3 March 2025.**

## 15/25      **Items for information**

The following reports had been circulated with the agenda for information:

- (i)      **Governor Opportunities and Activities Summary:** A concern was raised that governors had not previously been made aware of certain patient groups and forums they could attend. It was suggested that clearer communication would have been beneficial in ensuring governors knew these groups existed and could participate in them. It was agreed that the current list of governor opportunities for 25/26 would be circulated, including details on whether meetings were virtual or in person, to ensure better access and involvement.
- (ii)     **Minutes of Governor Subgroups:**
  - Care and Safety Subgroup – 16 September & 14 November 2024
  - Membership and Public Engagement Subgroup – 4 October 2024

- Chairs, Deputy Chairs and Lead Governor – 8 October 2024

**16/25      Date, time and venue of next meeting**

The next meeting of the Council of Governors will be held on 24 April 2025 at 1.00pm in the Lecture Room 3, Education Centre 1, Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston, Lancashire, PR2 9HT.

**17/25      Reflections on how the meeting had been conducted**

There were no comments or reflections provided.

**18/25      Resolution to exclude press and public**

**It was RESOLVED that press and public be excluded from the meeting.**

# Special Council of Governors

25 February 2025 | 2.00pm

MS Teams

## Present:

Mike Thomas	Chair
Alistair Bradley	Appointed Governor
Sheila Brennan	Public Governor
Steve Heywood	Public Governor
Angela Kos	Public Governor
Janet Miller	Public Governor
Eddie Pope	Appointed Governor
Frank Robinson	Public Governor
Graham Robinson	Public Governor
Mike Simpson	Public Governor

## In attendance:

Jennifer Foote MBE	Director of Corporate Affairs
Jo Wiseman	Corporate Affairs Officer ( <i>minutes</i> )

### 28/25 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.

### 29/25 Apologies for absence

Apologies for absence were received from Tom Ramsay.

### 30/25 Declaration of interests

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

### 31/25 Appointment of the Non-Executive Director

At its meeting on 21 January 2025, the Chair apprised the Council of the significant financial issues facing the Trust and requested approval to recruit a group of interim, experienced non-executive directors for a one-year term to provide expertise and oversight during a period of intense turnaround. The need for stability and consistency was emphasised, aiming to provide additional focus and fresh perspectives to drive necessary improvements, with the proposal receiving support from NHSE. The Council had resolved, as a matter of expediency, to approve a derogation to the NED recruitment process (as set out in clause 12.5 of the Constitution) to facilitate the recruitment of one additional interim NED for a one-year term. As the next stage in the process Council was requested to consider the recommendation of the Nominations Committee regarding the appointment of one interim Non-Executive Director for a period of 12 months commencing 1 April 2025.

The lead governor reported that the Nominations Committee had a comprehensive discussion with the candidate, who provided a detailed CV and answered questions exceptionally well. The candidate's special interest in audit was noted, and it was proposed that he would chair the Audit Committee. The Committee was impressed with the candidate's rigour and expertise in audit. A question was raised about the candidate's ability to manage his time given his busy schedule. It was confirmed that this concern had been addressed during the Nominations Committee meeting, and the candidate had assured his dedication to supporting the Trust's transformation.

Council then reviewed the rationale provided by the Nominations Committee for recommending the appointment of the Non-Executive Director.

The meeting concluded with the Chair thanking the members for their time and confirming that arrangements would be made for the governors to meet the new NEDs appointed on 13 and 25 February 2025.


**Council RESOLVED to approve the recommendation for the appointment of Professor Tim Wheeler as interim Non-Executive Director for a period of 12 months, commencing 1 April 2025 (Nominations Committee Minute No. 16/25 refers).**



## 5. MATTERS ARISING AND ACTION LOG

 Information Item

 M Thomas

 1.04pm

### REFERENCES

Only PDFs are attached

 5.0 - Action log (part I) - Council of Governors - 24 April 2025.pdf

## Action log: Council of Governors (part I) – 24 April 2025

No	Min. ref.	Meeting date	Action and narrative	Owner	Deadline	Update

### COMPLETED ACTIONS (for information)

1	7/25a	21 January 2025	<b>Update from Chairs of Subgroups:</b> Executive review of security concerns at Chorley Hospital, including lone-working risks, staffing arrangements, and security camera reinstatement, with an assessment of security and risk management policies.	COO	April 2025	<b>Closed</b> Action taken forward as part of operational planning
	10/25	21 January 2025	<b>Patient Experience and Involvement Strategy Update:</b> The impact of Patient Safety Partners on patient safety to be included as a substantive item at the next Care and Safety Subgroup meeting, with input from the Chief Nursing Officer.	Corporate Affairs	April 2025	<b>Closed</b> <b>Update April 2025:</b> Added to CaSS CoB
3	15/25	21 January 2025	<b>Items for information:</b> Full list of governor opportunities for 25/26 to be circulated to Governors, including details on whether meetings are virtual or in person.	Corporate Affairs	April 2025	<b>Closed</b> <b>Update 24 April 2025:</b> a list of opportunities as made known to or shared with the CA Teams is published on Team engine. This is a live document and will be updated as further information becomes available.

## 6. CHAIRMAN AND CHIEF EXECUTIVE'S OPENING REMARKS

● Information Item

● M Thomas / S Nicholls

● 1.05pm

## 7. UPDATE FROM CARE AND SAFETY SUBGROUP

● Information Item

👤 J Miller

🕒 1.20pm

## 8. UPDATE FROM MEMBERSHIP SUBGROUP

● Information Item

● S Brennan


● 1.30pm



## 9.1 BOARD COMMITTEE CHAIRS' REPORTS

 Other

 Non-Executive Directors

 1.40pm

For assurance

### REFERENCES

Only PDFs are attached

 9.1 - Committee Chairs Reports - Council - 24 April 25.pdf



## Board Committee Chairs' Reports

---

### **PURPOSE OF THE PAPER:**

Council has a statutory responsibility to hold the Board of Directors to account, via the Non-Executive Directors (NEDs), for the performance of the Trust.

Previously the formal engagement between NEDs and governors was through the presentation on the work of an assurance committee by the chair of that committee. This was undertaken on a rota throughout the year, with one or two presentations per meeting. Whilst this allowed for a degree of interaction between assurance committee chairs and Council, the item at Council was presented as an information piece on the work of the committee, not as an opportunity for discussion and scrutiny as part of Council's statutory duty described above. Consideration of committees in silos, rather than the holistic presentation of the work of the assurance committees in the round did not easily allow governors to understand and test the connections and interdependencies between the assurance committees.

The report requires all assurance committee chairs to present to every meeting of Council. This should enable a greater degree of scrutiny by governors of the work of the committees and allow for the presentation of key strategic issues to be considered with an understanding of the work of the committees. The detail contained in the report is not a definitive list of all matters considered, but an assurance provided by the Chairs as NEDs on what they consider to be the matters currently of importance. Sometimes an item may also appear on the agenda for Council as a substantive item (e.g. the Single Improvement Plan). Where this occurs the Committee Chairs will contribute to the debate at that point, rather than duplicating the matter in their own report.

To provide the Council of Governors with assurance that the Board of Directors is ensuring the effective, efficient, and economic provision of services.

### **ACTION REQUIRED BY THE COUNCIL OF GOVERNORS:**

To receive the report and consider the assurance available from this performance assurance report.

---

### **Introduction**

The NHS Act (2006), as amended, places a duty on the Council of Governors to hold the Board of Directors to account, via the Non-Executive Directors (NEDs), for the performance of the Trust.

### **Non-Executive Director Assurance**

The Board of Directors has in place a Board Assurance Framework (BAF) in which it identifies the key risks to the Trust meeting its strategic objectives.



The oversight and scrutiny of the risks to achieving the strategic objectives, are delegated to Committees of the Board for scrutiny and to gain assurance that the risks are being addressed.

## **Update from Committee Chairs**

This report will continue to ensure that governors are provided with updates from any meetings that have taken place since the last Council meeting.

The narrative below provides an analysis from each of the Trust Committees and sets out the assurance that each Committee of the Board is able to provide to the Council of Governors.

### **Safety and Quality Committee**

**Chair: Karen Deeny**

#### **NED Introduction:**

Karen joined the Board as a Non-Executive Director in March 2025. She started her career as a speech and language therapist and has over 40 years experience across health, social care and education organisations and systems locally, regionally and nationally. Her work as a clinician, provider, commissioner, senior leader, researcher and author has been driven by an enduring passion for working with and learning from patients and staff to improve people's experiences and outcomes of care.

Widely experienced in working multi-professionally to develop, implement and sustain quality and safety reporting, assurance and improvement systems and processes, Karen has led the co-creation of service improvement initiatives with patients, staff and communities nationally and internationally.

Karen has completed the NHS Top Leaders programme, holds a PhD in healthcare improvement and is an Institute of Leadership and Management qualified executive coach and mentor. Her lived experience as a carer accessing local services is key to her work as an experienced Non-Executive Board member, Deputy Chair and Committee Chair supporting statutory, voluntary and charitable organisations with their assurance and improvement programmes.

Key priorities for the Safety and Quality Committee include:

- To maintain focussed assurance clearly aligned to the 25/26 Corporate objectives and associated metrics related to patients' quality, safe care and experiences;
- To maintain a firm grip on safety, quality and experiences of care in the context of financial and transformational challenges;
- To explicitly triangulate assurance across and between the Safety and Quality, Workforce, and Finance and Performance Committees.

#### **NED Analysis:**

The main issues highlighted from 31 January, 28 February, and 28 March meetings included significant concerns around medical device management, with a high number of items requiring replacement, and the need for increased scrutiny on capital allocation. Additionally, there were ongoing challenges in maternity services related to tier 2 medical cover and the implementation of Birthrate Plus investment. The reports also emphasised the importance of addressing health inequalities and improving compliance with national standards of cleaning and mandatory training. Despite these challenges, the Committee was assured on the progress made in various areas, including the implementation of Martha's Rule, safe staffing levels, and the management of controlled drugs, demonstrating a commitment to improving safety and quality of care.

### **Finance and Performance Committee**

**NED Introduction:**

I started a NED for the Trust in March 2025 and will be chairing the Finance and Performance Committee (“FPC”). My background is as a practicing corporate lawyer for 35 years, the last 12 of which I was Managing Partner of a leading UK national law firm Weightmans

The Trust is in Segment 4 of the NHS Oversight Framework because of finance overspend. FPC has oversight of the significant challenges that needs to be addressed in reducing waste to cut the financial deficit, but at the same time strike a balance in ensuring performance of the Trust’s key functions and duties are maintained and/or improved.

FPC must therefore focus on:

- Governance best practice needed in delivering the Waste Reduction Programme with cadence in helping the Trust get to a balanced budget by the end of 26/27.
- Oversight of plans to improve operational metrics
- Supervision of progress against continuous improvement plans
- Reviewing principal risks and scrutiny of operationally high risks from the Risk Register

**NED Analysis:**

Across the January, February, and March 2025 Finance and Performance Committee meetings, the Committee sought assurance regarding the Trust’s financial and operational performance, with particular focus on the challenges surrounding the 2025/26 budget submission, performance trajectories and risk mitigation. In January, risks related to cash flow, delays in planning guidance, and gaps in urgent and emergency care recovery were flagged. By February, focused discussion took place around the deliverability of the 2025/26 plan, with further detail required to support the assurance around required savings and reductions. Nevertheless, assurance was provided in each meeting around the Trust’s ongoing improvement efforts, positive financial performance trends, and enhanced planning capacity for the year ahead.

**Workforce Committee**

**Chair: Adrian Leather**

**NED Introduction:**

I am the CEO of the Charity Active Lancashire and the Strategic Lead for Physical Activity and Sporting Lifestyles on behalf of Sport England. I focus on prevention and rehabilitation by leading and enabling innovative collaborative partnerships across the Public and Voluntary sectors. I am a member of the Preston Anchor Board and participate in several Public and Voluntary sector leadership initiatives across Lancashire. Additionally, I serve as the Chair of Brewery Arts Trust in Kendal and am a member of the Electricity North West Stakeholder Vulnerability Panel.

Previously, I was a Non-Executive Director at University Hospital Morecambe Bay, where I chaired the Workforce Committee, served as the Staff Wellbeing Champion, and chaired the Bay Hospital Charity.

I am passionate about preventing ill health, tackling inequalities, and fostering partnerships that deliver positive transformations for communities. I seek to champion a joined-up focus on staff culture and skills, and partnerships with community stakeholders that can contribute to our sustainable financial position and improved patient outcomes.

**NED Analysis:**

The main issues highlighted from the 14 January and 11 March meetings included ongoing concerns around mandatory training compliance for temporary staffing and the need for investment to ensure successful implementation of rostering programmes. Additionally, the importance of addressing workforce risks identified in the staff survey and triangulating this data with national and ICB positions was emphasised. Despite these challenges, the Committee commended positive outcomes from changes within temporary staffing, cultural leadership initiatives, and efforts to address health inequalities and support community employment. These efforts collectively demonstrate a commitment to improving workforce management and training compliance, providing assurance to the Council of Governors.

## **Audit Committee**

**Chair:** *Tim Wheeler*

### **NED Introduction:**

I am the recently retired Vice-Chancellor of the University of Chester. The University has always had a strong focus on health with a large School of Nursing and Midwifery and more recently Medicine. In that capacity I have chaired a number of Audit and Risk Committees of external bodies. I have been a governor at the Countess of Chester Foundation Hospital Trust for the last three years and have an understanding of the pressures that the NHS faces. My professional background is as a psychologist and statistician.

Building on the current work of the Committee and working with the pertinent executive directors and other committee chairs, a continuing impetus will be given to oversight and governance of i) controlling staff expenditure by monitoring agency and bank costs, reviewing the core establishment, recruitment, retention and sickness absence; ii) evaluating the effectiveness of the new approach to risk identification, appetite, monitoring and mitigation including cybersecurity, and iii) reducing the number of derogations from established procurement procedures.

### **NED Analysis:**

The Audit Committee is undertaking continuing monitoring of recommendations following the limited assurance findings in the Sickness Absence Internal Audit Report and concerns in respect of the Insourcing LLPs Audit Report and ongoing issues with Single Tender Waivers. Despite these challenges, the Committee acknowledged the positive and proactive responses from executives and management to address these issues, as well as improvements in the oversight and management of outstanding audit recommendations. This demonstrated a commitment to resolving the identified gaps in governance and compliance.

## **Education, Training and Research Committee**

**Chair:** *StJohn Crean*

### **NED Introduction:**

I am Pro Vice-Chancellor for Research and Enterprise at the University of Lancashire. Previously, I served as the Executive Dean of the College of Clinical and Biomedical Sciences. I am an Honorary Consultant in Oral and Maxillofacial Surgery at East Lancs Hospital Trust and the Robert Bradlaw advisor at the Royal College of Surgeons of England. Additionally, I am the Editor in Chief of the Faculty Dental Journal (FDJ) and an Examiner for MFDS (RCSP Glasgow). I am also a council member of the NHTA, NW Innovation Agency, NW Health and Social Care Workforce Group, and ICP Strategy Group. I serve as the Strategic Lead for Preston Cyber Zone and Cyber Solutions Centre and am a member of Preston Partnership, Preston Innovations, and Preston Anchor Board.

Previously, held posts include Chair of the Lancashire LEP Health Sector Board, Chair of the Workforce and Skills NCF sub-group, and NCF Executive Steering Group member.

In my role, I represent the University to ensure it contributes to the overall aim for LTHTR to become a University Hospital. To achieve this ambition, the University will work with numerous organisations in the region to ensure the Trust becomes a nationally recognised hub for clinical and basic science research.

**NED Analysis:**

The main issues highlighted across the reports from the Education, Training, and Research Committee included the need for a robust financial plan to support the Trust's University Hospital Status ambition, ongoing financial turnaround efforts in the Research and Innovation department, and improvements in core skills compliance. The reports also emphasised the positive progress in research activities, including successful patient recruitment and significant achievements in clinical trials. Additionally, there were noted improvements in core skills training compliance, with action plans in place to address areas of non-compliance, particularly in resuscitation training. These efforts collectively demonstrated a commitment to financial stability, research excellence, and enhanced training compliance, providing assurance to the Council of Governors.

**Charitable Funds Committee**

*Chair: Tim Ballard*

**NED Analysis:**

The main issue highlighted was the postponement of benchmarking for Brewin & Dolphin due to capacity issues within the finance team, which faced gaps and a busy year-end period. This led to the formal extension of Brewin & Dolphin's contract for a year to alleviate pressure on the finance department. Despite this, the report notes positive developments, including securing a £200,000 grant for the NHS Charities Together Young Person Pregnancy Service, successful fundraising campaigns, and significant growth in the charity's budget and financial stability through efficiency measures and an internal restructure.

## 9.2 SINGLE IMPROVEMENT PLAN


● Information Item

● S Morrison

● 2.10pm

### REFERENCES

Only PDFs are attached

 9.2 - SIP 2 year plan CoG.pdf



# Council of Governors

## SIP Update

<b>Report to:</b>	Council of Governors	<b>Date:</b>	24 <sup>th</sup> April 2025
	Director of Improvement, Research and Innovation	<b>Prepared by:</b>	A Brotherton

### Purpose of Report

<b>For decision</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
---------------------	--------------------------	----------------------	--------------------------	------------------------	-------------------------------------

### Executive Summary:

At the start of 2024/25 the Trust undertook engagement to develop a three-year single improvement plan. Year one of the plan has now been delivered and regular updates on year one of the SIP have been provided to the Council of Governors throughout the year. Governors are asked to note that work is now underway to produce a final report for Year One delivery which will be finalised when the data are available for March 2025. This will be reported to the Council of Governors at a future meeting.

The purpose of this report is to provide an update to the Council of Governors on the work undertaken to develop the Year 2 Single Improvement Plan. The aim of year 2 of the SIP is to improve performance, quality and safety metrics so that the Trust's performance is in line with Northwest peers and the Trust is therefore not a negative outlier on any of the key metrics tracked in the single improvement plan by the end of Year 2. The priorities identified in the SIP for year 2 are aligned to the corporate objectives and the priorities set in the System Improvement Board where the exit criteria have not yet been achieved. The plan has been developed with the wider senior leaders across the organisation who are delivering the work outlined within each domain of the plan and the views of the Trust Management Board have been sought.

It is recommended that:

- I. The Governors note the content of this SIP plan for year 2.

### 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 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

SIP Portfolio Board



## Single Improvement Plan

# Lancashire Teaching Hospitals Improvement Journey

Improving patient care together



Well Led



People  
& Culture



Safety, Quality  
& Effectiveness



Financial  
Sustainability



Operational  
Performance





## Lancashire Teaching Hospitals Single Improvement Plan (SIP) 2024-2027

has been designed to simplify our approach to what we need to improve across the Organisation. Our priorities have been chosen through a combination of feedback from patients, colleagues and our regulators.

The 5 portfolios selected contain programmes that aim to improve:

- Safety and quality outcomes for our patients
- Experience for our people
- Financial sustainability of our organisation
- Operational performance of our organisation
- To be a well led organisation





# WELL LED PORTFOLIO

To reduce and manage risks across the organisation, developing a learning and continuous improvement culture focused on working with partners to redesign and deliver our services to best meet the needs of our community





**SRO: SILAS NICHOLLS**



**PROGRAMME LEAD: SARAH MORRISON**

PROGRAMMES	PROGRAMME AIMS
<b>Clear Vision and Strategy</b>	To develop a clear vision and strategy for 2025–2035
<b>Information Improvement</b>	To improve information through clear and consistent approach to key performance indicators governance, improved quality and consistency of reporting and data presentation
<b>Learning, Continuous Improvement and Innovation</b>	To continue to develop continuous improvement and learning capability within the organisation
<b>Corporate Communications Approach</b>	To use communication infrastructure to continue to build trust and confidence in the organisation with our people, communities and regulator
<b>Regulator Assurance</b>	To demonstrate adherence to National Health Service England (NHSE) license conditions and sustained delivery of Care Quality Commission (CQC) 'must do' and 'should do' actions
<b>Governance and Risk Maturity</b>	To strengthen governance & risk management across the organisation
<b>Community Service Place</b>	To work as an integrated organisation with Lancashire and South Cumbria Foundation Trust (LSCFT) to improve access and outcomes for our communities
<b>Digital</b>	To deliver digital transformation
<b>Estates &amp; Facilities</b>	To develop an estates strategy that enables services to be delivered
<b>Strategy &amp; Planning: Trust Planning Process</b>	To refresh the business planning process ensuring we are sustainable as an organisation

MEASURES OF SUCCESS
<p>CQC must and should do delivery</p> <p>Exit System Improvement Board (SIB) oversight</p> <p>Published new 10 year strategy</p>

# PEOPLE PORTFOLIO

To improve colleague experience through ensuring each individual's contribution is valued. Achieved by colleagues working in well led teams with effective line management support who positively apply people management policies and processes. Aiming to reduce sickness absence, achieve appraisal and core skills compliance, resulting in higher levels of colleague satisfaction and retention





**SRO: NEIL PEASE**

PROGRAMMES	PROGRAMME AIMS
<b>Vacancy control</b>	To embed and strengthen vacancy control processes, to support the Organisation to manage workforce resources in line with waste reduction programme.
<b>Retention</b>	Retaining colleagues through ensuring they feel valued, providing opportunities for development and career progression
<b>Violence and aggression</b>	To ensure colleagues feel safe through reducing incidences of violence and aggression within the workplace
<b>Sickness absence management</b>	To support colleagues to feel well and supported at work through effective attendance management processes
<b>Core Skills compliance</b>	To achieve and maintain compliance in all core skills across each professional group
<b>Appraisal compliance</b>	To provide high quality, meaningful appraisals on time enabling the consistent achievement of appraisal compliance across all professional groups
<b>Staff Survey</b>	To create a great place to work, leading to increased levels of colleague engagement and satisfaction.

MEASURES OF SUCCESS
Reduction in vacancies (Below 6%)
Turnover below 10% for all professional groups and length of service
Overall sickness absence rate (below 5.24%)
Number of violence and aggression incidents towards colleagues (reduction, annual assessment)
Core skills mandatory training compliance (90% achievement for all modules)
Appraisal compliance (90% completion for all professional groups)
Staff Survey – Recommend Trust as a place to work (above 60% level of engagement)

# SAFETY, QUALITY & EFFECTIVENESS PORTFOLIO

To improve inpatient care and experience, in particular Sepsis, Clostridium Difficile, Risk Assessment completion, medication safety, maternity, neonatal and childrens services whilst reducing health inequalities

To reduce health inequalities in our services







SRO: SARAH MORRISON

PROGRAMMES	PROGRAMME AIMS
<b>Deliver Annual Safe Staffing Requirements</b>	To improve patient safety outcomes and patient experience through compliance with safe staffing recommendations
<b>Patient Experience &amp; Involvement</b>	To increase engagement and feedback from protected minority groups and improve the outcomes of the inpatient survey
<b>Safeguarding</b>	To improve the experience of patients with a mental health, learning disability and/or autism diagnosis within the organisation
<b>C difficile Programme</b>	To reduce <i>C difficile</i> levels and comply with national Infection Prevention Control Board Assurance Framework
<b>Deliver Always Safety First Strategy</b>	To improve the safety culture of the organisation and improve safety outcomes
<b>Maternity &amp; Neonatal</b>	To provide consistently good maternity and neonatal care to women and families
<b>Children's Improvement</b>	To improve the safety culture and safety and quality outcomes within children and young people services
<b>Health Inequalities</b>	To implement the organisations health improvement plan working in partnership with wider health and social care organisations
<b>Critical Care and Enhanced Care Areas</b>	To progress the implementation of enhanced and critical care standards
<b>Medication Safety</b>	To transform the pharmacy workforce and services prioritizing medication safety

MEASURES OF SUCCESS			
<b>Deliver Annual Safe Staffing Requirements</b>	Overall fill rate for registered nurse, midwives, healthcare assistants and maternity support workers	<b>C difficile Improvement Programme</b>	Performance against national trajectory - No more than 199 hospital acquired cases (national trajectory)
		<b>Always Safety First</b>	Hospital standard mortality rate within expected range   Reduction in pressure ulcers and falls per 1000 bed days   Reduction in never events
		<b>Maternity</b>	Maintain compliance with 10 Clinical Negligence Scheme for Trusts (CNST) Safety actions
<b>Patient Experience and Involvement</b>	Friends and Family outcomes   Reduction in complaints   Improved STAR accreditation outcomes Complaints per 1000 bed days STAR Accreditation all trust   wards   Theatres   ED		

# FINANCIAL SUSTAINABILITY PORTFOLIO

To deliver the agreed Financial plan for the Organisation, including the waste reduction programme, and support ongoing development of a full sustainability plan for the Organisation





**SRO: DAVID STONEHOUSE**

PROGRAMMES	PROGRAMME AIMS
<b>Waste reduction programme implementation and delivery</b>	To deliver the agreed Waste Reduction Plan working with Integrated Care Board (ICB) and provider organisations to recover the system financial position
<b>Affordability/budget planning and financial reporting</b>	To support the Organisation to manage resources effectively and provide value for money services
<b>OneLSC financial team sustainability and development</b>	To develop OneLSC financial services to achieve sustainability and be best in class
<b>OneLSC Procurement &amp; Contracts Hub</b>	To improve the efficiency and effectiveness of OneLSC procurement and contract management process for the Organisation

MEASURES OF SUCCESS	
Income and Expenditure (I&E) normalised run rate	Agree & Deliver revenue and capital financial plan with Board and ICB
Waste recovery schemes delivery	Ensure 100% delivery of the Trust's Capital programme
Whole Time Equivalent (WTE) Run Rate reduction	Ensure revenue cash balance remain with Trust's agreed minimum
Variable pay improvement	75% of Budget Holders have completed Financial Management/Budget Management Training
Pay Run Rate expenditure reduction	Sign off of budget allocation by Executive Director, Divisions and individual budget holders
Standing Financial Instructions (SFI) waivers reduction	75% of "Budget Holders & Relevant Finance Staff" have attended Procurement Best Practice Training.
Delivery of Procurement Workplan	



# OPERATIONAL PERFORMANCE PORTFOLIO

To increase productivity to improve waiting times for elective care, including waits for diagnostic services. To continue improvement of cancer performance to minimise the risk of harm. To develop and improve expand urgent and emergency care services working with our partners for improved whole system flow





**SRO: KATIE FOSTER-GREENWOOD**

PROGRAMMES	PROGRAMME AIMS
<b>UEC</b>	To improve the responsiveness of urgent and emergency care services by reforming services with our partners
<b>Elective: General</b>	To continue to reduce waiting times for elective care services through increased productivity
<b>Elective: Cancer</b>	To deliver the cancer improvement plan to improve performance and quality in cancer services and minimise the risk of harm.
<b>Outpatients</b>	To improve accessibility and quality of outpatient services by implementing innovative processes and digital solutions to increase productivity.
<b>Diagnostics</b>	To deliver the diagnostic improvement plan to improve access and increase productivity to reduce waiting times for diagnostics.

MEASURES OF SUCCESS
Compliance with national urgency and emergency care performance standards including ambulance turnaround time, bed occupancy rate at 92%, length of stay, not meeting criteria to reside rate to 5%
Reduced waiting times in emergency department
Improved utilisation of Endoscopy sessions
Reduced long waits for patients for first appointments and treatment and eliminate very long waits
Compliance with national cancer performance standards including faster diagnosis standard and referral to treatment time

## 9.3 CORPORATE OBJECTIVES 2025/26

● Information Item

● S Morrison

● 2.20pm

### REFERENCES

Only PDFs are attached

 9.3 - Corporate Objectives 2025-2026.pdf



# Council of Governors

## Corporate Objectives 2025/26

<b>Report to:</b>	Council of Governors	<b>Date:</b>	April 2025
<b>Report of:</b>	Director of Improvement, Research and Innovation	<b>Prepared by:</b>	A Brotherton

### Purpose of Report

<b>For assurance</b>		<b>For decision</b>		<b>For information</b>	x
----------------------	--	---------------------	--	------------------------	---

## Supplementary paper to the Financial Paper

The purpose of this paper is to present to the Council of Governors the finalised corporate objectives 2025/26 which have been set by the Board of Directors in April 2025. These will be presented to the Trust management Board in April for cascade through the organisation.

Each year the Trust develops annual corporate objectives which define the strategic priorities of the Trust. These have been set by the Board of Directors in April 2025.

The Board will review the progress made against these objectives through the Single Improvement Plan. The metrics of the single improvement plan are present within the divisional improvement forums and committees of the Board.

All major decisions should align with corporate objectives. The Board Assurance Framework identifies principles risks that could impact the achievement of the corporate objectives and provides a structured approach to ensuring these risks are managed effectively.

The Trust five-year strategy is currently being updated following the announcement that the New Hospital Programme has been delayed. The draft strategy is focused on 5Ps; Patients; Performance; People; Productivity and Partnership. The corporate objectives for 2025/26 have been aligned to the 5Ps.

This paper sets out the high level corporate objectives and the detail that sits within each of these. These will be set as personal objectives for members of the Executive team and used to inform the objective setting in appraisals for the senior leadership team and will be cascaded throughout the organisation. The objectives are within year 2 of the Single Improvement Plan.

### Recommendations

#### The Council of Governors is asked to;

- Note the corporate objectives set by the Board of Directors and the plan to cascade and implement within the organisation.

## 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 checked="" type="checkbox"/>	Great Place To Work	<input checked="" type="checkbox"/>
To drive health 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			

## 1. Background

Each year the Trust develops annual corporate objectives which define the strategic priorities of the Trust. These have been set by the Board of Directors in April 2025.

The Board will review the progress made against these objectives through the Single Improvement Plan. The metrics of the single improvement plan are present within the divisional improvement forums and committees of the Board.

All major decisions should align with corporate objectives. The Board Assurance Framework identifies principles risks that could impact the achievement of the corporate objectives and provides a structured approach to ensuring these risks are managed effectively.

The Trust is in the process of updating the 5 year strategy following the announcement that the New Hospital Programme has been significantly delayed. The strategy will be discussed at a future Board workshop and presented to the Board.

## 2. Discussion

The purpose of this paper is to present the corporate objectives agreed by Board in April 2025. The Trust five-year strategy is currently being updated following the announcement that the New Hospital Programme has been delayed. The draft strategy is focused on 5Ps; Patients; Performance; People; Productivity and Partnership.

The collective corporate objectives for the Board in 2025/26 have been aligned to the 5Ps and are presented in Table 1.

Domain	Board Objective
Patients	Improve outcomes, reduce harm and deliver a positive patient experience
Performance	Deliver agreed trajectories in clinical performance
People	Create an inclusive culture with leaders at every level leading colleague engagement
Productivity	Deliver the agreed financial plan including waste reduction programme, maximising use of resources.
Partnership	Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.

Table 1: Board corporate objectives for 2025/26

The detailed corporate objectives have been developed based on the high levels objectives set out in Table 1 and are contained within appendix 1. These will be set as personal objectives for members of the Executive team and used to inform the objective setting in appraisals for the senior leadership team and will be cascaded throughout the organisation. The objectives are included within year 2 of the Single Improvement Plan.

## 3. Financial implications

None related specifically to the setting of the corporate objectives, but the delivery of the objectives fundamental to the Trust achieving the progress needed to achieve financial sustainability.

## 4. Legal implications

None

## **5. Risks**

The risks relate to non-delivery and will be captured through the Board Assurance Framework and the risk registers.

## **6. Recommendation**

**The Council of Governors is asked to;**

- i. Note the corporate objectives set by the Board of Directors and the plan to cascade and implement within the organisation.





# Corporate Objectives

27 February 2025



# Our values and culture

We recognise that the programme of work needed in 2025/26 journey will be challenging so we must continue not to lose sight of our values:



## Compassionate

A culture where we treat patients and colleagues with compassion, understanding and with kindness.



## Collaborative

A culture where we recognise we are part of a bigger team, willing to work across boundaries to support others to achieve their aims.



## Respectful

A culture where all roles or backgrounds are valued and equal, ideas are welcomed, we feel respected and supported.



## Performance Focussed

A culture which is performance focussed, we strive to be the best. We are happy to be held and hold others to account in a positive, supportive manner, we are reflective and do not seek to blame.



## Empowered

A culture where we are empowered and enabled to act to the full remit of our roles, we understand what we can do and feel able to act without permission.

# Corporate Objectives

## 1. High Level Objectives

There are 5 of these aligned to the 5 P's summarising the detail of the corporate objectives. These will be used at Board level.

(Patients, Performance, People, Productivity, Partnerships)

## 2. Executive Objective

These explain the 5 high level objectives in detail providing executive leadership responsibility and what is expected operationally within each.

## 3. Cascade

The corporate objectives will be used to cascade into every leaders appraisal ensuring each leader understands their role in contributing towards achieving the objectives.

# Corporate Objectives

1	Patients	Chief Medical Officer and Chief Nursing Officer
2	Performance	Chief Operating Officer
3	People	Chief People Officer
4	Productivity	Chief Finance Officer and Chief Strategy and Improvement Officer
5	Partnership	Trust Board

# Corporate Objectives

Domain	Board Objective
Patients	Improve outcomes, reduce harm and deliver a positive patient experience.
Performance	Deliver agreed trajectories in clinical performance
People	Create an inclusive culture with leaders at every level leading colleague engagement.
Productivity	Deliver the agreed financial plan including waste reduction programme, maximising use of resources.
Partnership	Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.

Progress against each of the objectives will be monitored through colleague appraisal, Divisional and corporate improvement forums, the single improvement plan and the Board of Directors.

# Patients

Patients					
Our ambition is to consistently deliver excellent care					
Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
1	Improve outcomes and prevent harm	<ul style="list-style-type: none"> <li>Design a new medical model for UEC pathways.</li> <li>Improvement to meet the average time to see a clinician in ED standard</li> <li>Internal professional standards will be met by each specialty</li> <li>Develop approach to medical staffing assurance.</li> <li>Deliver medicines safety and optimisation programme</li> <li>Lead delivery of CQC action plan</li> <li>Continued implementation of PSIRF &amp; demonstrate maturity in the approach to learning.</li> <li>Implement the Always Safety First and learning strategy 2025-2028</li> <li>Deliver agreed <i>C.difficile</i> improvement actions</li> <li>Deliver 10 CNST maternity neonatal safety actions</li> <li>Deliver annual safe staffing requirements</li> <li>Deliver the Health Improvement Plan: Our plan to reduce health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in time to see a clinician in ED</li> <li>Specialty monitoring and achievement of internal professional standards</li> <li>Patients will be seen by a senior decision maker in assessment areas in line with UEC guidance. Documented approach to medical staffing assurance.</li> <li>Improved verification and reconciliation compliance.</li> <li>CQC must and should do completion</li> <li>Delivery of Always Safety First and learning strategy</li> <li>Deliver within agreed <i>C.difficile</i> trajectory</li> <li>Deliver 10 CNST maternity neonatal safety actions</li> <li>Deliver annual safe staffing requirements</li> <li>Evidence impact on minority groups through implementation of the health improvement plan in all specialties</li> </ul>	<p>Chief Medical Officer</p> <p>Chief Nursing Officer</p>	Safety and Quality Committee
2	Deliver a positive patient experience	<ul style="list-style-type: none"> <li>Improve the experience of inpatients, improve position in ED and children and maintain positive position in cancer and maternity surveys</li> <li>Implements a change in culture in UEC pathways focussing on preventing deconditioning and reducing 'days kept away from home' and in elective services 'days worrying'.</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of the Patient Experience &amp; involvement plan</li> <li>Board and ward round standards fully implemented</li> <li>Implementation of Marthas rule</li> <li>Evidence 90% complaints response times</li> <li>Reduction in complaints associated with UEC and cancer diagnostic pathways.</li> <li>Widespread understanding of the actions within each area to prevent deconditioning.</li> </ul>	Chief Nursing Officer/Chief Medical Officer	Safety and Quality Committee

Patients		Our ambition is to consistently deliver excellent care			
Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
3	To develop new ways of working across the system that lead to more effective patient interventions and pathways.	To deliver more services to patients outside of hospital: <ul style="list-style-type: none"> <li>• Lead the approach to community transformation</li> <li>• Develop the community transformation plan</li> <li>• Establish new ways of working with primary care to promote partnership approach to transformation</li> <li>• Clinically lead the implementation of clinical transformation of patient pathways</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated leadership team and decision-making forum for Central Lancashire community</li> <li>• Deliver agreed community transformation actions</li> <li>• Delivery of pathway specific improvement trajectories</li> <li>• Positive feedback in relation to partnership working across organisational boundaries</li> </ul>	Chief Nursing Officer  Chief Medical Officer	Safety and Quality Committee  Finance and Performance Committee
4	To deliver good tertiary services to the population of Lancashire and South Cumbria and District General Hospital Services to the population of Central Lancashire	<ul style="list-style-type: none"> <li>• Progress the Integrated Care Board and Provider Collaborative Board clinical services programme for vascular, urology, haematology and head and neck.</li> <li>• Progress in tertiary services peer review compliance.</li> <li>• Develop an approach to frailty and end of life care that meets the needs of the local population.</li> </ul>	<ul style="list-style-type: none"> <li>• Progress within service delivery models.</li> <li>• Improved compliance with peer review recommendations.</li> <li>• Increase in the number of patients receiving end of life care in the community</li> <li>• Decrease in the time spent away from home for people with frailty.</li> </ul>	Chief Medical Officer  Chief Nursing Officer	Finance and Performance Committee



# Performance



Performance		Our ambition is to consistently deliver excellent care			
Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
4	To minimise the risk of harm to patients through the continued delivery of our cancer recovery plan	<ul style="list-style-type: none"> <li>• Delivery of more elective care to further improve performance against cancer waiting times standards.</li> <li>• Working in partnership with providers across L&amp;SC to maximise our collective assets and ensure equity of access.</li> <li>• Work with locality partners to manage demand effectively.</li> <li>• Deliver specialty and divisional improvement trajectory.</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver performance improvement trajectories for 62-day cancer standard with a stretch ambition of achieving 75% by March 2026.</li> <li>• Deliver performance improvement trajectories for the 28-day cancer Faster Diagnosis Standard with a stretch ambition of achieving 80% by March 2026.</li> </ul>	Chief Operating Officer	Finance & Performance Committee
5	To minimise the risk of harm to patients through delivery of our elective recovery plan	<ul style="list-style-type: none"> <li>• Delivery of more elective care to improve performance against elective waiting times standards.</li> <li>• Working in partnership with providers across L&amp;SC to maximise our collective assets and ensure equity of access.</li> <li>• Work with locality partners to manage demand effectively.</li> <li>• Deliver specialty and divisional improvement trajectory.</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver performance improvement trajectories for patients waiting no longer than 18 weeks for treatment with a stretch ambition of achieving 65% nationally by March 2026 or 5% improvement.</li> <li>• Deliver performance improvement trajectories for patients waiting no longer than 18 weeks for a first appointment with a stretch ambition to achieve 72% nationally by March 2026 or 5% improvement.</li> <li>• Deliver performance improvement trajectories to reduce the proportion of people waiting over 52 weeks with a stretch ambition of achieving 1% or less of the total waiting list by March 2026.</li> </ul>	Chief Operating Officer	Finance & Performance Committee
6	To improve the responsiveness of urgent and emergency care	<ul style="list-style-type: none"> <li>• Working with partners, we will continue reforms to urgent and emergency care to deliver safe, high-quality care.</li> <li>• Specific focus on preventing inappropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver performance improvement trajectories re 4 hour A&amp;E waiting times with a stretch ambition of achieving 78% of patients being seen within 4 hours by March 2026.</li> </ul>	Chief Operating Officer	Finance & Performance Committee

Performance		Our ambition is to consistently deliver excellent care			
Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
7	To minimise the risk of harm to patients through the continued delivery of our DM01 recovery plan in line with trajectory	<ul style="list-style-type: none"> <li>• Delivery of the plan to improve diagnostic performance.</li> <li>• Working in partnership with providers across L&amp;SC to maximise our collective assets and ensure equity of access.</li> <li>• Work with locality partners to manage access to diagnostics and improvement collaboratively, learning from Cheshire and Merseyside.</li> <li>• Deliver specialty and divisional improvement trajectory.</li> </ul>	<ul style="list-style-type: none"> <li>• Achievement of agreed performance trajectories for DM01 performance</li> <li>• Deliver Endoscopy utilisation of 90%</li> </ul>	Chief Operating Officer	Finance & Performance Committee

# People



People		Our ambition is to be a great place to work			
Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
8	To right size the workforce to support the delivery of safe, affordable and sustainable services, aligned with the Trust’s strategy	<ul style="list-style-type: none"><li>To deliver a workforce plan that responds to commissioning intentions and the communities we serve.</li><li>Achieve the headcount reduction needed to ensure successful delivery of the waste reduction workforce plan whilst maintaining safety.</li></ul>	<ul style="list-style-type: none"><li>Reduction in headcount/hours worked</li><li>Reduction in vacancies</li><li>Reduction in bank and agency spend</li><li>Reduce agency spending by at least 30% Reduce bank spending by at least 10%</li><li>20% reduction in variable pay spend</li></ul>	Chief People Officer	Workforce Committee
9	To strive to improve experience at work by actively listening to our people, and turning understanding into positive action	<ul style="list-style-type: none"><li>To ensure staff choose to stay and work in Lancashire Teaching Hospitals and they are healthy at work.</li><li>Delivery of the People Plan.</li><li>To progress staff advocacy scores relating to provision of care.</li><li>To deliver the sexual safety charter within the organisation.</li></ul>	<ul style="list-style-type: none"><li>To maintain an average or above position compared to peer for each people promise.</li><li>Improved staff advocacy score relating to a great place to be cared for.</li><li>The number of rest areas improved will continue to grow.</li><li>Reduction in the overall sickness rate to below 5.24%</li><li>Reduction in the overall incidents of violence and aggression within the workplace</li></ul>	Chief People Officer	Workforce Committee
10	To be consciously inclusive in everything we do	<ul style="list-style-type: none"><li>To ensure staff are equipped with the skills to create inclusive cultures that deliver inclusive care.</li><li>Deliver the Equality Diversity and Inclusion strategy.</li><li>To demonstrate we are an Anti-Racist Organisation.</li></ul>	<ul style="list-style-type: none"><li>Demonstrate maturing approach to EDI through improved Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) data.</li><li>Implement the health improvement plan and demonstrate improved outcomes for staff in minority groups.</li><li>By achieving Bronze Level of the North West Anti-Racist Framework with a plan to how we will achieve Silver and Gold.</li></ul>	Chief People Officer/Chief Nursing Officer	Workforce Committee

People		Our ambition is to be a great place to work			
Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
11	To build a positive culture, demonstrating our values in action through increased colleague engagement across the organisation.	<ul style="list-style-type: none"><li>Leaders at all levels recognise their contribution to creating a culture where colleagues feel,<ul style="list-style-type: none"><li>Together we are one team</li><li>Together we can create your future</li><li>Together we make extraordinary things happen</li></ul></li><li>We will all strive to demonstrate our ‘shared responsibilities’ in the way we interact with one another.</li></ul>	<ul style="list-style-type: none"><li>Colleague feedback and experience will exceed average people promise comparators.</li><li>An increase in colleagues who recommend LTH as a place to work.</li></ul>	Chief People Officer/Chief Nursing Officer	Workforce Committee
12	To develop leaders at every level of the organisation with the skills and behaviours that are able to provide compassionate leadership.	<ul style="list-style-type: none"><li>To enhance the governance and leadership within the Board of Directors through the provision of a Board development programme.</li><li>To invest in the development of the senior leadership team within the organisation.</li><li>To support the development of leaders at department level through the delivery of leadership training and education.</li></ul>	<ul style="list-style-type: none"><li>Completion of Board development programme.</li><li>Delivery of the senior leadership development programme.</li><li>Development of department leaders leadership programme.</li><li>Rating of ‘Good’ in CQC well led.</li><li>Improved staff survey outcomes linked to leadership behaviours.</li><li>Increase in the use of TED engagement tools</li></ul>	Director of Corporate Affairs/Chief People Officer/Chief Nursing Officer	Board

# Productivity

Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
13	To provide value for money services by spending less, spending well and spending wisely	<ul style="list-style-type: none"><li>To evidence improved value for money and delivery of the financial recovery programme</li><li>To design services that are affordable and deliver within the budget.</li><li>Commit to make the best use of finance and colleague contribution.</li></ul>	<ul style="list-style-type: none"><li>Delivery of agreed Waste Reduction Plan.</li><li>Teams delivering to the forecasted plans (within 1%).</li><li>The cash balance is sufficient to fund ongoing revenue commitments and planned capital Investments.</li><li>Deliver agreed capital programme.</li><li>Services will be managed within an affordable budget</li></ul>	Chief Finance Officer	Finance & Performance Committee
14	To deliver sustained improvement evidenced through the single improvement plan	<ul style="list-style-type: none"><li>To deliver against the plan and demonstrate improved outcomes for the organisation</li><li>Launch the Lancs Improvement Method</li></ul>	<ul style="list-style-type: none"><li>Progress in the Improvement and Assurance group (IAG) exit criteria to progress towards exiting National Oversight Framework (NOF) 4</li><li>Participation in the North West Learning and Improvement Networks – achieving the target improvement.</li><li>Adoption of the Lancs Improvement method at all levels of the organisation.</li></ul>	Chief Strategy and Improvement Officer	Board and committees of the Board
15	Improve our underlying productivity and efficiency	<ul style="list-style-type: none"><li>To maximise our productivity through the deliver of the Waste Reduction Programme, Single Improvement Plan and other transformation plans</li></ul>	<ul style="list-style-type: none"><li>85% capped theatre utilisation</li><li>Increased average cases per list</li><li>Improved New:Follow up rates</li><li>Increased diagnostic modality level utilisation (Minimum efficiency standards)</li><li>Reduced lengths of stay</li><li>Reduced escalation capacity and boarding</li><li>Reduced unit labour costs/premium rates</li><li>Reduced cost base by at least 1% and achieve 4% overall improvement in productivity before taking account of any new local pressures or dealing with</li></ul>	Executive Triumvirate/ Chief People Officer	Finance & Performance Committee



Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
10	To develop a clinical services strategy for the organisation	<ul style="list-style-type: none"><li>To develop safe, innovative, sustainable and affordable clinical models for the future</li></ul>	<ul style="list-style-type: none"><li>We will progress the new NHS Plan by evidencing how to are supporting the move from<ul style="list-style-type: none"><li>Hospital to community</li><li>Treatment to prevention</li><li>Analogue to digital</li></ul></li><li>The demand for acute care will be reduced.</li><li>The Health Inequalities gap will begin to close.</li><li>Patients will report improved shared decision making.</li></ul>	Chief Strategy and Improvement Officer/Chief Medical Officer/Chief Nursing Officer	Finance & Performance Committee

# Partnerships




Partnership				
Our ambition is to be fit for the future				
Purpose of the Objective		Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead
				Assurance Committee
13	To develop and deliver our strategic plans to support the transitions outlined in the new NHS Plan:hospital to community; treatment to prevention; analogue to digital.	<ul style="list-style-type: none"> <li>Develop and launch the Trust strategy in collaboration with partners.</li> <li>Develop the capital plans to support the transition.</li> <li>Develop a digital programme to support the workforce reduction.</li> <li>Communicate plans with internal and external stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Launch of the Trust strategy.</li> <li>Development of the capital and estates plan to support the transition.</li> <li>Delivery of the green plan.</li> <li>Development and delivery of the digital programme to support analogue to digital and workforce reduction.</li> <li>Colleagues will understand what our plan is and what their contribution to achieving this is.</li> </ul>	Chief Strategy and Improvement Officer  Deputy Chief Information Officer  Director of Communications
14	Developing a sustainable future: to develop effective partnerships across L&SC which maximise population health and support services that are clinically and financially sustainable.	<ul style="list-style-type: none"> <li>Deliver plans for OneLSC and develop and implement agreed clinical service strategies/plans.</li> <li>As an Anchor Institution, work with partners to improve population health, supporting development of a thriving local economy and reducing health inequalities.</li> <li>Reduction in demand through development of Neighbourhood Health with specific focus on frailty and end of life management in central Lancashire.</li> </ul>	<ul style="list-style-type: none"> <li>Agreed metrics for OneLSC and each service strategy/plan.</li> <li>Demonstrate progress against Anchor institute metrics.</li> <li>Deliver our Health Improvement Plan working with our partners to improve access, experience and outcomes for patients and reduce health inequalities</li> <li>Develop and agree LTH Estates strategy</li> </ul>	Chief Finance Officer/Chief People Officer  Chief Nursing Officer/Chief People Officer
15	To make progress towards our ambition to be a University Teaching Hospital.	<ul style="list-style-type: none"> <li>Work towards achieving University Hospital status</li> <li>Deliver the Education, Training and Research Strategies</li> <li>Continue to shape an education, learning and innovative culture</li> </ul>	<ul style="list-style-type: none"> <li>Implement the plan to deliver the requirements for University status.</li> <li>Deliver the key metrics and measures within the research and innovation strategy.</li> <li>Ensure the Education and Research departments continue to strengthen their portfolios in line with their strategies.</li> </ul>	Chief Strategy and Improvement Officer/Chief People Officer
16.	Working with partners, create a single pathology service	<ul style="list-style-type: none"> <li>To develop and implement the detailed plan for a single pathology service.</li> <li>Work up the Capital Business Case for a single Pathology hub</li> </ul>	<ul style="list-style-type: none"> <li>A plan to deliver a single pathology service will be established.</li> <li>Progress toward the plan will be evidenced.</li> </ul>	Chief Medical Officer
Overall				Finance and Performance Committee page 71 of 138




## 10.1 REPORT OF NOMINATIONS COMMITTEE: APPRAISAL OUTCOMES

2024-25

 Other

 Chair

 2.35pm

For assurance

### REFERENCES

Only PDFs are attached

 10.1 - Outcome of Annual Appraisals for NEDs - 2024-25.pdf

# Council of Governors Report

## Outcome of Annual Appraisal – Non-Executive Directors

<b>Report to:</b>	Council of Governors	<b>Date:</b>	24 April 2025
<b>Report of:</b>	Nominations Committee	<b>Prepared by:</b>	N Compton
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For assurance</b>	<input checked="" type="checkbox"/>	<b>For decision</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
----------------------	-------------------------------------	---------------------	--------------------------	------------------------	--------------------------

### Executive Summary:

All non-executive directors undertake an annual appraisal to assess their performance during the prior year in order for Council to have assurance that they continue to be fit for the role during the coming year.

During 2024/25 the Board of Directors experienced a significant change in non-executive director membership, with five NEDs stepping away from their appointments in February and March 2025, therefore making the requirement to undertake an appraisal for their continuance in the role irrelevant. In addition, the Chair of the Trust was appointed in January 2025.

The appraisal of the Chair is ordinarily undertaken by the SID. As the current chair was appointed during the Q4 it was the opinion of the outgoing SID that for the first appraisal of the current chair, less than three months was too short a time for an appraisal to have any practical merit. Therefore, the first full appraisal should be undertaken in Q4 2025/26, giving a slightly lengthened period to consider but allowing for a full assessment to be made.

The Chair undertook appraisals for Tim Ballard and Uzair Patel for 2024/25. Both appraisals were signed off by the Chair as being fully competent with the objectives set for 2023/24 having been fully achieved. The outcome of the appraisals was reported to Nominations Committee on 10 April.

#### Recommendation:

**Council is asked to receive assurance on the successful outcome of the appraisals for 2024/25.**

## 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			
Nominations Committee 10 April 2025			

## 10.2 QUALITY ACCOUNT 2025/26: AGREEMENT OF SAFETY PRIORITIES

● Decision Item

👤 S Morrison

🕒 2.45pm

Presentation



## 10.3 GOVERNOR PROCESS MAP AND PROCEDURE


● Decision Item

● J Foote

● 3.00pm

### REFERENCES

Only PDFs are attached

 10.3 - Governor Procedure and Process Map.pdf



# Council of Governors

## Governor Procedure and Process Map

<b>Report to:</b>	Council of Governors	<b>Date:</b>	24 April 2025
<b>Report of:</b>	Director of Corporate Affairs	<b>Prepared by:</b>	J Foote

### Purpose of Report

<b>For assurance</b>	<input type="checkbox"/>	<b>For decision</b>	<input checked="" type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
----------------------	--------------------------	---------------------	-------------------------------------	------------------------	-------------------------------------

### Executive Summary:

For the effective management and flow of issues and feedback the Trust has in place a procedure utilising a single communication channel. However, a review of this has been undertaken to reflect changes in the Executive Administration function where the Executive Assistant to the CEO was the primary contact. The revised process allocates this primary contact role to the Corporate Affairs Team. When approved the process will be added to the Governor Handbook and published on Team Engine for reference.

**Council is requested to consider the attached and adopt as the agreed process for raising issues and/or providing feedback.**

### 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

**Procedure for Governors to provide feedback and report issues**

**1. Introduction**

It is important that members of the Council of Governors are able to provide feedback and raise issues, concerns or compliments with the Trust through a structured process and receive responses to such issues in a timely manner.

Consideration has been given to the most structured way in which Governor issues should be raised with a 'one way in, one way out' approach, in the main, to ensure issues are forwarded to the appropriate individual or department, timely responses are provided to Governors, the quality of responses is controlled and maintained and an accurate record is kept of all Governor issues raised. It has also been recognised that some issues may require a rapid response and consideration has been given as to how such issues can be swiftly and appropriately addressed.

**2. Objectives and principles of the procedure and process map**

The objectives of the procedure and process are to:

- provide a single feedback channel from patients, visitors and members of the public through Governors into the Trust
- provide a single channel for Governors to raise potentially generic issues and concerns with the Trust
- allow some differentiation between day to day operational issues requiring immediate or early resolution and potentially systemic issues
- enable Governors to provide on-site assistance to patients, visitors, and their families with individual issues through direction to the appropriate Trust channel
- manage the volumes of issues being raised to minimise workload and maximise benefit
- avoid historically resolved individual issues being raised in other forums

General principles:

- If an immediate on-site response is required then it is unlikely that the specific instance should be reported to the Corporate Affairs Team via e-mail. In an emergency the matter should be reported to Trust HQ and/or the nearest on-site manager. It should be noted that this is only for the most serious of issues that are time critical.
- If the same or similar issues are known to have occurred, then the issue should be raised through the process to enable investigation and potential process improvement or corrective action.
- Issues raised on site to volunteers and Governors should be dealt with through the same processes.
- There may be exceptions to this process and procedure if as a result of discussions, presentations, workshops etc. with Trust staff and third parties direct feedback has been requested by the staff specific topics related to the sessions.

**3. Specific Governor Issues**

There will be occasions when the issue to be raised by a Governor is specific to the following areas:

- Patient Experience and PALS
- Volunteering management team (for issues related to volunteering duties/roles)
- Freedom to Speak Up (staff issues)
- Estates and facilities
- IT problems (iPad and email access)

The '**Governor Process Map**' (Appendix 1) details the Trust's process for this purpose, which Governors are requested to follow.

#### 4. **General Governor Issues**

For all other Governor issues, such as enquiries about service changes, etc., the following procedure has been developed:

##### Step 1: Governor Issue email

When an issue is raised or feedback required, the Governor should send an email to the Corporate Affairs Team who will manage the process and provide a response to the issue raised. [CorporateAffairs@lthtr.nhs.uk](mailto:CorporateAffairs@lthtr.nhs.uk)

The email should include 'Governor Issue' as the subject heading to allow easy identification. The main body of the email should include the ward or area concerned, if applicable, and the date when the issue was observed or raised. A summary of the issue to be considered should be included which should be factual and specific. Governors should not include any patient identifiable details or copy the email more widely (also see section 5 below on confidentiality). Governors should also avoid conveying their personal opinion in the email.

If an issue is urgent or life threatening, the word URGENT should be included in the header.

##### Step 2: Logging of the issue by Corporate Affairs

A summary of the Governor issue described in the email will be logged, allocated a reference number and filed electronically. An acknowledgement of receipt email will be sent to the Governor by the Corporate Affairs Team, so it is clear the email has been received and picked up.

##### Step 3: Managing Governor Issues

The Corporate Affairs Team will be responsible for contacting the relevant individuals or departments within the Trust to ask them to provide a response on the issue raised. If required, the Corporate Affairs Team will liaise with the Governor if further information or clarification is needed to enable a response to be produced.

##### Step 4: Timescales

Feedback to issues will ordinarily be available within a maximum of 28 days, although urgent (life or limb-threatening) issues will be dealt with immediately and a response provided within 7 days. The timescale will commence when the email has been acknowledged by the Corporate Affairs Team and the timescale for response will be confirmed in the email.

##### Step 5: Feedback

Once a response has been received from the appropriate individual or department, the Corporate Affairs Team will ensure an appropriate response is sent to the individual Governor raising the issue. The response will also be summarised and included in a central register.

If further information on progress of the Governor issue is required, this will be monitored and managed by the Corporate Affairs Team.

#### Step 6: Council of Governors' quarterly report

It is recognised all Governors need to be aware of the issues being raised and the responses provided to assist them with discharging their duties in the event similar issues are raised.

The quarterly Governor Issues report will be submitted to each ordinary Council of Governors meeting for information and discussion and will be informed by the central register held by the Corporate Affairs Team.

### **5. Issues raised with Non-Executive Directors**

Governors may seek assurance directly from Non-Executive Directors on particular issues related to the business of Board sub-committees. Where this is the case, enquiries can be addressed directly to the Sub-Committee Chair, however the enquiry must be copied to the Corporate Affairs Team in order that the query can be logged and included in the quarterly report to the Council of Governors as outlined above.

### **6. Issues outside the Governor Issues reporting procedure**

The Governor issue and feedback procedure and process map should not be used by Governors for general issues relating to their role and responsibilities, which includes but is not limited to:

- Governor training; expenses; queries regarding the Corporate and Governor Calendar; clarification on governance, legal and regulatory issues; general communications; and queries regarding the Trust's Auditors.
- Issues relating to a Governor's personal concerns about themselves, their family members or friends.
- Issues that may be interpreted as an expectation of personal benefit for the Governor.

In such instances, further information, advice and guidance may still be sought for the Corporate Affairs Team but as a general enquiry, not as a 'governor issue'.

### **7. Confidentiality**

Governors should not include patient identifiable details in the email raising a Governor issue and all information should be dealt with in line with the Trust's Confidentiality Policy (incorporating the General Data Protection Regulations).

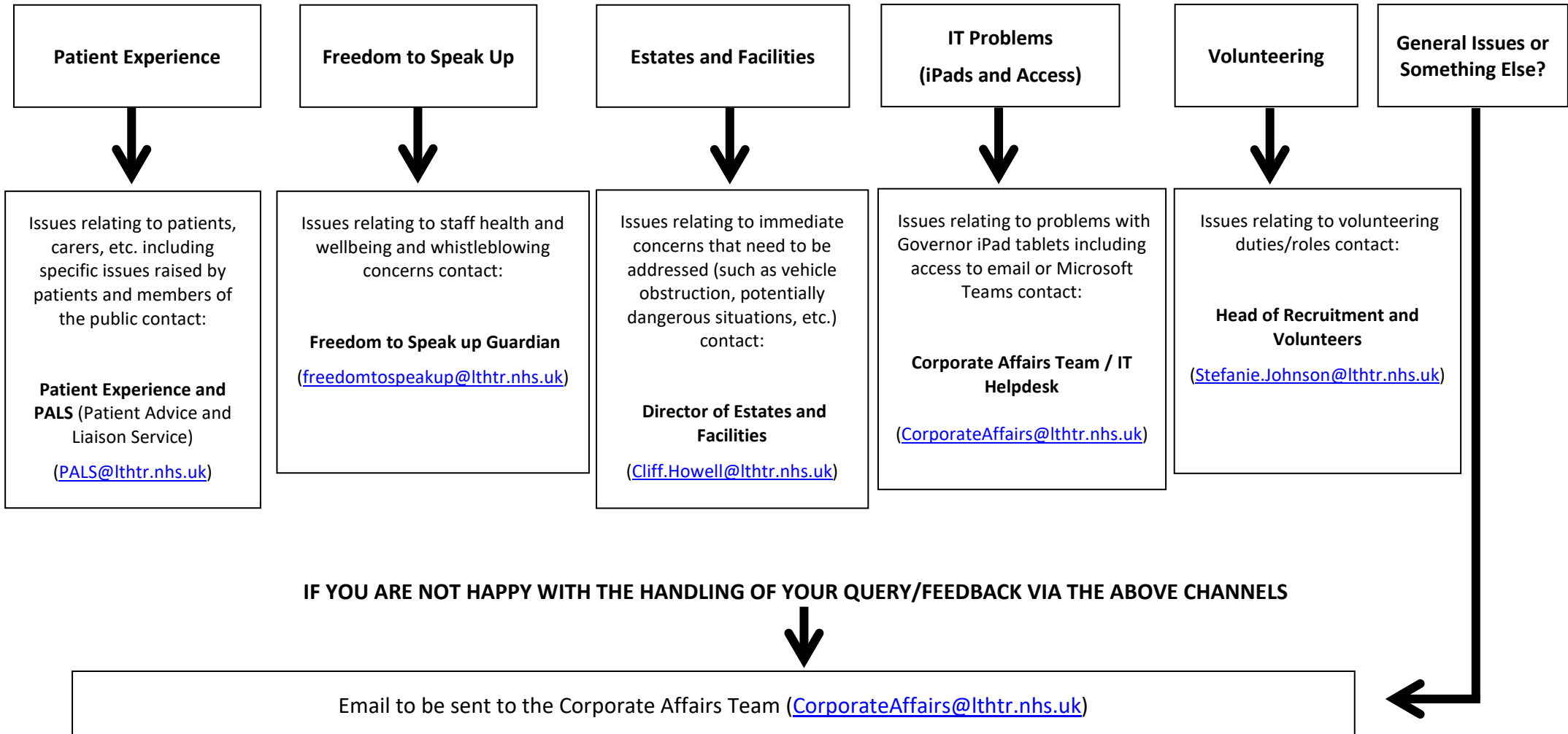
There will be times when patients or members of the public provide personal information particularly in cases where they wish to complain or raise concerns. In such circumstances, the information should be forwarded to the Patient Experience and PALS Team who will acknowledge receipt of the email with the Governor. The complaint or issue will then be dealt with in line with the Customer Care and PALS policy and procedure. If the patient raising the complaint or concern continues to contact the Governor, then the information should be forwarded to the Patient Experience and PALS Team.

It should be noted that a response confirming the outcome of the investigation into the complaint, concern or issue raised by a patient or member of the public will not be shared with the Governor raising the issue.

*April 2025*

## PROCESS MAP

**DOES YOUR FEEDBACK OR QUERY RELATE TO ANY OF THE FOLLOWING AREAS?**



**NB:** The process map should be read in conjunction with the Governor Issues Procedure. Whilst Governors retain the right to raise concerns with the Senior Independent Director (SID) in line with the Council's Standing Orders and Trust's Code of Governance, for the purposes of raising Governor Issues the above process should be followed.

## 10.4 BOARD OF DIRECTORS, NON-EXECUTIVE DIRECTORS PORTFOLIOS AND ASSURANCE COMMITTEE MEMBERSHIP

● Information Item

● J Foote

● 3.10pm

Information and Consultation Item

### REFERENCES

Only PDFs are attached

 10.4 - NED committee appointments.pdf



# Council of Governors

## LTH Board - Non-Executive Directors committee membership and positions

<b>Report to:</b>	Council of Governors	<b>Date:</b>	24 April 2025
<b>Report of:</b>	Director of Corporate Affairs	<b>Prepared by:</b>	J Foote

### Purpose of Report

<b>For assurance</b>	<input type="checkbox"/>	<b>For decision</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
----------------------	--------------------------	---------------------	--------------------------	------------------------	-------------------------------------

### Executive Summary:

The purpose of the report is to inform Council of the Non-Executive Director (NED) membership of committees and other nominated positions at board or stakeholder level for 2025/26 and beyond.

**The Council is asked note the appointments to committees and other roles, and in respect of the role of Senior Independent Director SID use the opportunity as formal feedback to the Chair on his decision to appoint.**

### 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 checked="" type="checkbox"/>	Great Place To Work	<input checked="" type="checkbox"/>
To drive health 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

Board of Directors 3 April 2025

## 1. Introduction

The Trust has experienced a significant change of board membership since January 2025 with the appointment of a new Trust chair followed by five new non-executive directors. The Establishment Order of the Trust (Statutory Instrument 2002/no.2025) allows for eight non-executive directors, one of whom must be chair.

## 2. Background

Non-Executive Directors are required to sit on the assurance committees of the Trust Board of Directors. In addition the Board of Directors has designated four NED positions: maternity champion/Ockendon, Audit Chair, Vice-Chair and Senior Independent Director (SID) as being in receipt of an additional responsibility allowance. In order to manage the business of the Board from April 2025 the Chair has allocated membership of committees and roles as set out below. The appointment to the positions is at the determination of the Chair, other than the SID which is a decision of the Chair following consultation with Council.

## NED Committee and role matrix 2025

FPC (3)	SQC (3)	Audit (4)	Workforce (3)	ETR (3)	Charitable (3) Funds
<b>John Schorah</b>	<b>Karen Deeny</b>	<b>Tim Wheeler</b>	<b>Adrian Leather</b>	<b>StJohn Crean</b>	<b>Tim Ballard</b>
Adrian Leather	Tim Ballard	Karen Deeny	StJohn Crean	Tim Ballard	Tim Wheeler
Uzair Patel	John Schorah	Adrian Leather	Karen Deeny	Adrian Leather	Uzair Patel
		John Schorah			

Ockenden	Rosemere Management Committee	LHS Ltd Chair	Vice Chair	SID	Freedom to Speak Up
Tim Ballard	Tim Ballard	Uzair Patel	Adrian Leather	Karen Deeny	Tim Ballard
<b>PCB Assurance Committee</b>					
Tim Wheeler					

### Ockendon/Maternity Champion

In response to the Morecambe Bay Investigation (2015), this role was established through Safer Maternity Care 2016, which stated that “Senior trust managers will want to ensure unfettered communication from ‘floor-to-board’ by appointing a board level maternity champion”. The role is in line with recommendations from the Ockenden Review (2020) and while not a statutory requirement, for trusts providing maternity services having a named NED maternity board safety champion is recommended. The champion should act as a conduit between staff, frontline safety champions (obstetric, midwifery and neonatal), service users, local maternity system (LMS) leads, the regional chief midwife and lead obstetrician and the trust board to understand, communicate and champion learning, challenges and successes

### Vice-Chair

Required under the Constitution, this appointee steps into the chair role should the chair be unavailable or incapacitated.

### Senior Independent Director

The Senior Independent Director has a key role in supporting the Chair in leading the Board of Directors and acting as a sounding board and source of advice for the Chair. In addition, the SID is a key link between Council and the NEDs. In circumstances where the Board is undergoing a period of stress the SID has a vital role in the intervening to resolve issues of concern. In these circumstances, the SID will work with the Chair, other Directors and Council to resolve significant issues.

### **Freedom to Speak Up Champion (FTSU)**

The Robert Francis Freedom to Speak Up Report (2015) sought to develop a more supportive and transparent environment where staff are encouraged to speak up about patient care and safety issues. In line with the review, it is recommended that all NHS trusts should have this functional FTSU guardian role so that staff have a clear pathway and an independent and impartial point of contact to raise their concerns in the organisation. The role of the NED champion is separate from that of the guardian. The NED champion should support the guardian by acting as an independent voice and board level champion for those who raise concerns.

### **Rosemere Management Committee**

The Rosemere Cancer Foundation is based at the Rosemere Cancer Centre at Royal Preston Hospital. Its aim is to support the provision of cancer treatment for the benefit of patients in Lancashire and South Cumbria. It is a requirement of the charity's management committee that it has non-executive director representation from the Trust Board of Directors.

### **LHS Ltd**

LHS Ltd is a wholly owned subsidiary company of Lancashire Teaching Hospitals. It has its own board of directors with representation from partner trusts. The Chair, however, must be an appointed NED at Lancashire Teaching Hospitals.

### **PCB Assurance Committee**

The Lancashire and South Cumbria Provider Collaborative (PCB) is made up of the five provider NHS trusts in Lancashire and South Cumbria working together as partners, delivering joint priorities to improve health and healthcare. The assurance committee is a group of NEDs with representation from all from all the PCB trusts with the remit to have assurance oversight of the work of the PCB.

## **3. Financial implications**

Non-executive director costs are incorporated within the Trust Board budget and are as set out under national guidelines.

## **4. Legal implications**

The appointments are consistent with the Establishment Order. The requirement for an appointment to the positions of SID, Maternity champion etc are either statutory requirements or are set out in the Constitution.

## **5. Risks**

The allocation of roles should allow for an appropriate oversight of the business of the Board by Non-executive directors.

## **6. Impact on stakeholders**

All NEDs will have a degree of engagement with stakeholder and partnership organisations. The appointment to the PCB Assurance Committee is a direct stakeholder appointment.

## **7. Recommendations**

Council is asked to note the decisions of the chair for the appointments to committees and other roles, and to use the opportunity to share views on the appointment to the role of SID remains as part of the required consultation with Council.

## 10.5 GOVERNOR ELECTIONS OUTCOME

● Information Item

● J Foote

● 3.20pm

### REFERENCES

Only PDFs are attached



10.5 - Governor Elections 2025.pdf



# Council of Governors Report

## Governor Elections 2025

<b>Report to:</b>	Council of Governors	<b>Date:</b>	24 April 2025
<b>Report of:</b>	Director of Corporate Affairs	<b>Prepared by:</b>	N Compton
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For assurance</b>	<input type="checkbox"/>	<b>For decision</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
----------------------	--------------------------	---------------------	--------------------------	------------------------	-------------------------------------

## Executive Summary:

The purpose of this report is to confirm the results of the 2025 elections to the Council of Governors. The Governor election process is an annual process carried out in line with the Trust's Constitutional requirements and in accordance with Model Election Rules as published by NHS Providers. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust.

For the 2025 Governor election, there were eight vacancies in the public constituency and two vacancies in the staff categories of nurses and midwives and unregistered healthcare and support workers. Voting closed on 20 March 2025 with results declared on 21 March 2025, included in the report for information. A copy of the Report of Voting from the Returning Officer is attached which includes the list of candidates elected and a breakdown of voting.

The new Governors will be attending their first meeting of the Council of Governors on 24 April 2025 and will be undergoing induction into their new roles over the coming weeks. Two governors have been re-elected for the period 1 April 2025 to 31 March 2028 and a further governor elected having served previously.

The university nominated governor position has now become vacant, and a new nomination will be sought from UCLan.

It is recommended that the Council of Governors receive the report and the results of the 2025 Governor election for information.

Appendix 1: Report of Voting

## 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 checked="" 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 Governor election process is an annual process carried out in line with the Trust's Constitutional requirements and in accordance with Model Election Rules as published by NHS Providers. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust.

For the 2025 Governor election, there were eight vacancies in the public constituency and two vacancies in the staff categories of nurses and midwives and unregistered healthcare and support workers. Voting closed on 20 March 2025 with results declared on 21 March 2025, included in the report for information. A copy of the Report of Voting from the Returning Officer is attached which includes the list of candidates elected and a breakdown of voting.

The university nominated governor position has now become vacant, and a new nomination will be sought from UCLan.

The new Governors will be attending their first meeting of the Council of Governors on 24 April 2025 and will be undergoing induction into their new roles over the coming weeks. Two governors have been re-elected for the period 1 April 2025 to 31 March 2028 and a further governor elected having served previously.

### Outcome of the 2025 Election to the Council of Governors

The outcome of the 2025 Governor election is confirmed as follows:

#### CONTEST: PUBLIC

The election was conducted using the single transferable vote electoral system and the following candidates were selected (in order of election):

Takhsin Akhtar (re-elected)  
Enid Povey  
Sheila Brennan (re-elected)  
Darrell Brooks  
Paul Brooks  
George Bailey  
Carole Oldcorn  
Tim Young

## **ELECTED: STAFF**

Sonia Connell (Nurses and Midwives)

### **2. Financial implications**

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

### **3. Legal implications**

The election process has been conducted in line with the Trust's Constitution and the Model Election Rules published by NHS Providers.

### **4. Risks**

There are no risks associated with the recommendations in this report.

### **5. Impact on stakeholders**

Stakeholders will be advised of the outcomes of the elections.

### **6. Recommendations**

It is recommended that the Council of Governors receive the report and the results of the 2025 Governor election for information.

## LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

### ELECTION TO THE COUNCIL OF GOVERNORS

**CLOSE OF VOTING: 5PM ON 20 MARCH 2025**

#### CONTEST: Public

*The election was conducted using the single transferable vote electoral system.*

*The following candidates were elected (in order of election):*

ELECTED		
Takhsin AKHTAR		
Enid POVEY		
Sheila BRENNAN		
Darrell BROOKS		
Paul BROOKS		
George William BAILEY		
Carole OLDCORN		
Tim YOUNG		

Number of eligible voters		8,938
Votes cast online:	302	
Votes cast by post:	295	
Total number of votes cast:		597
Turnout:		6.7%
Number of votes found to be invalid:		16
Total number of valid votes to be counted:		581

#### CONTEST: Staff: Nurses and Midwives

*The election was conducted using the single transferable vote electoral system.*

*The following candidate was elected:*

ELECTED		
Sonia CONNELL		

Number of eligible voters		2,954
Votes cast online:	333	
Total number of votes cast:		333
Turnout:		11.3%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		333



The result sheets for the election forms the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stages at which the successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

**Ciara Hutchinson**  
**Returning Officer**  
**On behalf of Lancashire Teaching Hospitals NHS Foundation Trust**

Election for	Public															
Date	21/03/2025															
Number to be elected	8															
Valid votes	581															
Invalid votes	16															
Quota	65															
eSTV Reg. 54096	2.0.16															
Election rules	Custom															
		Stage	2	Stage	3	Stage	4	Stage	5	Stage	6	Stage	7	Stage	8	
	First	Surplus of		Surplus of		Surplus of		Exclusion of		Exclusion of		Exclusion of		Exclusion of		
Candidates	Preferences	AKHTAR, Takhsin		POVEY, Enid		BRENNAN, Sheila		COLLINS, Karen+KEG		HALL, Simon		RAJA, Sayf		SMITH, Ian		
<b>AKHTAR, Takhsin</b>	101	-36	65		65		65		65		65		65		65	<b>Elected</b>
<b>BAILEY, George William</b>	49	5.4	54.4	0.64	55.04	0.77	55.81	1.11	56.92	5.52	62.44	3	65.44		65.44	<b>Elected</b>
<b>BRENNAN, Sheila</b>	73		73		73	-8	65		65		65		65		65	<b>Elected</b>
<b>BROOKS, Darrell</b>	57	6.12	63.12	1.28	64.4	1.1	65.5		65.5		65.5		65.5		65.5	<b>Elected</b>
BROOKS, Paul	49	6.48	55.48	1.12	56.6	1.98	58.58	2.49	61.07	6	67.07		67.07		67.07	<b>Elected</b>
COLLINS, Karen	9	1.8	10.8	0.64	11.44	1.21	12.65	-12.65	-		-		-		-	
HALL, Simon	20	1.08	21.08	0.48	21.56	0.22	21.78	1.99	23.77	-23.77	-		-		-	
KEGO, Kofo	6	1.8	7.8	0.32	8.12	0.22	8.34	-8.34	-		-		-		-	
OLDCORN, Carole	30	2.88	32.88	1.92	34.8	1.21	36.01	4.37	40.38	1.63	42.01	7.6	49.61	11.21	60.82	<b>Elected</b>
<b>POVEY, Enid</b>	75		75	-10	65		65		65		65		65		65	<b>Elected</b>
RAJA, Sayf	17	6.12	23.12	0.8	23.92		23.92	3.19	27.11	1	28.11	-28.11	-		-	
SMITH, Ian	23	1.44	24.44	0.48	24.92	0.33	25.25	1.52	26.77	4.15	30.92	3.4	34.32	-34.32	-	
TETLOW, Christine	36	1.08	37.08	0.96	38.04	0.55	38.59	1.63	40.22	2.11	42.33	0.79	43.12	1.68	44.8	
YOUNG, Tim	36	1.08	37.08	0.8	37.88		37.88	0.36	38.24	1.36	39.6	2.44	42.04	9.56	51.6	<b>Elected</b>
Non-transferable		0.72	0.72	0.56	1.28	0.41	1.69	4.33	6.02	2	8.02	10.88	18.9	11.87	30.77	
Totals	581		581		581		581		581		581		581		581	

Election for	Staff Nurses and Midwives	
Date	21/03/2025	
Number to be elected	1	
Valid votes	333	
Invalid votes	0	
Quota	167	
eSTV Reg. 54096	2.0.16	
Election rules	Custom	
	First	
Candidates	Preferences	
AYANDARE , Dotun	115	
<b>CONNELL, Sonia</b>	218	<b>Elected</b>
Non-transferable		
Totals	333	

## 11. ITEMS FOR INFORMATION

## 11.1 GOVERNOR OPPORTUNITIES AND ACTIVITIES SUMMARY

● Information Item

### REFERENCES

Only PDFs are attached



11.1 - Governor Oppportunities and Activities - Jan-Apr 25.pdf



# Council of Governors Report

## Governor Opportunities and Activities – January – April 2025

Report to:	Council of Governors			Date:	24 April 2024		
Report of:	Governors			Prepared by:	N Compton		
Part I	✓			Part II			
For assurance		<input type="checkbox"/>	For decision		<input type="checkbox"/>	For information	<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 January to April 2025.

The governor role is to represent the interests of Foundation Trust members, the public and the organisations the 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:

<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

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:

### **STAR celebration events**

Held three times per year, 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 list below does not include Governors' scheduled meetings and workshops.

<b>EVENT: excluding scheduled meetings and workshops</b>	<b>DATE: 1 January – 30 April 2025</b>
Governor Election Workshop	21 January 2025 & 28 January 2025
Catherine Beckett Community Centre, Preston	30 <sup>th</sup> January 2025
Board of Directors public meeting	6 February 2025
Carers Forum	26 <sup>th</sup> February 2025
Complaints Review Group	12 <sup>th</sup> March 2025
Council Training Session ASF Strategy Review	14 March 2025 and 31 <sup>st</sup> March 2025
Tour of AMU	14 <sup>th</sup> March 2025
New Governor Induction	27 March 2025
Gold Star Awards	27 March 2025
Board of Directors public meeting	3 April 2025
Preston Health Mela	12 April 2025
Joint Board and Governor Development Session	17 April 2025



## 11.2 APPOINTMENT OF LEAD GOVERNOR

● Information Item

### REFERENCES

Only PDFs are attached



11.2 - Appointment of Lead Governor 2025-26.pdf

# Council of Governors Report

## Appointment of Lead Governor

<b>Report to:</b>	Council of Governors	<b>Date:</b>	24 April 2025
<b>Report of:</b>	Director of Corporate Affairs	<b>Prepared by:</b>	N Compton
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For assurance</b>	<input type="checkbox"/>	<b>For decision</b>	<input checked="" type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
----------------------	--------------------------	---------------------	-------------------------------------	------------------------	--------------------------

## Executive Summary:

In line with the NHS Foundation Trust Code of Governance, Councils of Governors is recommended to appoint a governor to act as a Lead Governor. The role of Lead Governor at the Trust is restricted to the scope as outlined in the code of Governance. The purpose of this report is to confirm the results of the recent virtual ballot for the Lead Governor role for the 12-month period up to and including 31 March 2026

The term of office of the Lead Governor expired on 31 March 2025, and to ensure the annual appointment was made as soon as possible following the 2025 Governor Election, governors supported the proposal to hold a virtual ballot. The process adopted mirrored that undertaken in previous years, whereby governors with at least 12 months in office were invited to express an interest in the Lead Governor role. One expression of interest was received from Janet Miller.

**The Council of Governors is asked to appoint Janet Miller as Lead Governor for the next 12 months up to and including 31 March 2026.**

## 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 checked="" type="checkbox"/>	Deliver Value for Money	<input checked="" type="checkbox"/>
		Fit For The Future	<input checked="" type="checkbox"/>

## Previous consideration

Not applicable



## 11.3 APPOINTMENT OF NOMINATIONS COMMITTEE

● Information Item

### REFERENCES

Only PDFs are attached



11.3 - Appointment of Nominations Committee 2025-26.pdf

# Council of Governors Report

## Appointment of Nominations Committee

<b>Report to:</b>	Council of Governors	<b>Date:</b>	24 April 2025
<b>Report of:</b>	Director of Corporate Affairs	<b>Prepared by:</b>	N Compton
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For assurance</b>	<input type="checkbox"/>	<b>For decision</b>	<input checked="" type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
----------------------	--------------------------	---------------------	-------------------------------------	------------------------	--------------------------

## Executive Summary:

The Nominations Committee plays a key role in the recruitment, selection and appointment of the Chair and the Non-Executive Directors, and the appraisals of the Chair and Non-Executive Directors.

The Committee membership comprises the Chair or Vice-Chair (in the Chair); three elected governors (comprising two public and one staff governor); and one appointed governor. Details of the duties of the Committee are set out in the terms of reference attached (appendix 1).

Ballots for appointment to the Committee are held annually taking into account the two-year end date for each appointment including substitute governors for each of the three categories (public, staff and appointed) who attend meetings in the event any of the substantive members of the Committee are not available when required. To ensure equity and allow all eligible governors the opportunity to stand for election to the Nominations Committee, the Council decided in January 2021 to request expressions of interest following the annual Governor Election. The results of the 2025 Governor Election were announced on 21 March 2025.

A summary of the votes cast is set out below:

Constituency	Candidates	Number of votes cast
<b>Public</b>	Pav Akhtar	3
	Sheila Brennan	3
	Angela Kos	1
	Janet Miller	5
	Graham Robinson	6
<b>Appointed</b>	Cllr. Suleman Sarwar	Uncontested

Staff	Tom Ramsay	Uncontested
-------	------------	-------------

The governor representatives of the Nominations Committee for the two years up to and including 31 March 2027 are as follows:

- Public Governor – Graham Robinson
- Public Governor – Janet Miller
- Staff Governor – Tom Ramsay
- Appointed Governor – Suleman Sarwar

The substitute governor representatives of the Nominations Committee are as follows:

- Substitute Public Governor – Pav Akhtar
- Substitute Staff Governor – Vacant
- Substitute Appointed Governor – Eddie Pope

It is recommended the Council of Governors approve the appointment of the above governor representatives of the Nominations Committee from 1 April 2025 to 31 March 2027.

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 checked="" type="checkbox"/>	Great Place To Work	<input checked="" type="checkbox"/>
To drive health 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			
Not applicable			

## 11.4 REGISTER OF INTERESTS

● Information Item

### REFERENCES

Only PDFs are attached



11.4 - Register of Interests - April 2025.pdf



# Council of Governors Report

## Register of Interests

<b>Report to:</b>	Council of Governors	<b>Date:</b>	24 April 2025
<b>Report of:</b>	Director of Corporate Affairs	<b>Prepared by:</b>	N Compton
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For assurance</b>	<input type="checkbox"/>	<b>For decision</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
----------------------	--------------------------	---------------------	--------------------------	------------------------	-------------------------------------

## Executive Summary:

In line with the Trust's Constitution (section 11, sub-section 11.38 to 11.41) there is a requirement for Governors to declare any material interests that would impact on their role as a Governor or member of the Council of Governors. The purpose of this report is to present information to the Council on the declared interests of each Governor as at 1 April 2025. The register of interests is included as appendix 1.

It is the responsibility of every Governor to ensure any changes to their interests are notified to the Office of the Company Secretary at the time of the change to their interests so the central register can be updated

It is recommended that the Council receive the report for information and note the requirement to ensure any changes are notified to the Office of the Company Secretary at the time of the change.

Appendix 1: Register of Interests of Council of Governors

## 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 checked="" type="checkbox"/>	Deliver Value for Money	<input checked="" type="checkbox"/>
		Fit For The Future	<input checked="" type="checkbox"/>

## Previous consideration

None



## 1. Context

In line with the Trust's Constitution (section 11, sub-sections 11.38 to 11.41) there is a requirement for Governors to declare any material interests that would impact on their role as a Governor or member of the Council of Governors.

It is the responsibility of every Governor to ensure any changes to their interests are notified to the Office of the Company Secretary at the time of the change to their interests so the central register can be updated.

Appendix 1 includes declared interests of each Governor as at 1 April 2025.

## 2. Financial implications

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

## 3. Legal implications

Section 11 (sub-sections 11.38 to 11.41) of the Trust's Constitution have been reproduced below:

### *Disclosure of interests*

11.38      *A governor shall declare any pecuniary or other interests in accordance with the requirements set out in the Council of Governors' standing orders.*

11.39      *The Council of Governors has adopted its own standing orders for its practice and procedure, in particular for its procedure at meetings.*

### *Declaration*

11.40      *A public governor may not vote at a meeting of the Council of Governors, following their election or re-election, unless, before attending the meeting, they have made a declaration in the form specified by the Company Secretary of the particulars of their qualification to vote as a member of the Trust and that they are not prevented from being a governor.*

11.41      *A public governor shall be deemed to have confirmed the declaration upon attending each subsequent meeting of the Council of Governors.*

## 4. Risks

There are no risks associated with the recommendations in the report.

## 5. Impact on stakeholders

There are no stakeholder impacts associated with the recommendations in the report.

## 6. Recommendations

It is recommended that the Council receive the report for information and note the requirement to ensure any changes are notified to the Office of the Company Secretary at the time of the change.

# Council of Governors

## Register of Interests as at April 2025

Name	Position	Declared Interest
Pav Akhtar	Public Governor	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>
Takhsin Akhtar	Public Governor	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>
George Bailey	Public Governor	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Alistair Bradley	Appointed Governor (representing Chorley Borough Council)	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>
Sheila Brennan	Public Governor	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Darrell Brooks	Public Governor	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Paul Brooks	Public Governor	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Sonia Connell	Staff Governor (representing nurses and midwives)	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Philip Curwen	Public Governor	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>
Margaret France	Public Governor	<ul style="list-style-type: none"> <li>Co-opted member on the LCC Health and Adult Services Scrutiny Committee</li> <li>Lancashire County Council Health and Well-being Board member for Chorley, South Ribble and West Lancs</li> </ul>
Graham Fullarton	Public Governor	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Lou Jackson	Appointed Governor (representing South Ribble Borough Council)	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Angela Kos	Public Governor	<ul style="list-style-type: none"> <li>Progress Housing Group, Lancashire Enterprise Business Park, Leyland PR26 6TZ – Independent Member of the Group Audit &amp; Risk Committee and Shadow Non-Executive Director of the Board.</li> </ul>
Janet Miller	Public Governor	<ul style="list-style-type: none"> <li>Member of Citizens Health Reference Group for NHS Lancashire and South Cumbria ICB</li> </ul>
Teik Chooi Oh	Staff Governor (representing Doctors and Dentists)	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>
Carole Oldcorn	Public Governor	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Eddie Pope	Appointed Governor (representing Lancashire County Council)	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>
Enid Povey	Public Governor	<ul style="list-style-type: none"> <li>Volunteer at Lancashire Teaching Hospitals NHS Foundation Trust</li> <li>Member of the ICB Citizen Panel</li> </ul>
Christine Pownall	Public Governor	<ul style="list-style-type: none"> <li>Niece is a nurse at Lancashire Teaching Hospitals NHS Foundation Trust</li> </ul>

Lesley Purcell	Staff Governor (representing non-clinical)	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>
Tom Ramsay	Staff Governor (representing Other Health Professionals and Healthcare Scientists)	<ul style="list-style-type: none"> <li>Spouse is a Physiotherapist at Lancashire Teaching Hospitals NHS Foundation Trust</li> <li>Private Practice (Mint Rehab) providing private orthotics/orthoses</li> <li>Director of Mint Holmes – property letting to private renting tenants</li> </ul>
Frank Robinson	Public Governor	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Graham Robinson	Public Governor	<ul style="list-style-type: none"> <li>Trustee of Citizens Advice Lancashire West</li> </ul>
Suleman Sarwar	Appointed Governor (representing Preston City Council)	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>
Tim Young	Public Governor	<ul style="list-style-type: none"> <li>No disclosable interests</li> </ul>
Feixia Yu	Public Governor	<ul style="list-style-type: none"> <li>No declaration received</li> </ul>

## 11.5 CYCLE OF BUSINESS & TRAINING 2025/26

● Information Item

### REFERENCES

Only PDFs are attached



11.5 - Cycle of Business and Training 25-26.pdf

**CYCLE OF BUSINESS: COUNCIL OF GOVERNORS 2025-26**

	Part	Presenter	Contact	April	July	October	January
<b>STANDING ITEMS</b>							
Chairman and quorum	1 and 2	Chair	N/A	✓	✓	✓	✓
Apologies for absence (verbal)	1 and 2	Chair	N/A	✓	✓	✓	✓
Declaration of interests (verbal)	1 and 2	All governors	N/A	✓	✓	✓	✓
Minutes of previous meeting and matters arising	1 and 2	Chair	CAO	✓	✓	✓	✓
Chair and Chief Executive's opening remarks	1 and 2	Chair and Chief Executive	Chair/CEO	✓	✓	✓	✓
Committee Chairs' Report ( <i>from July 2024</i> )	1	Committee Chairs (NEDs)	CAO	✓	✓	✓	✓
Update from Chair of each Subgroup (verbal)	1	Subgroup Chairs	Subgroup Chairs	✓	✓	✓	✓
Review of meeting performance	1	Chair	N/A	✓	✓	✓	✓
<b>SAFETY, QUALITY, WORKFORCE AND PERFORMANCE</b>							
Infection Prevention and Control Annual Report	1	Chief Nursing Officer	SM			✓	
Patient Experience and Involvement Annual Report	1	Chief Nursing Officer	SM		✓		
Winter Planning	1	Chief Operating Officer	KF-G			✓	
<b>STRATEGY AND PLANNING</b>							
Single Improvement Plan	1	Chief Executive	AB	✓	✓	✓	✓
Strategic Forward Plan (for information)	1	Director of Innovation, Research & Improvement	AB		✓		
Workforce and OD Strategy (Our People Plan) update	1	Chair of Workforce	LG		✓		

	Part	Presenter	Contact	April	July	October	January
Corporate Objectives	1	Director of Innovation, Research & Improvement	AB	✓			
GOVERNANCE AND COMPLIANCE							
Quality Account: Engagement on Safety Priorities	1	Associate Director of Safety and Learning	SM	✓			
Governor Elections 2025	1	Director of Corporate Affairs	JF	✓			✓
Appointment of External Auditors	1	Director of Corporate Affairs	JF	2025 (November)			
Report on Chair’s Appraisal outcome	1	Senior Independent Director (verbal)	JF	✓			
Report on NED appraisal outcomes including Vice Chair	1	Chair / Vice Chair (verbal)	JF	✓			
Re-appointment of Non-Executive Directors	1	Director of Corporate Affairs	JF	As required			
Annual Members’ Meeting	1	Director of Corporate Affairs	JF		✓		
Membership Strategy (due 2028)	1	Director of Corporate Affairs	JF	Not Due (October 2027)			
ITEMS FOR INFORMATION							
Minutes of Council Subgroups	1	Subgroup Chairs	CAO	✓	✓	✓	✓
Governor opportunities summary	1	Director of Corporate Affairs	CAO	✓	✓	✓	✓
Governor issues report	1	Director of Corporate Affairs	RB	✓	✓	✓	✓
Governor Elections Report	1	Director of Corporate Affairs	JF	✓			
Appointment of Lead Governor	1	Director of Corporate Affairs	JF	✓			
Appointment of Nominations Committee	1	Director of Corporate Affairs	JF	✓			
Annual Report and Accounts	1	Director of Corporate Affairs	JF		✓		
Quality Account	1	Director of Corporate Affairs	JF		✓		

	<b>Part</b>	<b>Presenter</b>	<b>Contact</b>	<b>April</b>	<b>July</b>	<b>October</b>	<b>January</b>
Cycle of Business & Training	1	Director of Corporate Affairs	JF	✓			
Corporate and Governor Calendar	1	Director of Corporate Affairs	JF			✓	
Register of Interests	1	Director of Corporate Affairs	JF	✓			
Governor Process Map and Procedure	1	Director of Corporate Affairs	JF	✓			

17 April 2025	15 May 2025	8 August 2025	16 September 2025	11 December 2025	12 February 2026
<p>Joint session with Board:</p> <p><b>NHS finance and planning</b> – fundamentals of NHS finance and budgeting for senior leaders/how the NHS planning cycle works - David Stonehouse and Ailsa Brotherton</p>	<p><b>STAR Accreditation Training</b> – Microsoft Teams training presentation – Claire Hornigold</p>	<p><b>Council Effectiveness Review</b> – review of effectiveness of Council for prior year</p>	<p><b>Quality and Safety</b> - understanding clinical governance, patient safety, and quality improvement initiatives to help governors ensure high standards of care.</p>	<p><b>Diversity and Inclusion</b> - understanding the importance of diversity, equity, and inclusion within the Trust, and how governors can support these values in their role.</p>	<p><b>Patient and Public involvement</b> – engaging with patients and the public, understanding their needs and incorporating feedback into decision-making process.</p>



## 11.6 MINUTES OF GOVERNOR SUBGROUPS

- (a) Care and Safety Subgroup ? 13 January 2025 and 13 March 2025
- (b) Chairs, Deputy Chairs and Lead Governor ? 17 December 2024 and 1 April 2024

---

### REFERENCES

Only PDFs are attached

 11.6a - Minutes CASS 13 Jan 13 March.pdf

 11.6b - Minutes Chairs, Deputy Chairs, Lead Governor 17 Dec 1 April.pdf

# Care and Safety Subgroup

13 January 2025 | 10.00am | Microsoft Teams

## Members:

Janet Miller	Public Governor (Chair)
David Blanchflower	Public Governor
Margaret France	Public Governor
Graham Fullarton	Public Governor
Steve Heywood	Public Governor
Christine Pownall	Public Governor
Frank Robinson	Public Governor
Graham Robinson	Public Governor (Vice Chair)

## In Attendance:

John Howles	Associate Director of Patient Experience & Engagement
Alison McCrudden	Patient Experience and Involvement Lead
Mrs Kate Smyth	Non-Executive Director
Jo Wiseman	Corporate Affairs Officer ( <i>minutes</i> )

### 1/25 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.

### 2/25 Apologies for absence

Apologies for absence were received from the Director of Estates and Facilities.

### 3/25 Declarations of interest

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

### 4/25 Minutes of the previous meeting

The minutes of the meeting held on 14 November 2024 were approved as an accurate record.

### 5/25 Matters arising and action log

The action log was reviewed and updated.

It was agreed a check would be undertaken to understand when the DOSA was expected to be completed so that a visit could be arranged before it opened.

### 6/25 Estates and Facilities Update

Due to winter pressures no representative was available.

### 7/25 Patient Experience and Involvement Update

Excellent care with compassion

The Patient Experience and Involvement Lead provided an overview of the presentation. It was clarified that the leaflets do not request feedback; however, the patient information group gathered feedback and also had patients who were members. It was suggested that details could be added to inform patients that they could provide feedback after using the leaflets.

The Sub-group was informed that following the project last year and some work on Colostomy UK, which focused on people who came into the trust, patients, families, and visitors with stoma bags, and how accessible public toilets were for them and having the necessary facilities to make life easier. The Trust received funding from charities and acquired the equipment, following the guidance from Colostomy UK, who also provided some door signs. Although there was a delay in getting the waste disposal units installed, they are now in place. The door signs are being added to make people aware that these are stoma-friendly toilets. A communication will also be circulated soon. A concern was raised that the male toilets did not have disposal facilities for sanitary wear, and it was explained that both male and female toilets would have facilities, and that would be included in the communication. The Information desk staff would also be informed of the location of the stoma-friendly toilets.

A concern was raised around patients with valuables, and it was advised that patients had a choice: they could keep hold of their possessions, or staff could lock them away, or they could avoid bringing them into the hospital. When a patient with limited capacity was admitted, staff would have discussions with family members and remove valuables and store them safely. It was agreed this was a challenge for boarded patients as they generally did not have anywhere to put their belongings.

## **8/25 Patient Quality, Experience and Engagement Update**

The Associate Director of Patient Experience & Engagement provided an overview.

The Trust was extremely busy with winter pressures in full swing, leading to a very busy emergency department on both sites. Efforts were made to reduce the level of risk associated with this across the organisation. Patients were spoken to in the corridors, and letters and duty of candour were given to those who were boarded. Feedback was collected and shared within the divisions to ensure the right people were talking to the patients who were boarded and receiving corridor care in the emergency department. Despite the challenges, the teams were doing incredibly well balancing the number of admissions during winter.

Several small projects were ongoing to improve the patient experience across the Trust. The "About Me" boards were updated to address historical inconsistencies. The children's ward tested the new boards, allowing children to write on them with their parents and staff, making them personalised. This initiative was well received by the children and displayed for everyone to see. The new boards were also tested at the Chorley site, where fantastic work was done to implement the changes.

The Trust had updated its intentional rounding policy. The National Inpatient Survey results indicated that communication could be improved. Significant efforts were made to improve this by understanding the detailed aspects of communication. The focus was on intentional rounding, addressing the four Ps: pain, comfort, toilet, and mobility. A working group was formed to focus on deconditioning. Intentional rounding was implemented

across the whole organisation to ensure inclusivity. A focus group with various communities was planned to address cultural and racial needs.

The essentials of care document had been simplified to basic elements. Additionally, efforts were made to improve patient sleep. Despite challenges in the emergency department and boarding, small initiatives had started, such as audits on lighting and patient feedback during the night. Sleep packs with eye masks and earplugs were provided, and screen savers reminding staff to be quiet were introduced. Adjustments to lighting were also made.

Further communication training was planned within the Trust. A positive meeting with the maternity team led to the advocacy of complaints and local resolution training for Consultants. Collaborative efforts were made to improve the quality of complaint responses. Feedback from the Friends and Family Test was regularly reviewed along with the number received versus the number of opportunities. Almost 5,000 feedback responses had been received, achieving a rate of over 90%. The key concern for patients remained around waiting times, both in waiting rooms and for appointments.

During times of pressure, the ambulance service performed what was called a tactical withdrawal. This meant they brought a patient in and left them in the corridor without a specific handover due to external pressures. With numerous ambulances waiting, they would bring the patient in, leave them, and return outside for the next 999 call. Plans were put in place to manage corridor spaces where this occurred, and staff were assigned to support. Although it was a concern, it had only happened once so far.

A concern was raised around moving patients at night, including discharges. Prior to Covid, this practice had been stopped. A slide was shared to show the overnight moves between 10 pm to 7 am, and a target had been set which was being monitored. During winter pressures, it was noted that it became more complex around those moves and discharges.

A question was asked about how patients would be boarded when the NHP was aiming for individual patient rooms, and it was agreed that this would be asked at the next PEIG meeting.

It was advised that the Longton day case had been moved to the Cuerden ward and there had been no communication with volunteers. It was agreed that this would be reviewed with Estates.

Healthwatch had recently visited the blood clinic and were compiling a feedback report. Once that had been reviewed, it would be shared for information.

## **9/25 Non-Executive Director Update**

The Non-Executive Director provided an update.

There was a focus on the recycling of walking sticks, crutches, and walking frames, as these were often seen discarded. The key person was Jenny Carroll from the Continuous Improvement Team, who invited participation in her group. The four hospitals in Lancashire and South Cumbria were now working on this initiative to reuse as much equipment as possible. For redistribution, the equipment needed thorough cleaning and the probation service saw this as a valuable project for those on probation. However,

challenges included a lack of storage space and a van for collection. Jenny and her group worked on these issues, with connections made to the charities team to find potential solutions. Regular attendance at their meetings was planned, with hopes of linking up with local authorities to further the initiative. Many people needed handrails, stair lifts, and similar equipment, which were often discarded when houses were cleared. Recycling this equipment was essential to save money. The aim was to ensure that reusable items were not wasted and to find practical solutions for their redistribution. It was suggested that a letter could be circulated to charity shops to asking them to send any similar equipment to the Trust. It was also suggested that labelling equipment to advise where to return to would help.

Patients had raised concerns around the refurbishment of the Gordon Hesling entrance and it was agreed that feedback would be reviewed. Feedback was that seats were too low for the elderly and the colours were too garish for patients with autism.

Equality and Quality Impact Assessments were presented to the Safety and Quality Committee to ensure that budget cuts did not compromise patient safety and experience. As budget constraints tightened, vigilance was crucial. PricewaterhouseCoopers was engaged to assist with this work. Winter escalation was a significant concern, with boarding levels expected to worsen. Although patient numbers decreased in the summer, they escalated quickly. Efforts were made to mitigate this, including issuing apology letters to patients boarded in corridors.

The thrombectomy procedure, crucial for stroke patients, was not yet available 24/7, which was a significant gap both nationally and in the Northwest.

Cleaning standards were another focus. While inspections showed high standards, they were not frequent enough due to staffing and budget constraints. This issue was linked to C. difficile rates, where the trust was an outlier nationally.

Health inequalities were also discussed and a health improvement plan was approved by the Safety and Quality Committee. Regular meetings were being held to address waiting times for people from deprived areas and those with protected characteristics. Efforts included examining staff registers and maternity groups for expectant mothers from deprived areas. Ward visits were being undertaken by the Non-Executive Director, with plans for monthly visits.

At national level, work with the Disabled NHS Directors Network continued despite budget constraints. Collaboration with Hunter Healthcare produced a report on the experiences of disabled NEDs in the NHS, similar to a previous report for BAME colleagues. Recognition included a nomination for the Shaw Trust Disability Power 100, with an event in London. The Disability History Month in November and December was successful, with the hospital lit up and Board members participating enthusiastically.

## **10/25 Reflections on the meeting and Any Other Business**

The sub-group noted the helpful information that had been shared and discussed. The circumstances that staff were working in during the current pressures were recognised by the sub-group.

The CCTV cameras were discussed as an issue had been raised with one of the Non-Executive Directors and the Director of Estates. It was agreed how important it was to

help staff and visitors feel safe. It was noted that Preston had installed a tracking facility within the new system that was able to track individuals that could be replicated at Chorley. It was agreed that the Non-Executive Director would discuss this with colleagues.

The subgroup acknowledged that this was the final meeting for two of the governors. They were commended for their dedicated support and valuable contributions to the Trust.

## **11/25 Request for future meeting topics and any other business**

### **Future meeting topics**

A group from the complementary services who attended the AMM was suggested and it was noted that if more information could be provided, contact would be made.

It was suggested that Jenny Carroll could be invited regarding recycling the equipment with the probation service however, it was agreed to wait for the service to be established and then arrange a visit to the unit.

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

13 March 2025 at 1.00pm using Microsoft Teams.

# Care and Safety Subgroup

13 March 2025 | 1.00pm | Microsoft Teams

## Members:

Janet Miller	Public Governor (Chair)
Margaret France	Public Governor
Graham Fullarton	Public Governor
Steve Heywood	Public Governor
Christine Pownall	Public Governor
Frank Robinson	Public Governor
Graham Robinson	Public Governor (Vice Chair)

## In Attendance:

Cliff Howell	Director of Estates and Facilities
John Howles	Associate Director of Patient Experience & Engagement
Alison McCrudden	Patient Experience and Involvement Lead
Jo Wiseman	Corporate Affairs Officer ( <i>minutes</i> )
Hazel Wright	Frailty Clinical Nurse Specialist Lead.

## 12/25 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.

## 13/25 Apologies for absence

Apologies for absence were received from Mike Simpson.

## 14/25 Declarations of interest

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

## 15/25 Minutes of the previous meeting

The minutes of the meeting held on 13 January 2025 were approved as an accurate record.

## 16/25 Matters arising and action log

The action log was reviewed and updated.

## 17/25 Estates and Facilities Update

The Director of Estates and Facilities provided the latest update.

The financial position was dominating activities. Despite this, it was believed that a good service was still being provided where possible. It was noted that the Estates division remained statistically the lowest funded in the country and was very short-staffed, which

impacted the ability to undertake more innovative projects. The focus was on safety standards, ensuring areas were as clean and warm as possible despite the deteriorating estate. The financial performance was discussed, highlighting that all CIPS had been met for the financial year.

The New Hospital Programme had been delayed by at least six years. Calculations indicated that the earliest it could open would be in 16 years. It was suggested that the focus should be on the present rather than the distant future. The estate strategy needed rewriting, turning the previous strategy on its head, with the new hospital being a distant possibility. Applications for funding was ongoing, with calculations showing a minimum requirement of around £160 million. Efforts were being made to secure funding, including extra car parking facilities through capital or private investments.

Recent funding successes were highlighted, including £1,000,000 for LED lighting to replace old inefficient lighting, aiming for 80% LED coverage across the organisation. Additionally, a £14.5 million bid from the public sector decarbonisation fund was successful, intended to replace the old steam plant with modern decarbonisation air source heat pumps. Governance work was required over the next 10 days to secure this funding. A bid to the ICB and NHS England for backlog funding had been submitted, with an expected allocation of around £4.5 million for the next financial year.

Capital schemes such as the DOSA were due to open in May and the final phase of the endoscopy scheme, expected to open in November, were ongoing. Charity funding of around £400,000 had been received for necessary work on the helipad to make it fully compliant for larger helicopters, with work expected to start around June or July. Alternatives were being organised while the work was done, including negotiations with the army around the barracks at Preston.

A query was raised about the red lines at Chorley Hospital and the need to put information on the website to inform patients of the situation. It was acknowledged that the red lines had already been painted, but there was no communication on the website warning people. A discussion was held regarding the implementation of the Blue Badge scheme and the lack of communication about it. It was highlighted that volunteers needed proper statements to inform them about the facilities available and to avoid confusion among patients who were concerned about fines. Clarification was sought regarding the link between the blue badges and the red lines. It was explained that the parking software had been upgraded to allow scanning of blue badges at the machine, but there had been no communication about this change. It was agreed to address the lack of communication and provide the necessary information.

A question was raised about whether the PLACE results from the previous year had been received. It was noted that these results had not been seen, and it was agreed to find out and provide an update.

## **18/25      Frailty Services Update**

A presentation on the Frailty Service was shared with the sub-group. A post-discharge frailty support service was set up at the start of COVID to address the gap in support for patients being discharged quickly. One nurse made daily calls to patients, monitoring frailty indicators such as continence, falls, functional changes, and medication management. Support and advice were offered, including pain management. Concerns raised by patients were escalated to community colleagues, involving referrals for



community therapy or crisis care. Referrals were taken from the emergency department and assessment areas at both hospitals. Patient feedback was highly valued, with monthly feedback providing positive comments and a sense of pride.

Frailty hot clinics were established to address urgent issues and avoid hospital admissions. These consultant-led clinics provided comprehensive geriatric assessments. Patients who were bed-bound or unable to attend clinics received advanced care planning in community settings. Medical reviews included observations, heart assessments, blood tests, X-rays, and medication reviews aimed at reducing unnecessary side effects. Occupational therapists assessed patient function and mobility. Referrals came from GPs and hospital and community clinicians.

The virtual ward concept was introduced, with three virtual wards operated by Lancashire Teaching Hospitals, focusing on respiratory, acute medicine, and frailty. The frailty virtual ward adopted a hospital-at-home approach with 25 virtual beds, although not all were utilised. Patients remained under the care of the hospital, with consultants leading MDTs the advanced nurse practitioners and frailty specialist nurses conducted home visits. Remote monitoring equipment, including iPads, allowed patients to record vital signs and answer health-related questions. Referrals were taken from community colleagues, GPs, and assessment units, with a significant number coming from the emergency department.

Elderly medicine clinics catered to less urgent reviews, addressing issues such as weight loss, recurrent falls, and iron deficiency anaemia. Geriatricians conducted medical reviews, including blood pressure checks, ECGs, and medication reviews aimed at deprescribing. Referrals came from GPs and hospital clinicians. Clinics were held at both Preston and Chorley, with shorter waiting times at Chorley due to more available clinics.

Collaboration with the community frailty team, operated by Lancashire and South Cumbria, was emphasised. This team included frailty nurses, physiotherapists, occupational therapists, pharmacists, and admin assistants. Nurses in both hospital and community frailty teams had intra-trust passports, allowing them to work across both settings. Joint team meetings facilitated shared learning, with presentations on topics such as acute kidney injury and advanced care planning. Community nurses conducted comprehensive geriatric assessments, focusing on frailty presentation, bone health, and falls prevention. They also supported the virtual ward, conducting home visits and participating in MDTs. Monthly frailty MDTs in primary care networks included home visits and clinics with nurses, pharmacists, and therapists, providing a one-stop shop approach.

The acute frailty unit at the hospital had been open for 4 years. It was designed for patients who would benefit from a short stay in hospital for quick assessment. A geriatrician led the unit, with daily ward rounds. The multidisciplinary team included physiotherapists, occupational therapists, and nurses, working closely with social services and community colleagues to facilitate timely discharges. The aim was to get patients home as quickly as possible, where they preferred to be, while ensuring they were well supported. Referrals for the frailty unit came from the emergency department or as step-ups from the virtual ward when a hospital stay was deemed necessary.

Geriatricians provided in-reach services to the emergency department from Monday to Friday, conducting comprehensive geriatric assessments and senior reviews. This approach was effective in turning around some admission decisions, as specialist input often indicated that patients could be better managed in the community setting. Frailty nursing in-reach services operated five days a week at Chorley and seven days a week

at Preston. These services involved comprehensive geriatric assessments, identifying patients suitable for the frailty unit or early assessments. Admission avoidance work constituted over a third of the activities, with approximately 80% of patients seen being turned around at the front door, unless they were waiting for care.

Geriatricians also worked with surgical teams, providing in-reach services to surgical wards and major trauma units, offering elderly specialist advice. A case study demonstrated how frailty services interlinked, allowing for step-ups and step-downs in care. A case-study was shared regarding a patient's experience. Christine, an independent lady who lived alone, had a fall at home and was seen in the emergency department. After a comprehensive geriatric assessment, she was discharged with post-discharge frailty support, involving weekly phone calls to check on her progress. When Christine reported feeling muddled and experiencing multiple falls, she was stepped up to the virtual frailty ward. An advanced nurse practitioner conducted a clinical review at her home, diagnosing a chest infection and delirium. Christine received antibiotics and a referral to the community therapy team, which provided a walking frame, commode, and crisis care support. She continued to receive hospital-level care at home through the virtual ward, including blood tests and regular clinical reviews. After her condition improved, she was discharged from the virtual ward and handed back to the community frailty team for ongoing reviews at home.

A question was raised about the boundary between the described services and the work being done at Finney House. It was clarified that the frailty services focused on patients at home, rather than those in step-down care facilities like Finney House. Some patients from the frailty unit might have gone to Finney House for step-down care, but there were no direct links between the services.

A query was raised about the virtual wards, specifically why they were not at full capacity and how improvements could be made. It was explained that targeting GPs was a key strategy. Recent efforts included presenting frailty services to a network of GPs. The aim was to maintain some flexibility rather than being at full capacity all the time.

GPs had advised that the best way to provide information included visiting practices. Although there were many GP practices, the plan was to start small and distribute leaflets during patient visits. Additionally, frailty specialist nurse online referrals had been introduced on the computer system, allowing assessment areas to send referrals for review. This system had already facilitated the transfer of a patient to the virtual ward, demonstrating its effectiveness. Despite presenting information at PCN meetings for Chorley and Preston, GPs still appeared unaware of certain services.

It was explained that patients generally liked the virtual wards and found them beneficial. The challenge lay in convincing some medical staff that patients could be managed effectively in the community under the care of a consultant. Efforts were being made to present this information to other consultants. It was noted that more therapy support was desired for the virtual ward, but the current situation was manageable. Patients tended to manage better at home, in their own environment, which was seen as a positive aspect of the virtual ward approach.

A question was raised if there was any association with the Living Well support service run by Age UK Lancashire. It was confirmed that there was a referral process in place, and the service was actively utilised.

## **19/25 Patient Experience and Involvement Update**

The Patient Experience and Involvement Lead provided an overview of the report.

A question was raised about the patient portal and its progress. It was confirmed that regular meetings were held to discuss the design and content of patient letters, ensuring they provided necessary information without overwhelming patients. The patient portal was still ongoing, with plans to eventually integrate all communications into the portal. Concerns were noted about the slow progress of the patient portal project, which had been ongoing since 2016. The deaf community had highlighted issues with patient letters and the need for reasonable adjustments. It was noted that while some aspects of the patient portal were up and running, full integration was still in progress.

## **20/25 Patient Quality, Experience and Engagement Update**

The Associate Director of Patient Experience & Engagement provided an overview.

The hospital remained extremely busy across both sites, with long stays in the emergency department and boarding at both Preston and Chorley. Plans were in place to move to continuous flow, which involved patient-centred wards operating regularly throughout the day. This aimed to improve the discharge process and patient experience. The current situation had impacted patient experience, and there were challenging experiences with complex families and increased pressure from local MPs. Efforts were ongoing to manage these challenges alongside senior staff.

Work was being done with a charity focused on deaf patients, including recording and sharing patient stories to highlight their experiences. This approach had proven impactful for staff. The Trust had received a Regulation 28, which was covered in national news. A community of practice event was held, where leaders and nurses across the Trust gathered, and Marina Young's family shared her story. This event was impactful for staff and provided closure for Marina's family. The family appreciated the progress of the action plan and the engagement with staff throughout the day.

The patient experience and involvement strategy was ending, and a new patient experience plan for the next 12 months was being developed. This plan aimed to consolidate strategies and focus on achievable metrics. Feedback from the complaint review groups and the ICB was positive, influencing the future plan.

Quarterly meetings with community partners, advocacy services, and charities had been established. The first meeting provided an overview of the organisation's activities and gathered input from partners on how they could help and what they wanted to see from the Trust. There was a strong interest from partners in being more involved and informed. A request was made regarding the Gold Star presentations, which recognised wards that had achieved three Silver Stars. The process for awarding Gold Stars was being reviewed. The discussion continued with a request for support from governors in a new process for awarding Gold Stars. This process involved visiting the area to get a feel for it, talking to patients, and reviewing a portfolio of evidence presented to a panel. The panel consisted of a chair, a divisional nurse director, an assistant director of risk and learning

or safety, a governor and a patient safety partner. The aim was to provide more assurance and challenge staff, ensuring high standards were maintained. If the panel felt the area met the criteria, the Gold Star would be awarded and celebrated by the executive team.

Clarification was sought about whether the new process involved less review than the original. It was explained that the new process aimed to cover all aspects of what a good ward looked like, including workforce metrics, sickness, complaints, and staff knowledge. This approach provided more robustness and assurance, encouraging leaders to be empowered and knowledgeable about their wards.

Concerns were raised about the lack of embedding good initiatives, such as dementia wristbands and PJ paralysis, which had started well but fizzled out over time. Efforts were being made to focus on intentional rounding, enhanced care, and utilising the 'about me' boards, with a rapid improvement week planned to get back to basics and ensure these initiatives were properly embedded. Basic issues such as uniform standards and personal appearance were also being addressed, with a focus on changing hearts, minds, and cultures to improve overall standards.

A concern was raised about the availability and visibility of wheelchairs at Royal Preston as reception staff had informed that wheelchairs were scarce. However, three wheelchairs were found tucked away at the end of the reception desk, out of sight of the booking staff. It was suggested that wheelchairs should be kept in a more visible location to avoid such issues. It was agreed that the wheelchair availability and information staff provided would be addressed.

## **21/25      Reflections on the meeting and Any Other Business**

A discussion was undertaken around the PIEAC group was going to be disestablished at the ICB.

## **22/25      Request for future meeting topics and any other business**

### **Future meeting topics**

Living Well Support Service

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

12 May 2025 at 10.00am using Microsoft Teams.

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

17 December 2024 | 3.00pm | Microsoft Teams

## PRESENT

Peter White	Chair
Silas Nicholls	Chief Executive Officer
Janet Miller	Lead Governor
Mike Simpson	Chair, Public Engagement Subgroup
Sheila Brennan	Public Governor
Graham Robinson	Public Governor

## IN ATTENDANCE

Jennifer Foote	Director of Corporate Affairs
Karen Lawrenson	Corporate Affairs Officer ( <i>minutes</i> )

### 22/24 Apologies for absence

No apologies had been received for the meeting.

### 23/24 Minutes of the previous meeting

The minutes of the meeting held on 8 October 2024 were agreed as a true and accurate record.

### 24/24 Matters arising and action log

The action log was reviewed and would be updated accordingly.

### 25/24 Chair and Chief Executive update on key issues

It had been stressed of the importance for Chairs and Executives to work closely to keep the new ICB Chair up to date on Trust activities, and the recent commissioning intention paper around the roles of ICB, NHS England, Commissioners and Performance Managers.

At the recent North West System Leaders call, Lancashire and South Cumbria had been flagged as not making inroads on the financial deficit and the significance of working with stakeholders on controlling that issue had been stressed. At the recent PCB, conversations around finance had been the dominant topic however, the Trust had received good input from the Chair of NHS Impact on improvement and ensuring that would be maximised.

One LSC had now gone live and reflection had been provided on the hard work of the supporting staff in implementing this and this would be monitored as to development and any changes required going forward.

A recent update on Strasys and PCB report drew attention to what was working and emphasising certain services in certain areas which required the most improvement. The CEO and Chair would take this forward to understand the data and how the governance would work to implement the service changes which the PCB had highlighted.

Chair had recently attended a rapid improvement event which showed good positivity and engagement with staff in working proactively to reduce costs.

The CEO reported that conversations had been held with national NHS England colleagues in terms of national intervention in finance. Lancashire Teaching Hospitals had not made sufficiently rapid progress on reducing the size of the deficit and it should therefore be expected that more regulatory intervention would arise from that. Rapid improvement events had been focused on temporary spend pay bill as well as patient flow.

The CEO advised there had been a new process implemented to manage the flow of patients at both RPH and CDH which showed that while pressures remained, these reduced compared to October with less patients waiting in ED, less boarded patients and increased levels of staff satisfaction. At the start of the next financial year Lancashire Improvement Method would be launched to drive service change in a structured way.

Work continued across Lancashire and South Cumbria following the Lloyds Pharmacy Group serving notice on their contracts across the country for outpatient prescribing. Consideration had been taken of the various options available to resolve this issue including bringing the service back for NHS directly providing the service which would have large VAT implication, transfer of the contract to a different pharmacy group however, concerns were raised about patient service in doing this. Therefore, decision had been made for the contracts to be novated to LHS Ltd.

Commissioning intentions had set out a clear programme of work for the organisation. Pathology services across Lancashire and South Cumbria would be consolidated under a single provider with statement made that Lancashire Teaching Hospitals were to be the lead provider however, the Trust would be ensuring other local Trusts remain involved in planning and organisation around this.

Vascular services would be centralised at Lancashire Teaching Hospitals and the Trust would work with East Lancashire Hospitals around this to allow for routine and outpatient procedures to be provided at local hospitals with Preston Hospital conducting the complex surgical vascular work with the support of critical care facilities.

The ICB had made a request for Lancashire Teaching Hospitals to support Blackpool with acute oncology, particularly focused on patients unaware of their cancer diagnosis until this had been picked up on attending A&E or for another procedure, and therefore likely at a late stage with less than optimal outcomes. The Trust would work closely with Blackpool to improve identification of those patients earlier. The Trust had also been asked to support Blackpool stroke service to improve outcomes for those patients.

The ICB had requested detailed examination of care of older patients which is likely to be led by community services working closely with the Trust. Strasys had also highlighted a disproportionate number of older patients who were deteriorating with poor outcomes. ICB required the Trust to test working differently with primary care colleagues to see if those

patients could be identified earlier to prevent them coming into hospital or improve discharge rates.

The Trust would commence public engagement in the new year around the recently acquired site for the New Hospital Programme to work with wider public and other groups to highlight the importance of the New Hospital Programme and the rationale behind the site location. The CEO acknowledged community concerns around the best interest of Preston residents. It had been reported the Trust was keen to make a health hub concept in Preston City Centre and the Trust would look to co-locate services such as outpatient and other diagnostic facilities. Enquiries would be made with the national programme to see if it would be possible to draw some money in advance of the new hospital to put this in place without much delay.

## **26/24      Draft Council of Governors agendas (part I and part II) – 21 January 2025**

UCLan had been able to nominate Professor StJohn Crean. A meeting of the Nominations Committee was planned for 2 January 2025 for an informal discussion with members of the nominations panel before a recommendation for appointment was put forward to Council. This would be added to the agenda for the meeting on 21 January.

Two requests had been received from governors for items on the agenda: car parking had been included as the Trust was now in a position to consider the outcome of a tender process for the provision of car park services; Physician Associates had been covered by the CMO at a recent governor workshop.

In response to a suggestion that the Trust should be clear on its website around employing Physician Associates who are fully supervised professionals to avoid online speculation and educate patients and visitors, it was agreed this was an area to explore.

## **27/24      Subgroups and Lead Governor updates**

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

There had been a meeting on 14 November for Care and Safety Subgroup. Highlights included:

- The Head of Patient Experience and PALS provided an overview of survey results for inpatient, urgent and emergency care and maternity and cancer services.
- Agreement had been made for a review to be undertaken to understand the allocation of boarded patients at the dementia unit at Chorley.
- It had been noted that patients requiring urgent GP bloods at Preston were being directed to attend at the health port.
- Non-Executive Directors provided updates on the thrombectomy 7-day service, cleaning standards, boarded patients and maternity review regarding women from BAME backgrounds and deprived areas.
- A new Patient Complaint Review Group will review the quality of responses to complaints, concerns and patient feedback.
- Concern had been raised with Associate Director for Quality, Experience and Engagement regarding the issue that the Call for Concern leaflet does not appear to be readily available on wards and was only available in English, and the initiative was not being highlighted to patients and relatives via posters on corridors. Concern had

been raised of potential delays for relatives or patients in obtaining the leaflet in alternative versions. The Chair raised the importance of Council being made aware of when this issue had been raised.

**(b) Membership Subgroup (M Simpson)**

Governor concerns had been canvassed. These demonstrated that the Trust were aware of current issues, with no new matters arising.

Ahead of elections for new Governors, discussion took place on the need to be transparent about the requirements of the role in terms of time and commitment and the support offered to new governors on taking office.

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

The Lead Governor provided an update on activities an overview of the dates and meetings that had been attended was provided.

Mention had been made regarding an executive sponsor as part of staff forums. The CEO agreed to pick this up with the EMT.

The ICB had been invited to attend the Trust Carers Forum for input into discussions regarding Carers and the expectations at Lancashire Teaching Hospitals.

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

The Chair advised that the next meeting was scheduled for 17 March 2025 at 11.00am via Microsoft Teams.



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

1 April 2025 | 10.00am | Microsoft Teams

## PRESENT

Prof. Mike Thomas	Chair
Silas Nicholls	Chief Executive Officer
Janet Miller	Lead Governor
Sheila Brennan	Public Governor, Deputy Membership Subgroup
Graham Robinson	Public Governor, Deputy Care and Safety Subgroup

## IN ATTENDANCE

Jennifer Foote	Director of Corporate Affairs
Karen Lawrenson	Corporate Affairs Officer ( <i>minutes</i> )

### 1/25 Apologies for absence

No apologies had been received for the meeting.

### 2/25 Minutes of the previous meeting

The minutes of the meeting held on 17 December 2024 were agreed as a true and accurate record.

### 3/25 Matters arising and action log

The action log was reviewed and would be updated accordingly.

### 4/25 Chair and Chief Executive update on key issues

The Chief Executive highlighted the significant changes proposed within NHS England (NHSE) and the implications this would have a regional, system and trust level.

The Chief Executive also addressed the formal intervention into the Lancashire and Cumbria system around the NOF 4 rating around finances. The system as a whole had been put onto NOF 4, with the Trust, ICB, East Lancashire and Blackpool, also placed under NOF 4 for finance. This had been reported to Board and would also be formally reported to Council in April.

Difficult decisions had been made regarding capacity, particularly at Cuerden Ward at Chorley and Finney House. Vacancies held at the end of the financial year allowed successful redeployment, avoiding job losses and redundancies. Plans for the next year's corporate objectives were being finalised and commissioning intentions were becoming clearer, with tertiary services and other services starting to move over to Lancashire Teaching Hospitals.

The Chair emphasised the need to achieve a balanced budget without compromising quality. Certain areas would require continued funding and investment to maintain patient care standards. The new Non-Executive Directors (NEDs) were supportive of balancing the budget while prioritising quality and patient safety.

The organisation's role as a tertiary provider and aiming for Chorley to become a Good to Outstanding District General Hospital was highlighted. Discussions with the Integrated Care Board (ICB) were ongoing to align contracts with those goals.

Local government reform was noted as a background factor, with polls indicating potential changes in the local elections in May with various proposals for regional restructuring, and it was acknowledged that these changes might impact the organisation's governors and constituent relations.

## **5/25      Draft Council of Governors agendas – 24 April 2025**

It was noted that as there was no Part 2 at the forthcoming meeting, there was no resolution to remove the public as that was not needed. Information on the sub-committees which the NEDs were allocated to would be provided to Council for awareness, with the Chair to consult with Council on the appointment for SID.

A report on corporate objectives would also be included on the Agenda together with Membership update to be provided by the Deputy Chair of Membership Subgroup.

A query was raised in respect of the external auditor tender, which was reported to be an ongoing matter with some time still to completion or any requirement to report back to Council.

## **6/25      Subgroups and Lead Governor updates**

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

There had been meetings on 13 January and 13 March for Care and Safety Subgroup. Highlights included:

- The financial position dominated activities within the Estates division however good service was noted despite being the lowest funded and short-staffed. Recent funding successes were highlighted of a replacement of old lighting and a £14.5 million bid for steam plant replacement.
- Concerns were noted about newly painted red lines at Chorley and blue badge scanning at the car parks as neither had been publicised to patients.
- Alterations to toilets to be stoma friendly was noted however, lack of sanitary bins in male toilets for incontinent patients was raised.
- Attention was drawn to precautions to prevent loss of patient valuables. Patients had the option to look after these themselves, have them locked away by staff or avoid bringing with them however, emergency and boarded patients lack storage facilities.
- There had been a review for awarding Gold Stars to include the review of portfolio-based evidence to ensure high standards are maintained.
- It had been noted as a result of social media posts, that despite the inquiry report in 2015 into Morecambe Bay Maternity Services finding the ideology of normal birth contributed to the avoidable deaths of 11 babies and one mother, normal birth remained central to midwives' professional competence and a recent job advert for a

midwife, last reviewed by the Trust in October 2024, emphasised a strong belief in promoting normality in childbirth.

- Awareness was made of a delayed discharge due to a patient awaiting sign off from physio who were unavailable over the weekend.

**(b) Membership Subgroup (Sheila Brennan)**

Proposal was made to meet with new Governors before their initial Council of Governors meeting to ease their transition.

Last year, the membership group agreed to split membership and engagement, producing a membership strategy while the Trust was working on an engagement strategy. There was uncertainty about the current status of the engagement strategy.

The voting process for Chair and Deputy Chair of Care and Safety and Membership was raised and it was confirmed that the process was currently ongoing.

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

The Lead Governor provided an update on activities, an overview of the dates and meetings that had been attended was provided.

Mention was made that the last Council effectiveness review was completed in 2020-2021, which would be included in a workshop and brought onto the cycle of business.

Chorley Borough Council had indicated that following Alistair Bradley's term of office coming to an end, with the maximum nine years served, it intended to formally appoint a new nominee at its May meeting and would advise the Trust thereafter.

**7/25 Urgent Items**

**(a) Communication with Patients**

It was highlighted that when patients are sent to Outpatients at Chorley, the mobile phone text reminder message does not make clear which clinic they are to attend at. Awareness was also made of the fact that volunteers had been asked to make phone calls to patients to remind them of appointments.

Mention was also made that the Patient Portal did not allow one phone number to be used for multiple patients, which is a significant issue for someone who is also a Carer for another person in the family as it is not clear which patient a message for and can lead to someone being locked out of the system for a number of hours.

**(b) Charitable Funds Committee**

Earlier this year, it was noted that the collecting box at the Preston entrance had been removed. Enquiries revealed that the Charitable Funds Committee had decided to remove it without consulting the Governors. It appeared that the Charitable Funds Committee took the lead on decisions relating to collecting funds and there was some disparity on Governor involvement with charitable funds.

**(c) Governors Election**

The low turnout of members for voting in governor elections was raised. It was noted that this year there was good communication alerting people to the elections, however, limited communication encouraging people to actually vote.

All the issues raised were noted and would be forwarded to the appropriate person or team for consideration.

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

The Chair advised that the next meeting was scheduled for 2 July 2025 at 10.00am via Microsoft Teams.

*Meeting closed at 11.03am*

11.7 DATE, TIME AND VENUE OF NEXT MEETING: 24 JULY 2025, 10.00AM,  
LECTURE HALL, EDUCATION CENTRE 3, CHORLEY & SOUTH RIBBLE  
HOSPITAL

● Information Item

● M Thomas

● 3.28pm

## 12. REVIEW OF MEETING PERFORMANCE

● Information Item

● All

● 3.30pm

Discussion on how the meeting in public has been conducted