

Council of Governors – Part 1 (in Public)

minutes

Monday 4th December
1.00pm
LHCH Conference Room

Present:

Neil Large
 Mark Allen
 John Black
 Ken Blasbery
 Dorothy Burgess
 Amanda Clarke
 Kerry Fitzpatrick

Vera Hornby
 Michelle Laing
 Allan Pemberton
 Dot Price

Ruth Rogers
 Alexandra Thompson
 Trevor Wooding

In Attendance:

David Bricknell
 Nicholas Brooks
 Lesley Hughes
 Mark Jackson (part)
 Mark Jones
 Lucy Lavan
 Frankie Morris
 Sue Pemberton
 Dr Raph Perry (part)
 Michael Tomkins

Jane Tomkinson
 Joanne Twist
 Tony Wilding

Apologies:

Lynne Addison
 Peter Brandon

Chair
 Governor – Cheshire
 Governor – Merseyside
 Governor – Cheshire
 Governor – Merseyside
 Governor – North Wales
 Governor – Registered & Non-Registered Nurses
 Governor – Merseyside
 Governor – Partner Organisation
 Governor – Cheshire
 Governor – Allied Healthcare Professionals, Technical & Scientific
 Governor – Merseyside
 Governor – Non-Clinical Staff
 Governor – Merseyside

Deputy Chair/Non-Executive Director
 Non-Executive Director
 Executive Officer manager (Minutes)
 Director of Research & Innovation
 Non-Executive Director
 Director of Corporate Affairs
 Deputy Chief Finance Officer
 Director of Nursing & Quality
 Medical Director
 Membership & Communications Officer (Interim)
 Chief Executive
 Director of Workforce Development
 Director of Strategic Partnerships & Chief Operating Officer

Governor – Rest of England
 Governor – Cheshire

Glenda Corkish
Charlie Cowburn

Sharon Hindley
Elaine Holme
Christina O'Hare
Lynne Trayer-Dowell

Caroline McCann

Governor – Partner Organisations
Governor – Registered & Non Registered
Nurses
Governor – Non-Clinical Staff
Governor – Merseyside
Governor – Partner Organisations
Governor – Registered & Non-Registered
Nurses
Governor – Registered Medical
Practitioner

1. Apologies for Absence:

As noted above.

2. Patient Story

A patient story was read by Sue Pemberton, Director of Nursing & Quality.

3. Declaration of Interests Relating to Agenda Items

The Chairman asked Council of Governor (CoG) members if they had any interest to declare in respect of items listed on the CoG agenda. All declared they had no interests.

4. Minutes of the Council of Governors meeting held on 25th September 2017

The minutes from the meeting held on 25th September 2017 were approved by the CoG.

5. Chair's Briefing

The Chair paid tribute to Dennis Bennett/Public Governor – North Wales who had recently passed away following a long illness. Dennis had joined the Council of Governors on 7th December 2012 and had served as a Governor until his recent death on 19th October 2017 during his third term. Colleagues had paid tribute to him through messages to his family and attending the funeral.

The Chair also referred to the continued absence of Glenda Corkish due to ill health and expressed his wishes for a speedy recovery.

Five year Forward View (5YFV):

The Chair introduced a short video entitled "How Does the NHS in England Work" demonstrating what organisations make up the NHS and the changes that have taken place. Due to technical difficulties the video could not be shown in full. The following salient points are as follows:

- NHS England is responsible for overseeing the commissioning, planning and buying of NHS services.
- Clinical Commissioning Groups (CCGs) identify local health

needs, plan and purchase care/services for their respective areas.

- NHS Improvement oversees Trusts and focuses on financial regulation.
- The Care Quality Commission inspects the quality of care provided.
- Various other organisations such as Healthwatch, NHS Digital, Public Health England, Health Education England exist which can cause confusion as to which organisation is responsible for what.

The 5YFV focuses on streamlining clinical pathways and ensuring mechanisms are in place to support prevention and self-care. New models of care will enable services to work together to provide joined up care for patients and help meet the needs of increased patient numbers, supporting patients with long term health conditions. As a consequence sustainability and transformation partnerships were formed (STPs) where NHS organisations come together with local authorities and agree improved health care in their respective areas. There is now a move towards accountable care systems and place-based care, but still no statutory authority for partnership alliances.

Partners, including patient groups, clinicians and independent experts across Cheshire and Merseyside were working together to develop and implement the 5YFV. Jane Tomkinson updated the Governors on the CVD programme and its constituent work streams noting good traction in relation to pacing and aortic dissection focus in North Mersey was on a single cardiology pathway for the city of Liverpool.

Liverpool Health Partners:

Work continued to progress on a new strategy for Liverpool Health Partners which brings together the Liverpool City regions leading hospitals and academic institutions to improve health and deliver research and education.

Robotic Surgery:

The first robotics thoracic surgical case had been successfully carried out in the Trust.

Sustainability & Transformational Partnerships (STP):

The Chair reported that he had stood down as Chair of the STP; Andrew Gibson had been appointed Executive Chair and Mel Pickup as Lead Officer.

It was also reported that Ian Dalton had been appointed as Chief Executive for NHS Improvement.

Christmas Activities:

Best of the Best Awards: The staff awards evening was held on Friday 1st December 2017 at the Crowne Plaza Hotel where in excess of 380 staff members attended to celebrate staff achievements; attended by the

majority of Directors and hosted by Nigel Scawn, Associate Medical Director. The event included a new category of gold awards for excellent, compassionate and safe care with six clinical areas achieving 'gold' status.

The 'Best of the Best' awards for 2017 went to:

- Sarah Donnelly/Palliative Care – Compassion in Care
- Dr Claire Quarterman/Consultant Anaesthetist – Significant Impact to Patient Safety
- Radiology Equipment maintenance Team – Best Value Award
- Rob Stewart/IT – Employee of the Year
- Sheila Thornhill – Volunteer of the Year
- Janet Beukers/Cardiac Diagnostics – Leader of the Year
- Bryony Whitehead/Theatres – Patient Choice
- Oak Ward – Team of the Year
- Porters – Chief Executive Special Appreciation

The Chair expressed his appreciation to the PR & Communication team for their work in organising the event which was well received by staff.

Friday 15th December 2017 would celebrate "festive jumper day" where staff would be given the opportunity to dress festive and as a consequence donate £1 to the Trust's fundraising campaign.

Governors were assured that they would be kept informed of the developments within the region and were also invited to contact Neil Large direct by e-mail or telephone if they wished to discuss anything further.

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6. Strategy & Service Improvement

6.1 Chancellor's Budget & Planning Update

Frankie Morris/Deputy Chief Finance Officer was welcomed to the meeting and presented the highlights from the Autumn budget as follows:

Additional Revenue Funding:

- £250m had been identified for the winter period; the majority was expected to be utilised within A&E departments.
- £1.6b across 2018/19 was expected to be targeted to waiting times, accident and emergency and mental health.
- £850m across 2019/20 was identified to address waiting lists and mental health.

Information was still awaited in relation to next year's tariff but was expected mid to late December 2017.

The majority of the additional capital funding of £3.5bn would be applied to schemes within the STP plans, none of which were aligned to Cheshire and Merseyside. The remainder would be issued to organisations with insufficient cash for urgent maintenance.

There would be more scope for the NHS to sell land and buildings for future investment.

The 1% pay cap had been lifted; pay review discussions were on-going.

A key planning meeting of the NHS England Board would take place on 14th December 2017 after which time it was expected that detailed planning guidance would be issued. Weekly planning meetings were held in house to review core capacity; the draft Operational Plan would be presented at the next CoG meeting.

FM/CW

Governors were informed that NHS organisations were selling and leasing excess land via NHS England while noting that the vacant land on site was owned by the Royal Liverpool University Hospitals Trust (RLBUHT) and was reserved for the building of a new decontamination unit.

7. Performance and Operations:

7.1 Q2 Strategic & Performance Dashboard

The Quarter 2 Strategic and Operational Dashboard was presented by Tony Wilding. The report outlined the following sections and against each was an executive summary highlighting the key areas namely:

- Single Oversight Framework
- Strategic Dashboard
- Operational Dashboard: indicators that were previously underperforming but now on target:
 - VTE prophylaxis
 - DGH referrals
 - 62 day wait for treatment following urgent GP referral
 - Appraisals
- New exceptions this month:
 - Friends and family test response rate for inpatient
 - Private activity
 - Turnover rate for staff with between one and two years service.

The reports provided detail on the actions in place to address the above exceptions and their anticipated delivery.

Questions were invited and the following were noted:

- i) **Potential Under Reporting of Patient Safety Incidents:**
Governors asked what determined the level of reporting and were informed that the national guidance and consideration to the size of the organisation determined the expected level of reporting incidents. Low reporting could indicate a lack of reporting or that patient safety was of a high standard. The CoG noted that patient safety incident reporting had improved since Quarter 2.
- ii) **Mortality Screening:** The CoG noted the initial mortality

screening is conducted by a consultant not directly involved in the case. National guidelines propose 10% of mortality cases be reviewed however the Trust had a more stringent process in place and chose to screen all patient mortalities.

- iii) Number of Falls: The CoG questioned the reported rate of 10 which stood higher than the target and noted that a considerable amount of work had been done reviewing data from other Trusts harm reports and this demonstrated that LHCH generally performed well on falls avoidance. Information was presented weekly to the Executive Group for review where trends are identified and actions put in place to address them e.g. alarms on beds and sensors in bathrooms to alert staff. Mobility aid falls referred to patients being admitted whose aids were either faulty or inappropriate for the purpose.
- iv) GP Referrals: Reported 13,242 against a target of 14,172. GP related referrals were split from other Trusts (64%) and community (35%) and fluctuated each month. The Trust was working with Commissioners to identify trends and to check the impact of number of days in the month and holiday periods; the new year would see an increase however overall referrals were consistent.
- v) Delays in transfer of care were also highlighted and the impact of stroke referrals from Elm Ward, transfers through other organisations, funding and intermediate care capacity issues all had a negative impact. The discharge team were working hard to address this.

The CoG noted the remainder of the report.

7.2 Q2 Finance Report

The Quarter 2 financial performance report was delivered by Frankie Morris; the following key points were highlighted.

The Trust's financial position stood at £1.489m surplus against a planned surplus of £1.480m. Income stood at £197k ahead of plan.

Agency costs spend stood at £0.756m compared to £0.774m in the previous year. The majority of agency spend related to the medical staffing and was a reflection of the challenges the NHS was facing. Mark Jones, Chair of the People Committee informed the CoG that recruitment within medical areas e.g. radiology and theatres was being addressed

The cash balance stood £0.694m below the planned £6.242m.

The cost improvement programme fell short by £0.263m against a plan of £1.474m. Staff were working continuously to identify non recurrent costs to offset the gaps.

Capital expenditure stood at £1.046m against the planned £2.781m.

The Trust's block contract agreement with the CCG was on plan.

Overall the Trust was on track to deliver the financial plan of £6.8m surplus.

Recently, NHS Improvement have advised that there will be an STF incentive scheme, as was the case last year, whereby improvements in the planned financial position will be matched £1 for £1. Discussions over whether LHCH are able to access this fund will take place closer to the year-end.

The simple biggest financial risk related to the dispute with the Welsh Commissioners around the accepting of HRG4+ however a national resolution was being sought. Winter pressures and the expected high activity in February and March 2018 were also risks to the financial forecast

The CoG noted that weekly planning meetings were focusing on the next financial year while continuing a strong financial performance.

The Chair commented on the strong balance between finances and service delivery which were on track

7.3 Q2 Patient & Family Support Team Activity Report 2017-18

The CoG received the Quarter 2 Complaints Report delivered by Sue Pemberton which outlined the informal concerns and complaints. The CoG noted that of the 64 contacts, 34 had requested advice and/or information, 30 informal concerns were raised and 17 formal complaints received; no trends had been identified. Overall 8 complaints were upheld, 4 partial and 5 not upheld, despite being investigated.

Table 1 within the report provided the detail of the 64 contacts, table 2 demonstrated the number of complaints per division while table 3 set out the learning from each complaint.

The complaints team worked pro-actively engaging in person with patients and their families to address issues as they arose.

The CoG noted the remainder of the report.

8. Governor Issues:

8.1 Committee Membership

The CoG Committee membership report was delivered by Lucy Lavan requesting approval of the new governor members for the Nomination & Remuneration Committee (Non-Executive Directors [Neds]) and the Membership and Communications Sub-Committee; the Terms of Reference for each were appended to the report.

Due to the recent turnover in the CoG membership following a number of Governors completing their term of office, the six newly appointed Governors were invited to complete a skills audit and expressions of interest in joining these sub-committees. Following a review of the

submissions a proposal to appoint the following Governors was presented and approved by the CoG:

Nominations and Remuneration Committee (NEDs):

Trevor Wooding
Ken Blasbery
Allan Pemberton
Peter Brandon
Ruth Rogers
Lynne Addison

Membership and Communications Sub Committee:

Amanda Clarke (Chair)
Ken Blasbery
Mark Allen
Vera Hornby
Trevor Wooding
Ruth Rogers
Elaine Holme
Michelle Laing
Sharon Hindley

8.2 By-Election for North Wales

The CoG received the By Election for North Wales report delivered by Lucy Lavan noting the composition of the three seats for North Wales and how two seats were currently vacant requiring a by-election for this constituency. To date one prospective candidate had been identified and further work to promote the Governor role in North Wales was in progress.

In the line with the recommendations and request, the CoG supported and approved the delegation of responsibility for the calling of a by-election by the end of March 2018.

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Governors were asked to continue to identify potential governor candidates through their various contacts.

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It was agreed that the Membership & Communications Sub- Committee would review patient and membership profiles to check governor representation across the public constituency.

8.3 Membership and Communication Sub-Committee 4.12.17

Amanda Clarke, Chair of the Membership and Communication Sub-Committee updated the CoG on the activity of the Group.

The CoG noted that membership stood at 9,956 which fell slightly below target.

Governors had taken part in the disability awareness day and recruitment event at John Moores University where in excess of 100 members were recruited at each event.

Governors were asked to support the membership recruitment target of 20 new members per month. Proposals for joint partnership working with other organisations in support of member recruitment and engagement would be welcomed.

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The CoG noted the low attendance for the 2017 annual open day and the impact on staff who provided their time out of normal working hours to support this. Further consideration would be given to the value of this event going forward.

The next meeting of the Membership and Communication Sub-Committee will be held on 12th February 2018.

Amanda Clarke took the opportunity to express appreciation to Mike Tomkins for his support and guidance during her first months as Chair of the sub-committee.

8.4 Staff Governors Meeting 21.11.17

The Chair reported that future staff governor meetings were now 'drop in sessions' in acknowledgement of work commitments; dates for 2018 had been circulated.

8.5 Feedback from Governor Walkabouts

The Chair invited observations from the walkabout earlier that day. All Governors confirmed that the planned walkabouts were valuable in allowing them a greater understanding of the departments they visited, in particular the newly appointed Governors who had attended today's event. The interaction of physiotherapists within the ward teams and the notice board encouraging patient engagement were particularly highlighted.

The Chair also took the opportunity to share a slide showing Trevor Wooding's recent involvement in the 'colour run' fundraising event at Stanley Park. Despite there being lower numbers than previous the event raised a record amount, in excess of £4,000, for the charity.

8.6 Interest Groups / External Events

Governors had attended and enjoyed the following external events:

- John Moores recruitment drive 19th October 2017.
- Knowsley patient engagement event 22nd November 2017. The patients in attendance all had positive experiences and were very complimentary about the organisation, the calibre of staff and their care for patients and families. Mark Jones/Non-Executive Director paid tribute to Vera Hornby for her presentation at the event; as a long standing Governor it was thought her contribution and impact was effective and valuable to encourage potential Governors.
- Governors also reported on an event facilitated by MIAA on 6th October 2017 at Haydock Park - "Acute Care Collaboration -

What is the Learning for Foundation Trusts - The Role of the Governor". The presentations focussed on acute care collaboration, the expertise being developed by other Trusts and how they were offering this to other FTs nationally.

The Chair expressed his appreciation to the Governors for their feedback and support.

9. Board of Directors:

9.1 Report from the Audit Committee

The CoG received an update on the work of the Audit Committee David Bricknell on behalf of Julian Farmer, Audit Committee Chair. He referred to the changes within the Committee structure, while focusing on generic issues while incorporating the statutory requirements of the Committee.

The CoG noted that the previous meeting agenda had focused on the following:

- Risk Management Policy audit and the improvement of the risk registers due to the implementation of new software and training.
- NICE Guidance review that had taken place and the Commissioners assessment of the organisations best practice.
- Review of Losses and special payments.
- Review of single supplier waivers.
- Bad debtors and the on-going programme with external organisations to improve the administration processes.

The Audit Committee also reviewed the External Visits Register, Government Procurement Credit Card Policy prior to submission to the BoD for approval and the Freedom to Speak Up Policy to ensure a strong infrastructure was in place.

The Trust's internal audit had provided significant assurance against its reviews relating to charitable funds, expenses and the Cyber Security review had been completed.

The CoG were also informed that an outline plan for the 2017/18 external audit was in place.

The remainder of the presentation was noted.

9.2 Non-Executive Director (NED) Walkabouts

David Bricknell also updated the CoG on the schedule of NED walkabouts conducted throughout the year and how the newly appointed NEDs were covering extra areas as part of their local induction. The walkabouts allowed relationships to be established with staff throughout the Trust and an opportunity for the new NEDs to be introduced, raising their profile and that of their colleagues.

The Chair took the opportunity to pay tribute to David Bricknell who would be stepping down from his position of Deputy Chair/NED and

Senior Governor following 8 years' service and expressed his sincere personal gratitude and that of the CoG and BoD for his dedication and support.

9.3 *Receipt of Minutes of Board of Directors (in Public) Meeting held on: 25th July 2017*

The CoG received and noted the minutes from the BoD meeting held on 25th July 2017.

10. Action Log

The Action Log was reviewed and updated as follows:

Item 1 Private Patient Strategy: Presented to the Joint CoG/BoD Development Day held on 14th November 2017 therefore the action had been discharged and would be removed from the action log.

Item 2 Robotics Campaign: The Chair had previously reported on the implementation of surgical robotics. The action had therefore been discharged and would be removed from the action log.

Item 3 Pyjama Paralysis: Sue Pemberton informed the CoG of the progress on the Trust's initiative to encourage patients to wear their own clothes as this was considered to have a positive impact on their wellbeing. The majority of patients had reacted positively to the proposal. An update on the changes and improvements would be presented to the March 2018 meeting.

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Item 4 North Wales Vacancy: Reported within item 8.2 above therefore the action had been discharged and would be removed from the action log.

The Chair invited Tony Wilding to update Governors on the current site developments. It was noted that the building of the new decontamination unit was due to commence which would impact on the number of car parking spaces available. The Trust engaged regularly with the Royal Liverpool & Broadgreen University Hospitals Trust and their car park management team to raise concerns and have been given assurances that there is sufficient car parking available within the multi storey facility. The team had agreed to review the barrier control and access in 2018.

The Chair also took the opportunity to express the gratitude of the CoG to Mike Tomkins for his support during the 10 month cover period.

11. Date and Time of Next Meeting:

The next meeting of the CoG will be held on Monday 5th March 2018 at 1.00pm in the LHCH Conference Room.

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