

Council of Governors (Public)

Item 4

minutes

Date of Meeting: 7th December 2015

Time: 1.00 pm

Venue: Conference Room

Present: Neil Large/Chairman
Dennis Bennett/Governor – North Wales
Mike Brereton/Governor – Cheshire
Mike Desmond/Staff Governor
Vera Hornby/Governor – Merseyside
Roy Griffiths/Governor – North Wales
Michelle Laing/Governor – Partner Organisation
Arthur Newby/Governor - Merseyside
Ian Painter/Governor – North Wales
Allan Pemberton/Governor - Cheshire
Paula Pattullo/Governor - Merseyside
Brian Roberts/Governor - Merseyside
Tony Roberts/Governor – Rest of England
Neville Rumsby/Staff Governor
Doreen Russell/Staff Governor
Roy Stott/Governor - Merseyside
Alex Thomson/Staff Governor
Lynn Trayer-Dowell/Staff Governor
Trevor Wooding/Governor - Merseyside
Judith Wright/Governor - Cheshire

In attendance: David Bricknell/Deputy Chair/Senior independent Director
Julian Farmer/Non-Executive Director
Lesley Heath/Committee Secretary
Debbie Herring/Director of Strategy & Organisational Development
Mark Jackson/Director of Research & Informatics
David Jago/Chief Finance Officer
Lucy Lavan/Associate Director of Corporate Affairs
Mary Liley/Head of Fundraising (Presentation only)
Sue Pemberton/Director of Nursing & Quality
Raphael Perry/Medical Director (Item 7.4 onwards)
Marion Savill/Non-Executive Director
Jane Tomkinson/Chief Executive
Tony Wilding/Chief Operating Officer (Items 1 – 11)

Public: Katherine Griffiths
Dr E Toke

**Apologies for
Absence:** Ken Blasbery/Senior Governor
Glenda Corkish/Governor – Partner Organisation

1. Fundraising Strategy Presentation:

Mary Liley, the newly appointed Head of Fundraising was in attendance to present on the Fundraising Strategy. The presentation outlined the new branding profile and how relationships would be built while recruiting new support.

The CoG were informed of work that was underway to maximise gift aid, the introduction of merchandising, publicity within the hospital and the use of promotional zones within the Trust. More choice would also be provided for donors to identify their preferences. There was also an emphasis on the profile of the organisation while keeping in line with the Trusts values and behaviours.

Both the Chair and Lucy Lavan expressed their appreciation for the achievements to date.

Apologies for absence:

2.

As noted above.

3. Patient's Story:

In place of the patient's story, Sue Pemberton delivered an observational report from a student nurse who shadowed a patient from ward to theatre which concluded with the patient being treated with care and respect.

4. Declaration of Interests Relating to Agenda Items:

None to declare.

5. Minutes of the Council of Governors (CoG) meeting held on 1st October 2015

Noted and approved.

6. Action Log (All)

6.1 Care Quality Commission (CQC) Preparation Work Update:

The Chair referred to the CQC workshop delivered by Sue Pemberton prior to the CoG meeting which set out Governor responsibilities in relation to the CQC inspection planned for April 2016. He asked Governors to reflect on the agenda and the documents presented to ensure the CoG were receiving the information and assurances it needs.

The presentation slides and feedback from the noon session would be summarised and circulated to all members

6.2 Disabled Car Parking:

SP

Tony Wilding reported on the imminent closure of car park K (waste ground opposite portakabins) and the land adjacent to this which holds approximately 140 cars. Due to the buildings work planned for these areas, meetings had been held with the Royal Liverpool & Broadgreen University Hospital Trust (RLBUHT) and Indigo (previously Vinci Parking) to identify alternative arrangements but an outcome was awaited. Following the completion of the building works a further parking facility would be available however the capacity had not been confirmed.

In the meantime timings around accessing and exiting the main car park facility were being monitored and the outcome was expected to be reported at a meeting that was being held later in the week.

The CoG were assured that sufficient notice periods and communication/signage would be provided to staff and patients.

7. Chair's Briefing:

7.1 Nursing Times Awards:

The CoG noted that four nursing teams had been shortlisted for the Nursing Times Awards. The competition had been of the highest standard and although the Trust was unsuccessful, the teams were commended for their achievements.

7.2 Best of the Best/Annual Staff Awards 4th December 2015:

The Chair reported on the evening event where 10 awards had been presented across different categories. Details of categories and winners will be circulated through the staff newsletters and published on the intranet.

Staff Governors had met on 3rd November 2015 and operational and financial pressures were discussed. They also acknowledged the priorities and how the learning from Listening into Action (LiA) would help with responding to operational pressures and the impact upon staff.

The Chair also reported on the "Shineathon" fundraising initiative that had been launched on 4th December 2015.

The CoG also noted how he had been involved in the patient snack round urging new Governors to consider taking part in future rounds.

There had been a very strong field for Consultant EP posts which was tribute to the staff and reputation of the Trust.

8. Strategy & Service Improvement:

8.1 Outcome of Joint BoD/CoG Development Day:

The Chair referred to the joint development day that had been held on 18th November 2015 and expressed his appreciation to Governors for their participation in important strategic work and review of CoG objectives.

Feedback in relation to the interest groups highlighted that Governors would prefer an extended meeting time. This had been addressed through the introduction of a new start time of 11.30 in 2016/17 allowing Governors time to network with Non-Executive Director colleagues prior to the start of the CoG meeting.

A Governance Task Group meeting would be convened in January 2016 to consider further the actions arising from the Development Day.

8.2 Planning Update:

Debbie Herring reported on the 2016/17 Annual Planning process focusing on key targets and obligations and how this would impact on workforce and resources. Full details of the 2016/17 round of operational planning were expected to be received by 18th December 2015 with the first draft of the Plan to be produced by the end of February 2016. The full and final Plan would be submitted by 8th April 2016.

To meet the vision 'to be the best integrated cardiothoracic healthcare organisation' and to play a leading role in this landscape the Trust must ensure future heart and chest services are delivered in the most effective and efficient way by collaborating widely with providers and professionals across the city of Liverpool and beyond to improve access and reduce variability.

Healthy Liverpool was looking at the future configuration of services across LHCH, the Royal Liverpool, Aintree, Liverpool Women's, The Walton Neurological Centre, Alder Hey, Clatterbridge Centre for Oncology and Liverpool Community Health to reduce health inequalities and determine a clinically and financially sustainable long-term solution for Liverpool. The model is based on the vision of one citywide health campus focussing on performance of the whole system rather than individual organisations.

The CoG noted the report and planning timetable. Draft plans would be shared with Governors at the March 2016 CoG meeting in order to gather feedback.

DH

8.3 CQC Mock Inspection:

Sue Pemberton presented on the CQC mock inspection that had taken place on 29th and 30th October 2015. The CoG noted the feedback and examples of good practice and those areas that required attention. The presentation set out the main themes and how these would be addressed. A detailed report would be presented to the Operational Board at its meeting on 18th December 2015.

The CoG discussed how the Trust would demonstrate its continuous development and improvement. Sue Pemberton assured Governors that they had demonstrated a high level of understanding during the workshop earlier and that a further session would be co-ordinated prior to the inspection in April 2016 to help Governors prepare. Governors indicated a preference to meet with the CQC in groups.

SP

A discussion followed around the CQCs approach and process for inspectors.

8.4 Site/Capital Developments:

Tony Wilding presented on the three projects which were on-going, namely the main entrance, outpatients (OPD) and the generator replacement. The CoG noted that work to the main entrance would be completed June 2016 in line with the six month contract period.

Works to the OPD was over a phased approach to minimise disruption. A self-check in system would be installed; the Walton Centre had the system in place and the Trust was working closely with them to learn from their experiences and obtain information allowing for the system to be used effectively and efficiently. It was noted that the Trust was looking to house the Customer Care Team within the OPD acknowledging the need for ease of access for patients and their families.

The internal and external signage scheme would be launched once issues around funding had been finalised with the RLBUHT.

9. Performance & Operations:

9.1 Strategic Dashboard & Operational Performance Month 7

Tony Wilding presented the newly formatted Performance Dashboard which demonstrated with more clarity by the use of RAG ratings of the current performance against each of the main objectives, namely:

- Quality & experience
- Service and innovation
- Value
- Workforce
- Stakeholder

The CoG noted that the Trust was facing a number of challenges and underperformance for a number of indicators however, managers and clinicians were well sighted on the issues and action plans had been produced to address these and were actively monitored.

Governors noted that exception reports are prepared for the Board on each adverse variance.

At the request of the Chair, Governors confirmed that they were satisfied with the level of information provided and were in favour of the new layout and the supporting A3 Performance Report Summary.

The Governance Task Group would review the content and format of the report in January 2016.

9.2 Financial Position:

David Jago presented the Trust's financial position to month 7 reporting below plan on income and activity. Plans were in place to bring surgical activity back on plan and address slippage on the cost improvement plan (CIP) which was

challenging. The projected outturn position for 31.03.15 was discussed along with presentation of a bridge analysis.

The CoG noted that previously the Trust had submitted a risk rating of 3 under the continuity of service metric set by Monitor and were looking to achieve level 3 under the new financial sustainability risk rating. The Trust is currently off plan at level 2.

Cash balances were below plan but expected to be on plan by the end of March 2016. The capital programme stood at £633k and was supporting the cash balances but would be subject to spend in line with plan.

Activity for the end of November 2015 is expected to report above plan.

Work was continuing between now and year end to address the use of agency costs.

Discussions followed around investment in staff training, turnover and exploration of options to recoup funding from staff who leave after completing their training. David Jago would update on this at the March 2016 meeting.

DJ

The CoG noted the action detailed within the month 7 summary slide to address income, expenditure, CIPs and improve the financial sustainability risk rating.

The Chair advised the CoG that achieving a level 3 risk rating was achievable and that work on private patients activity, spend on agency staff and CIPs were being addressed in year. The future configuration of hospital services across the region will emerge as providers collaborate to streamline pathways and LHCH would continue to drive forward into a stronger position providing the best quality service to its patients and their families in line with its values.

9.3 Q2 Patient & Family Support Team:

Sue Pemberton presented the Q2 Patient and Family Support Team report which outlined the activity July to September 2015 focusing on the number of complaints received for 2014-15 and 2015-16.

The CoG noted the report

The CoG were assured that the complaints management system was proactive and robust.

9.4 Winter Preparedness:

The Winter Preparedness Plans for 2015/16 was presented annually setting out the action that would be taken to ensure winter pressures were managed.

The report outlined the potential need for the use of critical care beds within LHCH in the event of winter pressures across the local health system.

Processes were in place to manage any unexpected situations as and when they occur by ensuring good communications, staffing reports, skill mix and

capacity.

The aims of the plan to ensure safe care, minimal impact on service and the work with other health and social care partners to maintain services was noted by the CoG.

9.5 Monitor Feedback:

9.5.1 Q1 2015/16

Jane Tomkinson presented the Q1 2015/16 letter from Monitor which confirmed a continuity of service risk rating of 3 and a governance rating of green.

9.5.2 Monitor Letter 27.10.15 & CEOs Response:

Jane Tomkinson also presented for information a copy Monitor letter and a copy of the Trust's response in relation to the financial challenges.

The CoG noted the correspondence.

10. Report from Board of Directors:

Receipt of Minutes of Board of Directors . Meetings:

The CoG received and noted the minutes from the BoD meetings (in public) which were held on 28th July and 20th October 2015.

11. NED Updates:

11.1 Report from the Audit Committee:

The Chair welcomed Julian Farmer, Chair of the Audit Committee to present his first verbal report to the CoG. The Audit Committee were on track to deliver its detailed work plan whilst emphasising the vital need for good governance and how this was supported by the work of our internal auditors, Mersey Internal Audit Agency (MIAA).

MIAA would be facilitating a workshop to review the effectiveness of the committee and inform a development plan for 2016/17.

11.2 Non-Executive Director (NED) Walkabouts:

David Bricknell reported on the NED walkabouts which took place over a regular period with NEDs visiting all wards and department during the course of the year. A schedule of visits had been compiled with NEDs responsible for visiting their allocated areas. Feedback on key themes and issues was shared with NED colleagues and Sue Pemberton for information and action where necessary. A composite report on key themes is provided to the Board of Directors quarterly.

11.3 NED Roles/Responsibilities:

David Bricknell provided an oral update on the NED roles explaining their

responsibilities as a member of the Board of Directors and how their role was to provide an active contribution to the Board of Directors, providing independent oversight and constructive challenge to the Executive Directors.

All NEDs should be capable of considering issues in a broad perspective and would bring a breadth of experience of an appropriate calibre and have particular personal qualities. Their independence is of utmost importance allowing them to bring a degree of objectivity to the Board's deliberations.

It was noted that each Board Assurance Committee is chaired by a NED.

12. Governor Issues:

12.1 Feedback from Governor Walkabouts:

The CoG reported on the walkabout from that morning following their successful visit to the Finance and Education Departments. They commented on how receptive the departments were to their visits and acknowledged the invaluable role of all supporting departments within the Trust.

A previous visit to Mulberry Ward had highlighted efficiency benefits of the discharge lounge and the increase in the number of patients that had utilised the area, improving patient flow.

12.2 Feedback from CoG Induction Day 06.11.15

The CoG induction day had been facilitated by Ann Utley and well attended by LHCH Governors and those from neighbouring Trusts. The induction days were invaluable to new Governors and considered a good experience for longer standing members. LHCH Governors who attended reported on the level of support, training and information they received in comparison to other Trust Governors.

Lucy Lavan thanked the experienced Governors that attended whose input into the process was invaluable, good for relationships across the region and appreciated by other attendees.

13. Working Groups:

13.1 Membership & Communication Group Sub-Committee:

Mike Brereton presented the membership and Communication Sub-Committee report highlighting a salient point in relation to succession planning due to the number of sub-committee members who would be completing their final term of office in 2016/17. He appealed for new members requesting Governors to consider applying; further details were available through himself or Gill Donnelly/Communications and Membership Officer.

Mike Brereton also thanked Michelle Laing following the Membership Event at Liverpool John Moores University on 15th October 2015 where an additional 151 members had been recruited.

13.2 Quality Account Group:

<p>In the absence of Ken Blasbery, Sue Pemberton reported that the Quality Account Group had reviewed/discussed the reduction in infection, low rate of pressure ulcers, the continuous work around safety and the continued success of the safety huddles.</p>	
<p>Expressions of interest for Quality Account Group membership should be submitted to Sue Pemberton.</p>	ALL
<p>13.3 Staff Governors Group:</p> <p>Nothing further to report.</p>	
<p>13.4 Governance Task & Finish Group:</p> <p>Nothing further to report.</p>	
<p>13.5 Feedback from Interest Groups/External Events</p> <p>Nothing further to report.</p>	
<p>14. Calendar of Dates 2016/17:</p>	
<p>The calendar of dates for 2016/17 was noted.</p>	
<p>The Chair highlighted the new start time of 11.30 am for the Interest Groups and 10.00 am for Governor walkabouts for members who are able to attend.</p>	ALL
<p>All Governors are invited to attend the Board of Directors (in public) meetings therefore the schedule of dates for 2016/17 had also been included for information.</p>	ALL
<p>15. Any Other Business:</p>	
<p>There was no other business to discuss.</p>	
<p>16. Date and Time of Next Meeting:</p>	
<p>Tuesday 1st March 2016 at 1pm in the LHCH Conference Room</p>	ALL

