

Council of Governors Meeting

Held on: 7 July 2021

Location: MS Teams

Start time: 5pm

Finish time: 7:00pm

Present:

Kathy Doran	Chair
Geoff Broadhead (GB)	NED & Senior Independent Director (SID)
Mark Tattersall (MT)	NED
Terry Jones (TJ)	NED
Elkan Abrahamson (EA)	NED
Asutosh Yagnik (AY)	NED
Pat Higgins (PH)	Cheshire West & Chester
Keith Lewis (KL)	Liverpool
John Roberts (JR)	Liverpool
Stephen Sanderson (SS)	St Helens & Knowsley
Patricia Gillis (PG)	St Helens & Knowsley
Jane Wilkinson (JW)	Lead Governor - Wales
Glenys Crisp (GC)	Warrington & Halton
John Field (JF)	Wirral and rest of England
Andrew Waller (AW)	Wirral and rest of England
Christine Littler (CL)	Wirral and rest of England
Laura Jane Brown (LB)	Nurse
Myfanwy Borland (MB)	Other Clinical
Samantha Wilde (SW)	Radiographer
Burhan Zavery (BZ)	Volunteers, service providers, contracted staff
Andrew Bibby (AB)	NHS England – Cheshire and Merseyside Sub Regional Team
Yvonne Nolan (YN)	Local Council – Wirral MBC
Raymond Murphy (RM)	MANX
Andrea Chambers (AC)	MCH Psychological Services
Andrew Petitt (AP)	University of Liverpool
In Attendance	
James Thomson (JT)	Director of Finance
Jayne Shaw (JH)	Director of Workforce & OD
Angela Wendzicha (AW)	Associate Director of Corporate Governance
Sheen Khanduri (SK)	Medical Director
Emily Kelso (EK)	Corporate Governance Manger (Minutes)
Hannah Gray (HG)	Head of Performance & Planning
Jackie Rooney (JR)	Divisional Nurse Director Acute Services

Item no.	Agenda item	Action
CG-001-21	<p>Welcome & Apologies</p> <p>The Chair welcomed all those in attendance to the meeting; it was acknowledged that it had been sometime since the Council had met formally due to the pandemic.</p>	

	Apologies had been received from Joan Spencer – Chief Operating Officer/Interim Chief Nurse	
CG-002-21	<p>Declarations of Interests Concerning Agenda Items</p> <p>No declarations of interests were received from Governors.</p>	
CG-003-21	<p>Minutes of last meeting: 26 November 2020</p> <p>The minutes of the last meeting held on the 26 November 2020, were approved by the Council as a true record.</p> <p>The Council discussed the pause in committee meetings since the pandemic, it was noted that work was ongoing to re-establish a Governor sub-committee schedule, which would be discussed in more details under Item CoG-014-21. Governors would be consulted prior to any changes.</p> <p>Governors also discussed the possible benefit of carrying out a skills audit, to determine where Governors skills could be best utilised. The Chair confirmed this was a valued suggestion and would be taken forward as part of the sub-committee restructure.</p>	EK
CG-004-21	<p>Matters Arising & Action Log</p> <p>It was agreed that the Action Log was correct as reported with the following updates provided at the meeting:</p> <p>CoG-51-19 The new 'Trust Values Tree' was planned to be complete by the end of August the completion date had been extended to August to allow for meaningful engagement sessions with staff and patients, and would be presented to the Council at the next Formal meeting.</p> <p>CoG-40-20 The Membership committee would be open for to all Governors to attend.</p>	
Performance		
CG-005-21	<p>Chairs Welcome</p> <p>The Chair provided the Council with an overview of key matters:</p> <p>It was noted that the Board looked forward to welcoming Governors back in the form of physical meetings, given the current Covid-19 transmission rates restrictions would in place, and physical meeting would re-commence only once the Trust had complete assurance on safety.</p> <p>It was further noted that there were no Covid-19 patients admitted to the Trust, However an increase was slow and steady across other NHS organisations in the region. Further details on the recovery roadmap were expected on Monday 12th July. The anticipated lifting of restrictions on 19th July was noted, however rules on social distancing and face masks would still apply across Trust sites, as well as limitations on visiting.</p> <p>The Chair made a special thanks to Appointed Governor Ray Murphy, for his support and contributions over his many years of service at the Trust and to Cancer services across the region.</p>	

<p>CG-006-21</p>	<p>Chief Executive Update</p> <p>The Chief Executive provided the Council with an overview of key matters:</p> <p>Two senior appointments had been made. Firstly, Julie Gray Chief Nurse, who would start on the 1st October 2021. Julie would be attending the Quality Committee in July.</p> <p>Secondly, Margaret Saunders as Associate Director of Corporate Governance, who would start at the Trust on the 1st September 2021. LB thanked AW for her efforts in making substantial improvements to the Governance processes and procedures across the Trust. It was confirmed that Margaret would meet with the Lead Governor as part of her induction programme and an introduction to all Governors would follow soon after.</p> <p>It was noted that corporate teams had now moved to the Spine building, which was working well given the close proximity to CCCL. As part of the 5-year strategy those areas of CCCW that were no longer in use would be redeveloped, updates on progress would be provide to Governors via the strategy implementation sessions, hosted by the Director of Strategy.</p> <p>The Trust was focusing on preparing for the 3rd round of vaccines, the window for which would be between Sept – Dec, further details were awaited around delivery, in particular the guidance around whether the flu vaccine could be given at the same time at the Covid-19 booster vaccinations.</p>	
<p>CG-007-21</p>	<p>Lead Governor Report</p> <p>JW reiterated her thanks to AW on behalf of the Council, and wished her all the best in her new role. JW went on to thank those Governors who were not standing for re-election, for their contribution and support throughout their term(s) and asked EK to provide the Council with a verbal update on the elections to date.</p> <p>EK explained that elections were progressing well, with several of the seats receiving multiple nominations and a couple being uncontested. Unfortunately, the seat within the Doctors constituency had not received any nominations and would remain vacant. Elections would close on Thursday 12th August at 5pm and results would be declared on Friday 13th August.</p> <p>JW explained that she had attended NHS Providers Annual Governor Focus Conference which was well attended by Governors nationally, the conference was facilitated digitally. Many current national NHS issues were discussed including the impact of Integrated Care Systems' (ICS) on the role of Governors within FTs, it was agreed that there were no immediate plans to change the role of Governors, the opinion amongst those present was that there should be some delegation to Governors to represent their members within the ICS.</p> <p>KD further added that the governments Health Care Bill had formally been introduced to parliament on the 6th July, which had confirmed the abolishment of CCGs and the requirement for all of England to be covered by an ICS, the link to the NHS Providers Briefing to Governors '<i>Working Collaboratively in Health & Care Systems</i>' would be circulated. KD confirmed that once more clarity was established on the ICSs and the Governors role within; details would be shared with Governors through briefings, an update would also be provided at the Governors Development Day.</p>	<p>EK</p>
<p>CG-008-21</p>	<p>Performance & Quality Update</p>	

HG introduced the Performance update on behalf of Joan Spencer Director of Operations/Interim Chief Nurse. The following key points were highlighted:

Key Operational Issues:

- length of stay had seen some increase earlier in the year this was attributed to the mutual aid being offered to LUHFT during months of significant winter pressure, leading to CCCL receiving more patients with higher acuity, requiring a longer length of stay. Another contributing factor was difficulties in facilitating community discharges.
- Bed occupancy had reached a low of 40% at the start of pandemic increasing to 85% January 2021 and had since varied. It was explained that Ward 5 was a stem cell transplant ward and the reduction of transplants following a thorough risk assessment throughout the pandemic had resulted a drop in occupancy, it was noted that numbers were picking up.
- Imaging continued to report some challenges particularly within 7 day reporting for outpatients, this was explained by the mutual aid provision and increased volumes coming through to us from other Trusts. Whilst vacancies had been recruited to some challenges were posed with Covid-19 restrictions delaying the start dates of successful international candidates.
- Data – recording of patient's ethnicity was not yet reaching the target of 100% imposed due to the Covid-19 impact on BAME communities. It was noted that the target was incredibly challenging and the Trust was doing well to improve data collection processes.
- The new 'Divisional' and 'Clinical Business Unit' management structure implemented and functioning well. Successful move of Haemato-Oncology in-patient services onto Meditech (Electronic Patient Record system) on the 1st December 2020.
- Positive feedback had been received on the Teenage and Young Adult Unit, which opened at CCCL in April 2021.

Quality

- Two serious incidents had been reported in May and one in April, the two in May related to patient falls, no lapse in care had been identified. In April an issue within Meditech around the entering of patient's weight although corrected immediately the initial weight remained on the system. The digital team had done remedial work to fix the problem. A review of all patients on the system had taken place; no additional incidents had been identified.
- It was noted that the C.Diff target of 4 was a considerable challenge. Commissioners were to review and consider an adjustment.
- Complaints performance had seen some improvement following the introduction of the revised complaints policy.
- By 31st of May 92% of staff had received their first Covid vaccination and 96% a second dose. The Trust had effective infection control management of COVID - 19, resulting in very few hospital acquired cases.

Finance

JT introduced the finance section of the presentation. It was noted that it was still early in financial year, performance was difficult to gauge completely at this stage.

- The month 2 Trust financial position to the end of May is £33k surplus, the consolidated position is showing a £267k surplus, against a break even plan. Cash was showing a closing balance of £52.8m which is £0.6m below planned cash. Capital spend was £20k in month.
- The Cheshire and Merseyside integrated care partnership had set a balance position for H1 details of H2 were yet to be published.

- The Trust was still planning to breakeven over financial year and was on track to hit financial target balance position

Workforce

JSh introduce the Workforce section of the presentation, highlighting the following:

- Workforce was overall showing good performance throughout the year, and the Trust benchmarked well regionally.
- The Trust was currently underperforming against the PADR target. Changes to the process had been enacted to support compliance.
- Recognition was being given to all staff for their support and contribution over the past 12 months, in the form of a £25 gift voucher health and wellbeing pass of an additional 3.5 hours leave.

AWa sought clarity on the underperformance on PADRs, whether this was attributed to issues within leadership and what support was being offered to improve performance. JSh explained that the issue had been addressed with directorate leads and it was expected that the Trust would reach compliance by September, assurance was given that the Trust were committed to staff to ensure their appraisals were fulfilled.

KL sought further clarity on the current visiting restrictions in place and what effect this was having on the mental health of young adult patients. It was confirmed that additional guidance had been received around the visiting capacity for young people to ensure they felt safe and supported throughout their visit/stay(s). JR confirmed that all young adults are risk assessed and asked if they would like someone to stay with them. All guardians/visitors were expected to complete a lateral flow test with a negative result prior to visiting.

KL further queried the number of complaints received which could be attributed to Covid particularly the increases in waiting times. It was confirmed that the Chief Executive sighted all complaints and responses were signed off prior to circulation. It was noted that themes were analysed within complaints and it would be possible to separate out Covid related complaints and provide governors with figures. L-JB further commented that it was reassurance to see that complaints response times were improving, and that the Council would be interested to receive future reporting to ensure the trend continues.

The Council of Governors

- **Noted** the contents of the presentation

Assurance

Performance Committee - Assurance Report

GB Chair of the Performance Committee presented three slides providing Governors with information on the core functions of the Committee and the current agenda items of focus. The key points highlighted were as follows:

- Scheduled updates were being presented on the Clinical Decisions Unit a designated area to streamline unplanned care/emergency admissions and assessment and treatment experiencing a complication of their treatment or their cancer. Significant progress had been made to date to improve patient pathways.
- Updates were presented on the redevelopment plans for the Wirral site providing oversight and assurance on progress.
- The complex nature of financial positions last 18 months particularly with Covid – JT was providing the committee with regular updates on financial position of the CIP and Integrated Care System.

CG-009-21



	<ul style="list-style-type: none"> Assurance presentations were delivered from subsidiaries, PropCare and PhamaC, which focused on their strategy implementation, risk assurance, regulatory compliance and financial performance. The Committee received and discussed the progress made on the Research Strategy Business Plan 2021 – 2026. The committee had sought assurance on the issues surrounding complaints, following which a deep dive was carried out by the Quality committee and a new policy introduced. GB concluded by informing the Council that the Committee was well represented by Executive Directors and that he felt assured information presented to the Committee was both open and transparent. He thanked the Executive team for their hard work. 	
<p>CG-010-21</p>	<p>Quality Committee - Assurance Report</p> <p>TJ Chair of the Committee presented three slides providing Governors with information on the core functions of the Committee and the current agenda items of focus. The key points highlighted were as follows:</p> <ul style="list-style-type: none"> The IPR was reviewed in detail by the committee, Reassurance received from executive leads on action plans in place to improve on KPI showing underperformance. It had been a busy year, focus had remained on patient experience throughout the pandemic and would continue throughout the recovery period. A number of changes had been implemented in relation to risk reporting, the committee were now receiving a more comprehensive report separating emerging risks from current issues. Serious incident reporting was received monthly details of each incident, as well as the lessons learned were presented to the committee. The nursing dashboard provided assurance of the Trusts capacity of registered and non-registered nursing workforce. CCC remained complaint with safe staffing levels, with no issues reported. The complaints deep dive had been received and from this a new complaints policy and procedure had been implemented and performance was seeing a consistent improvements. Monthly updates were now being received on the Aseptic Pharmacy Unit focusing on; workforce, quality process, mobilisation planning, finance and impact on clinical trials. Monthly reports would continue until recommissioning of the Liverpool site was complete. To date progress was within the agreed timescales. A deep dive had been requested into the uptrend of Incident cases categorised under Communications. This was to be received by the committee in September. <p>The Council of Governors Noted the contents of the update</p>	
<p>CG-011-21</p>	<p>Audit Committee - Assurance Report</p> <p>MT Chair of the Committee presented three slides providing Governors with information on the core functions of the Audit Committee and the current agenda items of focus. The key points highlighted were as follows:</p> <ul style="list-style-type: none"> A positive internal audit had been carried out by MIAA, all planned reviews were completed for the year including but not limited to; cyber security, financial systems, Board Assurance Framework, ESR, an opinion of substantial assurance had been received. The Trusts Anti-fraud plan considered at April meeting where it was approved along with the budget for the service to be provided by MIAA. 	

	<ul style="list-style-type: none"> The Council were informed that there had been some delays in the external auditing process and despite the assurances given at the 26 May 2021 meeting, the auditors Grant Thornton had missed the deadline and as a result, the planned extra ordinary Trust Board meeting had been rescheduled to 28th June prior to the Board meeting. The Trust was able to submit by deadline 29th June, feedback received was extremely positive, issues raised related to presentation not financial controls or accounts. It was noted that the CCC team had delivered to timescales and the delay was not attributable to any internal failures. MT further thanked the finance team for handling the situation well and delivering a thorough set of accounts. JT further added that appointment process for the Trust's External Auditors was to take place due to the GT contract due to expire. Whilst the would follow a stringent procurement process to shortlist suppliers, the Council of Governors would meet and make the final decision on the appointment of the external auditor. The Council were further informed of the significant market gap for external NHS auditors. The Council were informed that the Value for Money that the certificate relating to the closure of the 2020/21 audit would be delayed, however the submission date of the 20th September was still achievable. JW commented that some large organisations were having their audits completed by international suppliers and queried whether that would be an option for NHS organisations. The Council were informed that the National Audit Office were looking to revise the framework to increase scope, further details were awaited. <p>The Council of Governors Noted the contents of the update</p>	
Governance		
<p>CG-012-21</p>	<p>Amendments to the Constitution</p> <p>AW introduced the report and apologised for the late circulation of the paper. It was explained that the Trust was required to review its Constitution every 3 years. The last review and update was carried out in 2018, therefore the Trust was required to review, update if necessary and present to the Council of Governors for approval. The amendments were listed as outlined within the report.</p> <p>The Council discussed the draft revised constitution, it was agreed that some further changes were required in terms of language throughout, and some minor formatting/grammatical errors. The Council confirmed they would like to receive the constitution once amended in full and be given sufficient time to read through before formally approving the revised version.</p> <p>AW agreed a further revised version would be email to Governors. Governors would be asked to confirm their approval via email.</p> <p>The Council of Governors Noted the version received Requested the further revised version of the Constitution be emailed to Governors, to which digital approval would be provided, prior to submission to Board in September.</p>	<p>AW</p>
<p>CG-013-21</p>	<p>Chair & Non-Executive Directors Appraisals</p> <p>KD explained that the appraisal process had been robust and in line with NHSI/E requirements including input from the Council of Governors through their representative Lead Governor.</p>	

	<p>Each NED had completed a self-assessment along with an assessment of their peers, the results of which were collated by AW and circulated to the Chair and individual NEDs. The Chair then completed an individual assessment with each of the NEDs.</p> <p>It was noted that outcomes from each of the appraisal components for each of the NEDs correlated well. The appraisals indicated that all NEDs were committed to their roles and had contributed actively and positively to the work of the Board. The appraisals also provided an opportunity to identify personal development interests and objectives for each NED.</p> <p>The Senior Independent Director (SID) GB explained the process followed to appraise the Chair which was in-line with NHSI/E requirements and included input from the Council of Governor through their representative Lead Governor, internal colleagues and external stakeholders</p> <p>Feedback received from key stakeholders, evidenced that the performance and contribution of the Chair was consistently positive and effective and overall to a very high standard.</p> <p>The Council of Governors: Noted that a robust process was followed Approved the outcomes of the Chair & NEDs appraisals for 2020/21 performance for submission to NHSI/E</p>	
<p>CG-014-21</p>	<p>Patient Experience & Inclusion Group (PEIG) – Report</p> <p>AWa introduced the report, which provided a summary of the key items discussed at the March and May PEIG meetings. It was highlighted that the group was now officially represented by Governors as per the revised Terms of Reference.</p> <p>AWa expressed his thanks to Karen Kay Deputy Director of Nursing and Kirsteen Scowcroft Head of Patient Experience & Inclusion for their commitment and effective oversight of Patient Experience and Inclusion across Trust sites. Many improvements had been made, as seen through the Pledge Updates and many more workstreams were planned.</p> <p>It was noted that at present there was a strong overlap between the PEIG and the Governors Patient Experience Committee resulting in duplication of information being presented. It was put forward to the Council that in future the PEIG reports directing into the Council of Governors to provide efficient oversight and assurance and to remit duplication. The Governors discussed and formally approved reporting from PEIG directly into the Council of Governors which would be supported by Karen Kay and Kirsteen Scowcroft.</p> <p>EK confirmed dates for future PEIG meetings would be circulated to Governors and that if there was a high amount of interest a rota would be developed.</p> <p>AWa further noted that the PEIG still required formal NED representation; The Chair agreed this would be picked up with NEDs.</p> <p>The Council of Governors: Noted the report Approved the revised reporting of the PEIG directly into the Council of Governors</p>	<p>EK</p>
<p>Closing Matters</p>		



MEETING NOTES

CG-015-21	Governor Questions <p>The Chair referred to a question put forward by the Council in relation to the Rutherford Centre located just across from CCCL, specifically whether their advertising was trying to obtain patients from CCC and whether the Trust was aware of any of our staff who are being recruited by the centre either on a part time or full time basis?</p> <p>It was explained that in terms of recruitment the Trust was doing very well, considerably better since to opening of CCCL and that at present there had been no negative impact on staffing at CCC resulting from the opening of the Rutherford Center. Staff were permitted to work for the private clinic so long as this was in their own time and they declared so on their annual declaration of interest. Patients had choice on their facility of care as they did in the NHS, and no impact had been recorded to date.</p>	
CG-016-21	Any Other Business <p>No other business was raised</p>	

Next meeting:

Date: 22nd September 2021 – Extra-Ordinary Meeting

Location: **MS Teams**

Start time: 4:30pm

Finish time: 5:00pm

Signature:

Date:

Chair

(Insert date when minutes are signed)

