

Council of Governors (in Public)

Item 3

minutes

Tuesday 3rd March 2020
1.00pm
LHCH Conference Room

Present:

Neil Large
Lynne Addison
Peter Brandon
Lynn Trayer Dowell
Joan Burgen
Dorothy Burgess
Wendy Caulfield
Terence Comerford
Charlie Cowburn
Dr Rebecca Dobson
Sharon Faulkner
Elaine Holme
Allan Pemberton
Dorothy Price

Ruth Rogers
Dusty Rhodes
Lindsey Van Der
Westhuizen
Peter Wareham
Trevor Wooding
Rachel Glynn Williams

Chair
Public Governor – Rest of England and Wales
Public Governor - Cheshire
Staff Governor – Registered and Non Registered Nurses
Public Governor – North Wales
Public Governor - Merseyside
Nominated Governor – Friends of Robert Owen House
Public Governor - Merseyside
Staff Governor – Registered and Non Registered Nurses
Staff Governor – Registered Medical Practitioners
Staff Governor – Registered and Non Registered Nurses
Public Governor - Merseyside
Public Governor – Cheshire
Staff Governor – Allied Healthcare Professionals, Technical & Scientific
Public Governor - Merseyside
Public Governor – North Wales
Public Governor - Cheshire

Public Governor – North Wales
Senior Governor/Public Governor - Merseyside
Public Governor - Merseyside

In attendance:

Bob Burgoyne
Jonathan Develing
Gill Donnelly
Julian Farmer
Sue Hodgkinson
Hayley Kendall
Mark Jones
Lucy Lavan
Karen O'Hagan
Marga Perez Casal
Sue Pemberton
Dr Raphael Perry
Jane Tomkinson
Mina Patel

Non Executive Director
Director of Strategic Partnerships (until Item 8.4)
Membership and Communications Officer (Minutes)
Deputy Chair/Senior Independent Director
Interim Director of People & Culture
Chief Operating Officer
Non Executive Director
Director of Corporate Affairs
Non Executive Director
Director of Research & Innovation
Director of Nursing & Quality
Medical Director/Deputy CEO (Item 4 only)
Chief Executive Officer
Deputy Chief Finance Officer

Apologies for absence:

Mark Allen
Cllr Sharon Connor
Ian Jones
Sharon Hindley
Hollie Swann

Public Governor - Cheshire
Nominated Governor – Liverpool City Council
Nominated Governor - LJMU
Staff Governor – Non Clinical
Nominated Governor – University of Liverpool

1. Apologies for absence

Noted above.

2. Patient Story

Elaine Holme, Public Governor – Merseyside shared a moving story reflecting on the care provided to her late husband from her own perspective. All staff involved were praised for their care, compassion and expertise. Heartfelt thanks was offered to Mr Julius Asante Siaw, the Oak Ward team, Advanced Nurse Practitioners, Palliative Care Team and the Catering and Hygiene Services teams.

3. Presentation: Cardio Oncology

Dr Rebecca Dobson, Consultant Cardiologist/Public Governor-Registered Medical Practitioners provided a presentation on the new Cardio Oncology service that had been recently launched by LHCH in conjunction with Clatterbridge Cancer Centre. It was highlighted that this was a rapidly developing field focusing on the cardiac care of cancer patients and that there is a real opportunity to provide high quality research in this field. It was noted that the number of referrals had increased since the service had launched and this had resulted in an increased number of clinics. Hopes for the future included the set-up of a multi-disciplinary meeting to discuss patient care and an expansion of the team to recruit a Nurse Specialist to focus specifically on Cardio-Oncology.

The Council of Governors received the presentation. Neil Large, Chair thanked Dr Rebecca Dobson for her presentation and invited her to do an update at a future meeting to highlight future developments and progress.

4. Coronavirus Update

Dr Raphael Perry, Medical Director/Deputy CEO provided an update on the current situation regarding Covid 19/Coronavirus and highlighted that this is very fast moving and the situation is changing frequently. It was added that the latest advice and guidance is available on the Trust website and intranet sites.

It was explained that it was likely that Coronavirus will provide a risk to the delivery of LHCH services. There was a possibility that this may lead to the cancellation of elective surgery and there would be a requirement for the Trust to support the local health economy with ITU beds.

Jane Tomkinson, CEO added that the Trust was well prepared and equipped to support patients and in ensuring staff are well supported.

The Chair added that in light of government advice it would be necessary to suspend non-essential engagement and community events. This would include the forthcoming patient engagement events, governor walkabouts and membership community events.

The Council of Governors received the update.

5. Declaration of Interests Relating to Agenda Items

The Chair asked the Council of Governors if they had any interests to declare in respect of items listed on the agenda. No interests were declared.

6. Minutes of the Council of Governors (CoG) meeting held on 3rd December 2019

The minutes of the meeting of the Council of Governors held on 3rd December 2019 were reviewed for accuracy and approved as a correct record with the inclusion of the following amendment:

Item 10.1 – Amendment from May 2019 to May 2020

7. Chair's Briefing

The Chair welcomed Terence Comerford, Public Governor – Merseyside and Peter Wareham, Public Governor – North Wales to their first meeting.

The Chair noted that Hayley Kendall had been appointed to the role of Chief Operating Officer.

It was highlighted that the BBC 2 Hospital Series had featured the work of the hospital extensively and that the Chair praised staff for their role in the episodes of BBC Hospital. It was added that the staff in the programme had come across as outstanding.

It was added there had been a recent meeting with the Specialist Trusts to consider how they might collaborate. It was concluded that a joined up approach would be favourable and the Board of Directors would consider this, and what areas of collaboration would be prioritised going forward. An update would be shared with the Council of Governors at a future meeting.

The Council of Governors noted the updates.

8. Strategy & Service Improvement

8.1 Cheshire & Merseyside Health and Care partnership

Neil Large, Chair provided an update noting that a new Chair and a new Accountable Officer had been appointed and would bring new energy to shape services across Cheshire and Merseyside. Jane Tomkinson, CEO

noted that there was a requirement to re-visit the financial plan and key priorities in the near future.

The Council of Governors received the update.

8.2 CVD Pathway

Jonathan Develing, Director of Strategic Partnerships provided a presentation updating on the current work underway on the CVD pathway to support the ten year CVD ambitions for England. It was noted that the Trust was now leading on education and teaching regarding CVD externally. In addition to this work was underway to empower people to make the right decisions about their own health with the aim of reducing the number of avoidable heart attacks.

CVD Prevent was a key focus moving forward and would target the estimated 5 million people in England with undiagnosed high blood pressure. It was explained that this was a national primary care audit that would extract routinely held data of diagnosis and management of high risk conditions that cause stroke, heart attack and dementia. For example, ambitions were that built in blood pressure and AF diagnostic sticks would provide future intelligence to GP surgeries about the health of patients.

The Council of Governors received the update.

8.3 Update on Strategic Business Cases

The Director of Strategic Partnerships explained that work was underway to produce an easy to read LHCH Strategy document which would be shared with local communities. Plans also included an interactive area on the website where people could provide feedback on the document online.

The Council of Governors received the update.

8.4 Operational Plan 2020/21 including Financial Planning Update

Hayley Kendall, Chief Operating Officer provided an update on the Operational Plan 2020/21.

It was highlighted that the Trust's plan for the next financial year was to maintain and improve access to services to include the following:

- Improve Urgent and Emergency Care (UEC) performance and expand the capacity available
- Reducing bed occupancy levels to a maximum of 92%
- Stabilise and reduce waiting lists for elective care (January 2021 v January 2020)
- Offer patient choice of alternative provider at 26 weeks
- Eradicate waits of 52 weeks or more, including freeing up capacity through the reduction of face to face outpatient appointments
- Improve performance against cancer operational standards including the 62 day standard and ensure that at least 70% of people receive a cancer diagnosis within 28 days.
- Deliver productivity and efficiency improvements through the use of GIRFT and reducing unwarranted variation.

The Chief Operating Officer highlighted that plans included the transformation of Cardiology Outpatients to include the development of virtual clinics to avoid unnecessary attendances.

It was noted that the Trust had been unable to meet the diagnostic target due to increasing demand and insufficient capacity. The new CT and MRI scanners were now operational and therefore it was planned that by the end of June 2020 the Trust would be compliant with diagnostic targets of 92% every month.

It was noted that there were a number of risks to the Operational Plan:

- Late referrals with increasing diagnostic waits across the system.
- Inpatient capacity plans have very little margin –and therefore headroom and resilience needed to be addressed.
- Offering patient choice at 26 weeks – Surgery, EP were the main concerns.
- Potential reduction in uptake of waiting list initiatives.

It was noted that all of the above risks would be considered with mitigations in the development of narrative divisional operational/business plans.

Mina Patel, Interim Deputy Chief Finance Officer discussed the timescale for the financial plan and noted final submission is scheduled for 7th April 2020. The Interim Deputy CFO added there would be a challenging financial year ahead and that key risks would include the delivery of cost improvement plan and delivery of the activity plan particularly the private patient activity, managing new cost pressures, shortages in key staff groups and contract negotiations with commissioners.

The Council of Governors noted the update.

8.5 Quality Account Priorities

Sue Pemberton, Director of Nursing & Quality presented a report on the Trust's Quality Priorities for 2020/21 and thanked those governors who had attended the engagement event with other key stakeholders on 13th February 2020.

The Quality Priorities selected at this event for 2020/21 were as follows:

- Pre-rehabilitation booklet for patients
- Sepsis risk assessment
- Post discharge follow up telephone calls to patients
- Pre-procedure fasting in medicine

The Director of Nursing and Quality also discussed the priority options for 2019/20, and selection of a quality indicator to be audited by the external auditors for the Quality Account. It was recommended that that Delirium would be selected as the quality priority to be audited and this was supported.

The Council of Governors supported the recommendations and received the report.

9. Performance and Operations

9.1 Q3 Performance Dashboard

Hayley Kendall, Chief Operating Officer presented the Quarter 2 Performance Dashboard and noted the Trust continued to have significant pressures in delivering against the six week diagnostic target with a performance of 71.5% in Month 9. This performance had been hindered by the downtime of the scanner. However, performance was in line with the NHSI trajectory that the Trust is monitored against. It was added that the surgical activity plan remained a challenge but activity was in line with the revised financial forecast position. There had also been an underperformance in the Medicine Division relating to inpatient activity. In addition to this it was added that patients waiting longer than 18 weeks on Incomplete Pathways continued to increase and divisions were working hard on capacity to reduce patient delays. It was highlighted that underperformance relating to staff sickness continued to be an issue. There was a discussion from governors as to the cause of staff sickness. Sue Hodgkinson, Interim Director of People & Culture added that sickness was a key area of focus for the HR team and she would discuss this in further detail during Item 9.4. It was noted that a full analysis of the cause of staff sickness was monitored and the main causes currently recorded were for personal circumstances (ie not work related) and musculoskeletal.

The Chief Operating Officer added that Coronavirus would unfortunately more than likely have an impact on performance in terms of activity and staff sickness going forward.

The Chief Operating Officer thanked the staff for their excellent commitment in delivery of the recorded performance.

9.2 Q3 Finance Report Period

Mina Patel, Interim Deputy Chief Finance Officer presented the Finance Report for Quarter 3 and it was highlighted that the overall financial position reported a surplus of £1,879k in line with the Trust's financial plan. This included £1,310k of Provider Sustainability Funding received as an incentive for delivering the Trust plan.

It was noted that income had dipped in December by £4.2 million as a result of lower than planned activity. It was added expenditure had been £2.6million underspent mainly as a result of this lower activity. It was added that agency and bank costs and the delivery of the Cost Improvement Programme targets had also not been met. It was noted that the Trust was £1.8million behind plan for capital expenditure mainly due to slippage on Estates Infrastructure and Theatre B.

In conclusion the Interim Deputy Chief Finance Officer noted that in Month 9 the Trust had achieved its overall financial position due to application of non-recurrent resources.

The Council of Governors received the report.

9.3 Q3 Patient & Family Support Team Activity Report

The Director of Nursing & Quality presented the Patient & Family Support

Team Activity Report and highlighted there had been ten formal complaints in Quarter 3 and no common theme had been identified. It was added that the Trust continued to have low levels of complaints. The Director of Nursing & Quality assured the Council of Governors that a robust complaints process remained in place and that all actions and learning from both informal and formal complaints were discussed at both divisional and organisational level.

The Council of Governors received the report.

9.4 Staff Survey Results

Sue Hodgkinson, Interim Director of People & Culture presented the NHS Staff Survey Results 2019 which had recently been published. It was added that 64% of staff had completed the annual survey. 77% of staff would recommend the Trust as a place to work, 93% would recommend the Trust to treat a patient or relative and 91% of staff believed care of patients and service users if the organisation's top priority.

The Interim Director of People & Culture added that the slides would be circulated to Governors following the meeting for further information and reflection.

It was added that there was more positive action on the way in relation to staff health and wellbeing campaigns and there had recently been a hydration campaign launched for staff. The Human Resources Business Partners were currently working on developing action plans to target areas for improvement. The development of a health and wellbeing hub is scheduled for completion by the end of June for the benefit of staff.

The Council of Governors received the update.

10. Governance and Assurance

10.1 Feedback from Network Engagement Events

Lynn Trayer Dowell, Staff Governor – Registered and Non Registered Nurses shared that she had recently attended an Atrial Fibrillation Support Group organised by Rebecca King, Nurse Specialist. It was noted that the group was really well attended and feedback had been extremely positive from those in attendance.

10.2 Corporate Governance Statement

Lucy Lavan, Director of Corporate Affairs presented the paper outlining the annual Corporate Governance Statement which provided opportunity for governors to raise any issues for the Board of Directors to take into account. Allan Pemberton, Public Governor – Cheshire requested the inclusion of the following in relation to Governor training provision:

- Provided access for Governor attendance at Annual Patient Safety Congress
- Learning provided for Governors during the review of annual appraisal process for Chair

The Council of Governors noted the proposed Corporate Governance

Statement and confirmed there were no further issues for the Board to take account of.

10.3 Council of Governor Objectives 2020: Progress Report

The Director of Corporate Affairs provided an update on progress of the Council of Governor objectives.

The Council of Governors received the report.

10.4 Review Governors Register of Interests

The Director of Corporate Affairs requested governors review the register of interests as part of the annual governance process.

The Council of Governors received the report and confirmed there was no material conflicts.

10.5 Governor Elections

Gill Donnelly, Membership and Communications Officer provided an update in relation to the forthcoming Governor Election. Electoral Reform Services (ERS) will act as independent electoral administrators and it was noted thirteen seats will be up for election this time. The election timetable would commence from 6th May 2020 which would ensure that an election was called within three months of a vacancy arising. This approach was in response to the current vacancy for Staff Governor – Non Clinical which became vacant from 7th February 2020.

Recent changes to the Council of Governors were highlighted and it was noted that Trevor Wooding was currently Senior Governor and his term of office ends on 22nd September 2020. He would be eligible for one more term in this role if re-elected. Governors interested in the role were invited to speak directly with Neil Large, Chair. A formal recommendation as to the successor in Senior Governor role would be brought to the Council of Governors meeting on 22nd September 2020 following completion of the election process.

All governors were requested to contact Gill Donnelly, Membership & Communications Sub Committee if they had any questions about the election process.

The Council of Governors received the report and supported the election timetable.

ALL/NL

10.6 Licence Condition G4: Fit & Proper Persons Requirement

The Director of Corporate Affairs explained that the Trust's Provider Licence stated that all Governors must be fit and proper persons and sets out the criteria for compliance. Governors were asked to complete the Fit and Proper Persons Test Self Declaration on an annual basis. It was noted that the majority of Governors had completed this and the remaining governors were requested to complete as soon as reasonably possible.

ALL

The Council of Governor received the report.

11. Governor Issues

11.1 Membership and Communication Sub Committee

Ruth Rogers, Public Governor – Merseyside/Chair of Sub Committee presented the Hot Topics report from the meeting as follows:

- All key performance indicators in relation to Membership Strategy had been achieved
- Calendar of events had been agreed although it was noted these would be on hold until further notice with the ongoing Coronavirus situation.
- Members Matters Winter Edition had been published and the Spring Edition scheduled to be published in April 2020.
- The Membership Strategy would be reviewed at the next meeting on 14th April 2020.

The Council of Governors received the report.

11.2 Staff Governors Drop In

Nothing to note.

11.3 Feedback from Development Groups

It was discussed that the development groups had been well received by the Governors that had participated.

11.4 Governor Attendance Report

The Chair thanked Governors for their attendance at the meeting which was particularly well attended.

Rachel Glynn Williams, Public Governor-Merseyside requested that the report was amended to reflect that she could not attend the meeting when Mark Allen, Public Governor-Cheshire was present.

The Council of Governors noted the report.

GD

12. Board of Directors

12.1 Report from the Audit Committee

Julian Farmer, Chair of the Audit Committee provided assurance that the work of the Audit Committee was on track. It was added that there was a low risk to the Trust in terms of hosting Liverpool Health Partners and Innovation Agency.

The Council of Governors received the report.

12.2 Report from the Integrated Performance Committee

Karen O'Hagan, Non Executive Director provided an update on the work of the Integrated Performance Committee. It was explained the Integrated Performance Committee would be reviewing the terms of reference and the quarterly regular reports that are brought to the Integrated Performance Committee. It was noted that the appropriate recovery plans were also being brought to the table to mitigate any areas of underperformance.

The Council of Governors noted the update.

12.3 NED Walkabouts

Julian Farmer, Deputy Chair/SID explained the recent programme of walkabouts had been positively received by staff and the Non Executive Directors.

The Council of Governors received the update.

12.4 Receipt of Minutes of Board of Directors (in Public) Meeting Held on Tuesday 26th November 2019

The Council of Governors received the minutes.

13. Action Log

Item 1 – Lucy Lavan, Director of Corporate Affairs provided an update on this action on behalf of Dr Raphael Perry, Deputy CEO/Medical Director – Closed
Item 2 – Closed
Item 3 – Closed

14. Date and Time of Next Meeting

Tuesday 2nd June 2020 at 1.00 pm in the LHCH Conference Room.