

Council of Governors Meeting (In Public)

Item 4

minutes

Date of Meeting: 1st March 2016
Time: 1.00 pm
Venue: LHCH Conference Room

Present: Neil Large/Chairman
Dennis Bennett/Governor – North Wales
Ken Blasbery/Senior Governor
Mike Brereton/Governor – Cheshire
Glenda Corkish/Governor – Partner Organisation
Mike Desmond/Staff Governor
Vera Hornby/Governor – Merseyside
Roy Griffiths/Governor – North Wales
Sharon Hindley/Staff Governor
Ruth Hirschfield/Governor – Partner Organisation
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
Neville Rumsby/Staff Governor
Doreen Russell/Staff Governor
Roy Stott/Governor - Merseyside
Alex Thomson/Staff Governor
Lynn Trayer-Dowell/Staff Governor
Judith Wright/Governor - Cheshire

In attendance: David Bricknell/Deputy Chair/Senior Independent Director
Gill Donnelly/ Membership and Communications Officer
Julian Farmer/Non-Executive Director
Lesley Heath/Committee Secretary
Debbie Herring/Director of Strategy & Organisational Development
(Items 1 - 8.5 only)
Mark Jackson/Director of Research & Informatics
David Jago/Chief Finance Officer
Mark Jones/Non-Executive Director
(Items 1-6, 7.1, 7.3, 7.5, 8.4, 11.2 only)
Lucy Lavan/Associate Director of Corporate Affairs
Angela McKenna/Sister – Care Support Team (Presentation Only)
Sue Pemberton/Director of Nursing & Quality
(Items 1. 7.3, 7.5 & 8.4 only)
Raphael Perry/Medical Director (Item 7.2 onwards)
Marion Savill/Non-Executive Director
Jane Tomkinson/Chief Executive

Tony Wilding/Chief Operating Officer (Items 1 – 11)
Sandra Wilson/Ward Manager – Maple Suite (Presentation Only)

Public: Katherine Griffiths
Dr E Toke

Apologies for absence: Trevor Wooding/Governor - Merseyside

Patient Story

The patient story was delivered by Sue Pemberton.

1. Apologies for absence

As given.

2. Presentation: Excellent, Compassionate Safe Model

Angela McKenna and Sandra Wilson presented the performance and outcome of the excellent, compassionate and safe (ECS) unannounced assessments which took place during 2015. The presentation set out the areas and the outcomes that demonstrated good practice and the ratings against each area. In conclusion all areas had since received a green rating. Where actions had been identified from all ward/community areas, these would be monitored by the respective Divisional Governance Committees until completed.

The second part of the presentation was delivered by Sandra Wilson who had experienced the perspective of both an assessor and a ward manager. Her presentation outlined the differences in the two roles and how the learning from the assessment had improved the flow of admissions and introduced electronic scheduling around “to come in’s” (TCIs).

Overall the assessment had been well received by staff providing an opportunity to learn and improve services and provide a consistent approach to the standards of care in all areas, together with a sense of pride having received a green rating overall. Feedback had been provided and action plans were in place within a 2-3 week period.

It was reported that the ECS lead would continue to take the work forward providing a consistent approach to assessments; that the process reflected the Care Quality Commission (CQC) process and details would be provided during the course of the pending inspection.

The Chairman thanked both colleagues for their presentation and commended them on their work and continued commitment to improving services.

3. Declarations of Interests Relating to Agenda Items

None to declare.

4. Minutes of the Council of Governors (CoG) meeting held on:

7th December 2015

Noted and approved.

The Chairman advised that there would be some changes to the ordering of agenda items and this was agreed.

5. Care Quality Commission (CQC) Update (Item 7.5 of the main agenda refers)

A CQC video “A Guide to Who We Are and What We do” was played. The film was created by the CQC and described how the organisation independently inspect, regulate and rate their health and social care services to meet the needs of the public.

Sue Pemberton also tabled an information document specifically for the governors which set out their role within the inspection process and what Governors could do to prepare. She also shared the information booklet that would be circulated to staff.

In relation to the forthcoming inspection process, the CoG were informed that all the requested information had been submitted to the CQC which will allow them to identify the areas for review. It was noted that the areas for inspection would be surgery, medicine, end of life, outpatients, diagnostics, community services and critical care. The CQC inspection team could comprise of doctors, nurses, public members/patients, therapists all of which provide their services to the CQC on a full or part time basis.

Sue Pemberton would be available to meet with any Governors who wished to discuss any elements of the inspection in further detail. In the meantime she would ensure the volunteer staff were suitably informed of arrangements and provided with the appropriate support. She advised staff Governors that department heads should incorporate patient compliment letters when providing evidence of best practice and during their discussions with the inspectors.

The Chairman concluded by proposing CoG members consider the top 3 things they're most proud of and use them as a basis for their preparation. Sue Pemberton would share examples of outstanding practice that had been put forward by staff within the organisation.

6. Quality Account Priorities (Item 7.3 of the main agenda refers)

Sue Pemberton presented on the Quality Account Prioritisation Event held on 29th February 2015 expressing appreciation to the attendees. She described how the event focused on the patient pathway and the key priorities that evolved from the session were identified as follows:

- Outpatient improvement process.
- Development of a pathway for patients with enhanced care /complex needs
- Frailty assessment

ALL

SP

- Continuity of care – post discharge support
- Shadowing
- Human factors

The first four priorities listed above were proposed as the preferred priority selection and this was supported by the CoG.

It was noted that previously leaflets had been printed consisting of patient experiences following the various procedures undertaken at the Trust. These incorporated contact numbers for current patients if they had any anxiety or concerns. Sue Pemberton agreed to explore how the use of ‘expert patients’ might be developed further in the future.

When asked about the 2015/16 Quality Account priorities selection for the statutory audit it was confirmed that the “home for lunch” target had been selected by governors. This would now be confirmed to the external auditors.

7. Patient & Family Support Team Q3 Report (Item 8.4 of the main agenda refers)

Sue Pemberton presented the Q3 Complaints Activity Report which outlined the activity October 2015 – January 2016. The CoG were advised that the number of complaints received was discussed at each Divisional Governance meeting where trends and the severity of the complaints, outcomes and summary of learning were discussed.

The CoG was also informed that any complaints aligned to the junior doctors strike should be captured through complaints relating to cancellations but that this would be assessed.

SP

The appendices also highlighted the work of the volunteers who continued to provide support to patients, families and staff, how the Trust continued to meet the required 30% friends and family test response rate and how all of the 52 concerns raised had been resolved.

The CoG noted the remainder of the report.

8. Action Log (Item 5 of the main agenda refers)

All actions had been discharged or included within the main agenda.

9. Chair’s Briefing

The Chairman took the opportunity to congratulate the following colleagues:

- Jane Tomkinson/Chief Executive had been awarded an OBE in the Queen’s New Year’s Honours.
- Richard Page/Consultant Surgeon had been made president of the Society of Cardiothoracic Surgeons.
- Myka Heard/Critical Care Staff Nurse had been selected to make her international debut for the Great Britain European Triathlon Championships.

He also reflected on the pressures within the NHS and the amount of key areas of focus for LHCH in relation to the Healthy Liverpool Programme and the economy. He expressed his personal appreciation to all staff, Governors and volunteers for their contribution in continuing to provide excellent care to patients and their families.

10. Draft Annual Plan Submission Update (Item 7.1 of the main agenda refers)

Debbie Herring took the CoG through the draft Annual Plan submission process by way of a presentation which set out the requirements, its key submission dated and what the plan should demonstrate/evidence.

Tony Wilding explained the activity plan for 2016/17 and the assumptions against the growth and decline of procedures.

The CoG noted the investment in workforce due to the addition of critical care beds and the increase in patient activity.

The final plan would be presented to the Board of Directors at its meeting on 29th March for submission by 11th April 2016.

The Governors were invited to comment on the content of the plan and the CoG confirmed that it was comprehensive with all key issues and risks considered.

The Director of Strategy & Organisational Development provided an update on the KPMG Strategic Options work as discussed in the Strategy Planning Workshop prior to the start of the meeting.

11. Report from the People Committee (Item 11.1 of the main agenda refers)

Mark Jones, Chair of the People Committee reported on the remit of the assurance committee which met quarterly and provided the Board of Directors with a means of independent and objective review of the People Strategy. The Committee's main priority was to review and scrutinise assurance that the Trust's strategic priorities for staff management, resourcing, engagement and development are identified, implemented and monitored.

The Committee would promote best practice in HR and Organisational Learning and Development and help to identify priorities and risks on a continuing basis.

The presentation set out the bank and agency staff spends, the decrease in sickness absence rates, the recruitment and the reduction in rates demonstrating the Trust was attracting new staff but planned to work more with social media to improve its communications and profile. The committee also noted the following:

- Payments to bank staff would move to mid-month with weekly payroll commencing April 2016.

- Bank staff rates increased.
- Specialist agency rates were not aligned with Government caps but were being monitored through weekly reporting to NHS Improvement. Where agencies were not on the framework and/or above price caps agency have been used to ensure patient safety is not compromised. ITU, theatres and catheter laboratories were the main areas where the Trust still had to use agency; other hospitals within the region were reporting similar issues.
- Main areas of agency staff costs were ITU, theatres and catheter laboratories.
- New bank rates for critical care had been introduced.

The strong performance compared to the national picture in the staff survey results was noted.

12. Strategy & Service Improvement

12.1 Finance Outlook 2016/17

David Jago presented the 2016/17 Financial Strategy for the delivery of care providing an overview of the Trust's financial performance focusing on expenditure, an overview of the financial framework, NHS funding allocation and the introduction of revenue controls.

David Jago set out the financial strategy principles both long and short term and the issues around tariff and how this impacted on the organisation.

The Trust's draft plan submission for 2016/17 would deliver a level 2 financial sustainability risk rating with a £4.3m deficit. The CoG noted the considerable reduction in the cash balance from £6.3 to £2.3m.

Approved cost pressures stood at £2.7m against a value of £3.7m.

The Chairman highlighted the additional investment in the 2016/17 plan, notably in critical care staff to maintain the high quality of safe and effective care.

12.2 Estates Strategy Capital Plan

Tony Wilding presented the capital projects update which visually demonstrated various areas of upgrade, the new Cherry Ward (cystic fibrosis unit) and the current work in relation to the main entrance which commenced November 2015 and was due to be completed by July 2016.

Signage continued to improve through the implementation of the "wayfinding scheme". The extension of time to the closure of car park 'K' was announced and is now expected May 2016.

The remainder of the presentation was noted in relation to further refurbishments, redecoration and energy efficient schemes for 2016/17.

12.3 Corporate Governance Statement 2016

Lucy Lavan presented the draft Corporate Governance Statement and Board Declarations for consideration. Governors were invited to express views for consideration by the Board of Directors. The Council of Governors confirmed its satisfaction with the Trust's governance arrangements and that there were no issues it wished to raise for the Board's consideration.

Section 6 of the report was highlighted which detailed the training undertaken by Governors during 2015/16; this would be expanded to include the local induction process for new governors and provision of a tailored induction pack.

LL

The Council was advised that should any exceptional issues arise following the review of the Board of Directors or as a result of MIAA's annual review process then these would be reported to the June 2016 meeting.

13. Performance & Operations:

13.1 Strategic Dashboard & Operational Performance Month 9

Tony Wilding presented the strategic dashboard and performance reports to the CoG. It was noted that the Trust faced a number of challenges and under performance in several of its indicators. The CoG was advised that they were assured that managers and clinicians were well sighted on the issues and action plans had been produced and were actively monitored.

The CoG noted apologies for the omitted glossary of terms but was assured these would be included in future reports.

MJ

13.2 Financial Position 2015/16

David Jago presented the Trust's performance to month 9 incorporating a high level summary demonstrating the red, amber, green ratings against income, expenditure, cost improvements and the financial sustainability risk rating.

It was noted that income had over performed in the month by £410k reflecting the total spell based income and private patient income were both below plan. Critical care income stood above plan together with non-patient related income. Pay overspends stood at £105k which related to agency costs.

Month 9 delivered approximately 77% of the required savings with further work required towards the £1.2m shortfall.

Private patient income would be reviewed by David Jago and Tony Wilding to consider if the Trust could improve on the service it provides.

DJ/TW

The remainder of the presentation was noted.

13.3 Q2 2015/16 Monitor Letter

The CoG noted the Monitor Quarter 2 letter confirming the Trust's current financial sustainability risk rating as 2 and governance risk rating as green.

13.4 Staff Survey 2015 – Headlines

Debbie Herring presented the headlines from the staff survey which demonstrated the Trust's rankings across a range of headings (many within the top 5 of 244 organisations nationally). She highlighted the need for improvement against the appraisal process due to the implementation of a new system and actions were in place to ensure compliance with the target going forward.

The Chairman highlighted the improvement to the staff engagement score.

14. Governor Issues:

14.1 Amendment to Constitution Composition of Council of Governors

The Governors considered the paper and rationale for changing the composition of the CoG as recommended by the CoG's Governance Task & Finish Group following a full review of possible options. The proposal was to amend the Constitution at Annex 3 as follows.

To remove the two vacant appointed governor seats and to introduce an additional staff governor seat for registered and non-registered nurses (who represented over 50% of the workforce) and appoint a Governor for Knowsley Council (which recognised the geographical increase in patients from this area).

It was noted that the Board of Directors had voted on this proposal at their meeting in January 2016 and had shown their unanimous support to amend the Constitution to reflect these changes.

The Council was asked to approve the amendment by means of a vote (show of hands). There were 21 Governors present and voted unanimously in favour of the amendments to the constitution.

It was confirmed that the amendments were now formally approved and the Constitution would be updated.

LL

It was agreed that elections would proceed as soon as practicable in respect of:

- i) The additional staff governor seat, and
- ii) The vacancy for ROE and W following the resignation of Tony Roberts.

The timing of the elections would be subject to advice being sought in relation to a possible suspension of Governor elections during the period of Purdah in the run up to the EU referendum and local council elections. The CoG agreed that the election process should proceed in accordance with this advice.

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Knowsley Council would be contacted in respect of a nomination for the new Appointed Governor seat.

GD

14.2 Council of Governors Objectives 2016

The CoG noted and approved the four set objectives as proposed by the Task and Finish Group. An updated progress report would be provided at a future quarterly CoG meeting.

14.3 Appointment of Senior Governor

The Chair announced that Ken Blasbery had stepped down from his Senior Governor role following a three year term expressing his appreciation for Ken Blasbery's personal support and the support provided to his CoG colleagues during this period.

The Chair explained that Paula Pattullo, Elected Public Governor, Merseyside had expressed an interest in carrying out the role and that this was unopposed. He therefore recommended that Paula Pattullo be appointed to the Senior Governor role.

The Council of Governors approved the appointment to March 2017.

14.4 Feedback from Network Engagement Events

The following events had been attended by Governors reporting an increase in the number of attendees and an improvement in the standard of engagement:

- Mike Brereton, Roy Griffiths & Allan Pemberton:
Patient & Family Engagement Event, Chester Football Club
25th February 2016
- Roy Griffiths, Ken Blasbery, Brian Roberts, Arthur Newby and Michelle Laing:
Quality Focus Group
29th February 2016

14.5 Register of Interests

Gill Donnelly thanked the Governors for completing the Register of Interest declarations and the CoG reviewed the Register confirming that there were no material conflicts.

14.6 Licence Condition G4: Fit and Proper Persons Requirement

Gill Donnelly requested the CoG to note the requirement set out in the Trust's Provider Licence (as defined in condition G4) in relation to the Fit and Proper Persons criteria and to complete and return their self-declaration by Thursday 31st March 2016.

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14.7 Feedback from Governor Walkabouts

The Chairman reported on the recent departmental visits to Maple Suite, medical secretaries and medical engineering. CoG colleagues Allan Pemberton, Paula Pattullo and Mike Brereton said how it was good to visit areas other than the wards and how they had enjoyed learning about these departments.

15. Report from the Board of Directors:

15.1 Receipt of Minutes of Board of Directors (Public) Meeting held on: 24th November 2015

The approved minutes from the Board of Directors meeting held on 24th November 2015 were noted.

16. Non-Executive Director Update:

16.1 Report from the Audit Committee

Julian Farmer, Chair of the Audit Committee informed the CoG that the annual evaluation of the committee and its Terms of Reference had taken place, the outcome of which would be shared once the action plan had been developed.

The evaluation had identified further development required in relation to a more proactive review of external visits/reviews register. The 2016/17 business cycle would also include progress with the Well Led Review which will commence in 2016.

The committee had also received an annual assurance report from the Integrated Performance Committee together with internal and external audit reports and the planning timetable for the 2015/16 annual accounts audit.

16.2 Non-Executive Director (NED) Walkabout

David Bricknell updated the CoG on the process for the NED walkabouts which provided each NED with identified departments to visit over the course of the year. A written summary is produced following each visit and shared with Sue Pemberton/Director of Nursing & Quality.

17. Working Groups:

17.1 Membership and Communication Group Sub-Committee

The CoG noted the update by Mike Brereton who presented the salient points from the Membership and Communications Sub-Committee; the key performance indicators remained unchanged.

An updated programme of membership events was tabled and colleagues were encouraged to attend the recruitment events to provide help and support.

The Members Matters newsletter distributed via post would be reduced from three to two per annum with e-editions only in alternate quarters. This was supported.

17.2 Quality Account Group

Nothing to report for this period.

17.3 Staff Governors Group

JF

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The CoG noted that matters raised within the anaesthetic and theatre department in relation to the CQC inspection had been addressed.

17.4 Governor Task & Finish Group

The Council of Governors noted the work of the Governance Task and Finish Group and supported the proposed schedule for the 2016 interest groups, including new roles for nominated governor champions and staff governor facilitators.

The task group had now achieved its remit and recommended that the group would stand down until such time as it may be necessary to re-convene to consider new governance issues. The CoG approved the cessation of the group on the proviso that the group could be re-formed when Governors were tasked with new governance issues to consider.

17.5 Care Quality Commission Strategy Consultation

Lucy Lavan presented the CQC strategy consultation following the launch of the final stage on 25th January 2016. A discussion group had been convened on 15th February 2016 where a response to the document was prepared. Final comments on the proposed response were sought; the final response would be submitted to the CQC on 14th March 2016.

Notes from the discussion group were appended for information. Mike Brereton and Ken Blasbery highlighted an error in relation to Brian Roberts as Public Governor for Cheshire, this would be amended to Merseyside.

GD

Alan Pemberton referred to section 4a where Governors agreed in principle with the proposal for targeting and tailoring inspection activity, including reducing the frequency of some inspections so resources were targeted on the areas of greatest risk. He expressed a view that targeting should not just be for risk areas but also areas of outstanding practice and it was agreed that an adjustment would be made to incorporate the suggestion.

GD

18. Any Other Business:

There was no other business to discuss.

19. Date and Time of Next Meeting:

Monday 13th June 2016 at 1pm in the LHCH Conference Room

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