

COUNCIL OF GOVERNORS
FINAL Minutes of the Meeting held on Thursday 26th November 2015
3.30pm to 6.30pm
Trust Conference Room, Burtonwood Wing, Warrington Hospital

Present:

Steve McGuirk	Chairman (Chair)
Alison Kinross	Public Governor
Joe Whyte	Public Governor
Jeanette Scott	Public Governor
Sue Kennedy	Public Governor
Peter Harvey	Public Governor
Carole Astley	Public Governor
Alf Clemo	Public Governor
David Ellis	Public Governor
Peter Folwell	Public Governor
Sue Bennett	Staff Governor
Louise Cowell	Staff Governor
Peter Lloyd Jones	Partner Governor – Halton Borough Council
Pat Wright	Partner Governor – Warrington Borough Council
Alison Cullen	Partner Governor – Warrington Voluntary Action

In Attendance:

Mel Pickup	Chief Executive
Simon Constable	Medical Director
Lynne Lobley	Non-Executive Director
Terry Atherton	Non-Executive Director
Anita Wainwright	Non-Executive Director
Colin Reid	Trust Secretary
Gayle Healey	Governor & Membership Support Manager (minutes)
Dr Catherine Doyle	Chair Warrington Health Plus (part)
Alison Holbourn	CEO Warrington Health Plus (part)
Steve Tilley	Project Manager Warrington Health Plus (part)

Apologies:

Elaine Tweedle	Public Governor
Kenneth Dow	Public Governor
Barbara Meager	Public Governor
Norman Holding	Public Governor
Jim Henderson	Public Governor
Phil Chadwick	Public Governor
Mark Ashton	Staff Governor
Gaynor O'Brien	Staff Governor
Neil Kelly	Partner Governor – Warrington Wolves Foundation
Naomi Sharples	Partner Governor – University of Chester - VM
Ian Jones	Non-Executive Director
Mike Lynch	Non-Executive Director
Tim Barlow	Director of Finance & Commercial Development
Jason DaCosta	Director of Information Technology
Mark Brearley	Interim Director of Transformation
Jan Ross	Acting Chief Operating Officer
Karen Dawber	Director of Nursing
Roger Wilson	Director of Human Resources & Organisational Development

WHHFT/COG/15/43 – Warrington Health Plus	
1	The Chairman welcomed Alison Holbourn; CEO, Dr Catherine Doyle; Chair and Steve Tilley; Project Manager at Warrington Health Plus and asked them to present to the Council an update for outsourcing health services into the Warrington Community.
2	Alison Holbourn provided a brief overview of the current status of primary care within Warrington and ran through the presentation providing details of the work undertaken of the planned integrated primary care scheme that had been implemented over the last 12 months to ensure a more sustainable community based service for residents of Warrington to support and improve patient access. She reported that Warrington Health Plus had been working with 28 GP practices to create seven clusters each covering an average population base of 30k people that covered the whole population of Warrington registered with a GP. The aim of each cluster was for GP practices within each cluster to work together more collaboratively involving social care link work and care coordination to reduce pressure on the system. She explained that the concept of clusters was a national idea from the Department of Health which linked into the Five Year Forward View and that projects undertaken such as extended access to GP appointments and Multi-disciplinary teams based in care homes was a way that primary care could support the transformation.
3	Dr Catherine Doyle advised that each cluster was based geographically and the GPs within each cluster met regularly to collaborate to deliver their own chosen projects and discuss the utilisation of staff and skills across the cluster which had helped to address the shortfall of GPs the area had at present.
4	Alison Holbourn reported that 10 primary care priorities had been created from a survey conducted in 2013 which asked GPs, patients and stakeholders about the pressures they faced and experienced within primary care and advised that the 10 priorities formed the basis of the draft transformation strategy which was currently being written to implement them. She advised that there was currently a formal consultation that could be accessed by the Care Quality Commission website regarding what type of projects could be implemented in the future.
5	Alison Holbourn reported that Warrington Health Plus had been funded by the Prime Ministers Challenge Fund for the first 12 months up to March 2016 and advised that if Commissioners did not support the transformation of primary care in the new financial year the whole system would collapse. She explained that in summary what had emerged in Warrington was a primary care setting that supported people in self-care with the support of care in the community and that hospital services were used only for the seriously ill.
6	The Chairman asked for clarification on what the projects Alison mentioned were and had they been communicated to the public so they could understand what changes were being made to primary care. Alison Holbourn advised that communications were regularly updated on the Warrington Health Plus website and updates were provided at the Health and Wellbeing board, Transformation board and Health Summit. Steven Tulley explained that one of the first projects undertaken was trialling a telephone triage service whereby a patient could opt for a telephone GP appointment rather than a face to face visit.
7	The Chairman asked if the projects would continue after the Prime Ministers Challenge Fund money ran out after March 2015. Alison Holbourn confirmed that they would be commissioner funded and clarified that at present there had been no local funding for the primary care scheme.
8	Peter Harvey; Public Governor commented that the ideas for the development of integrated care was wonderful to hear but had not seen any projects advertised.
9	Alison Holbourn advised that patients were experiencing a service that would have not been

	<p>provided before due to the implementation of the clusters. An example of the work was that extra 1K GP appointments had been created throughout the year as weekend and out of hours appointments had been made available. A patient could also choose a GP appointment from a different cluster if they wished.</p>
10	<p>Pat Wright; Partner Governor was concerned about the sustainability and continuation of the clusters and what Warrington Health Plus was trying to achieve once the Prime Ministers Challenge Fund of £3.4m ran out in March 2016. She also noted concern about sharing patient information if a patient chose to see a GP in a different cluster. Alison Holbourn advised that a lot of work had been generated around the issue of GP clusters and sharing patient information. A complex data sharing system was now in place which supported the sharing of patient information.</p>
11	<p>Pat Wright; Partner Governor expressed concern around potential delays that could occur when a GP attended a patient appointment in the community as they would be required to write up notes of the appointment back at the surgery therefore taking up time that could have been used for other patient appointments. Alison Holbourn advised that GPs visiting patients in the community each had a hand held device whereby the GP could log in via their smartcard and record the information at the point of patient appointment to provide seamless and continuity of care.</p>
12	<p>Pat Wright; Partner Governor observed that the one thing any person wanted from the Warrington area was the ability to book and attend a GP appointment within a reasonable time frame and not have to attend AED to be seen.</p>
13	<p>The Chairman thanked Warrington Health Plus for the presentation on behalf of the Council.</p>
14	<p>Peter Folwell; Public Governor commented that the presentation lacked clarity as no detail was provided about which projects had been agreed, the cost of each project, or an update of the status of each project.</p>
15	<p>Peter Lloyd Jones; Partner Governor felt the Warrington Health Plus was basing the new scheme around the existing GP model, were reinventing the wheel and that urgent care centres were the way forward which would address the GP shortfall of those that did not want to move into a partnership practice.</p>
16	<p>The Chairman summarised that there was evidence of passion and frustration from the presenters and it was clear that primary care was a vital service which needed to be reconfigured as at present it was unsustainable which was the same with the Trust, however each element of the NHS within Warrington seemed to struggle to understand the different pressures faced for each service. The Council felt that the presentation was vague about how Warrington Health Plus was spending the money provided by the Prime Ministers Challenge Fund, how the scheme would continue without any secure funding for the next financial year and further clarity was required on how the Trust and its services fit into the scheme.</p>
	<p>WHHFT/COG/15/44 - Welcome, Apologies and Introductions</p>
17	<p>The Chairman welcomed all Governors', Staff, and Non-Executive Directors, to the Council of Governors meeting.</p>
18	<p>Apologies - See above listing.</p>
19	<p>The Chairman advised that apologies had been received from the Director of Human Resources & Organisational Development and Ian Jones; Non-Executive Director.</p>
20	<p>The Chairman notified the Council that Mike Lynch had stepped down as Non-Executive Director and Senior Independent Director with effect from 30th November 2015 due to ill health. He</p>

	commented that Mike had done a great job in the time he had been here and thanked him on behalf of the Council.
21	The Chairman reported that the Nomination & Remuneration Committee had met earlier in the day and recommended to the Council to proceed with the appointment process of a Non-Executive Director with experiences in the clinical field. The Council approved the recommendation.
22	The Chairman advised that this was the last Council meeting for Colin Reid; Trust Secretary as he had accepted a post at Liverpool Women's NHS Foundation Trust. He commented that Colin had been an exceptional Trust Secretary and had been hugely impressed by his organisational skills. The Chairman thanked him for his service, support and wished him well on behalf of the Council.
	Declarations of Interest – in agenda items
23	There were no interests declared in relation to the agenda items for the meeting.
	WHHFT/COG/15/45 – Minutes of Previous Meeting 23rd July 2015
24	The minutes of the meeting held on the 23 rd July 2015 were approved as a true and accurate record.
	WHHFT/COG/15/46 – Actions Arising from Previous Meeting
25	There were no actions arising from the meeting held on 23 rd July 2015.
	WHHFT/COG/15/47 – Chairman's Report
26	The Chairman provided the following verbal report:
27	Junior Doctors: The Chief Executive advised the Council that nationally junior doctors were currently in conflict with the Secretary of State in regard to changes to employment contracts. Talks with Unions were currently in place about the possibility of a three day strike to commence sometime in December and advised that the Trust would be planning to run a reduced service during the strike days as done in the past.
28	Locum Consultants: The Medical Director advised that there were a number of consultant vacancies in medical specialties and medicine. In order to maintain safety and service there was a reliance of the use of locum agency staff which reflected the national picture. The Trust was currently seeking to attract agency staff who already worked at the Trust to make them substantive. Two locums that had been working at the Trust had recently been appointed as consultants and would commence on 1 st December 2015. They applied for the vacancies subject to the proper appointments process therefore the Trust was confident that there would not be an agency fee. The Medical Director advised that the cost of an agency locum was variable and the cost could be double of what an employee of the Trust received. There was a trend of agency locums used by the Trust to fill unsociable hours and work unattractive hours which were difficult to fill with substantive posts.
29	The Chairman noted that there was flexibility for locums to work at the Trust before making a commitment of becoming an employee.
30	Anita Wainwright; Non-Executive Director advised that the national price cap for agency staff working in the NHS was implemented on Monday and would hopefully deter people who chose to work through the agency route with substantive posts becoming more attractive.
31	Sue Bennett; Staff Governor commented that out of hours agency staff were very good, however top paying agency staff seemed less willing to complete basic clinical tasks which was having a negative effect on morale.

32	<p>Overseas recruitment: The Chief Executive reported to the Council that 14 nurses had been recruited from Romania. All nurses would complete the appropriate checks including English language skills and were due to commence post in the new year. She advised that another recruitment trip had been arranged to source a cohort of nurses from Spain. The recruitment process of 15 new Band 2 Support Workers had been completed who would be deployed on a shift by shift basis to help support staff on the wards.</p>
33	<p>Board Changes: The Chief Executive notified the Council that Tim Barlow would be leaving the Trust as Director of Finance & Commercial Development on 30th November 2015. The post would be covered by Mark Brearley in the interim until Andrea Chadwick commenced post as the new Director of Finance and Commercial Development in February 2016. The appointment of Lucy Gardener as the new Director of Transformation would commence post in February 2016 on a 12 month secondment. The Chief Executive also reported that Colin Reid was to leave the Trust in December 2015 and advised the Council that the appointment process for the post of Trust Secretary had commenced.</p>
34	<p>Car Parking Update: The Chief Executive explained the key areas of concerns that had been raised to the Trust about the Automatic Number Plate Recognition system that was managed by Highview Parking and provided an update of what the Trust was doing to address those concerns. She reported that an advisor from Trading Standards was currently reviewing the car parking signage which would go into production once approved however; planning permission was required from both local Councils for the respective sites before the new signage could be erected. The Trust was looking at appropriate options for the cost of new touch screen technology for pay machines that were more user friendly. A person could input the first three digits of their car registration number and then select a picture of their car to ensure less error when inputting the full registration number.</p>
35	<p>The Chief Executive reminded the Council of the camera location issue at the Halton site whereby a piece of land was owned by the Trust but adopted by Halton Borough Council (HBC) some years ago. She advised that the Trust currently did not have permission from HBC to take photographs for the allocation of car parking notice charges. The Trust could opt to move the camera but there would be a cost implication, the Trust could opt to apply to HBC to reverse the adoption of the land which would incur legal costs or just ask them to allow us to use the camera on the adopted land. The Trust had taken the decision to suspend parking charge notices until the issues had been resolved.</p>
36	<p>Peter Lloyd Jones; Partner Governor was pleased to hear that all the main issues had been dealt with the exception of the alignment of the camera at the Halton site.</p>
37	<p>David Ellis; Public Governor commented that it seemed unfair for an unpaid carer to pay for car parking when visiting the Trust sites on behalf of the person they cared for. He advised that the local Council provided carers with a free leisure card which could be utilised for car parking concessions at the Trust and asked if the Trust could consider the possibility. The Chairman agreed that it seemed unfair to charge carers for car parking and should be looked at. A key aspect to the implementation of a request such as this would be how it was monitored.</p>
38	<p>Hospital Collaborations: The Chief Executive reported that Warrington Borough Council and Warrington Clinical Commissioning Group had asked for expressions of interest for a tender totalling £6.5m per year for intermediate care facilities. The Trust was submitting a bid for the tender.</p>
39	<p>Winter Pressures: The Chief Executive reported to the Council that the Trust had put in measures for the anticipated increased activity over the winter months. She advised that last year the Trust received £2m from Warrington Clinical Commissioning Group (WCCG). The Trust was disappointed</p>

	to not receive the same level of support this year with only £520k allocated. The Trust would continue to focus on the improvement of the 95% AED performance, early discharge and monitor delayed transfers of care.
40	Clinical Business Units: The Medical Director advised that the word ‘business’ within Clinical business units was used as standard terminology and was an all-encompassing term not meant to reflect commercial aspects.
41	Monitor Review: The Chairman reported that the next Monitor review was due to be submitted to Monitor on 9 th December 2015. He advised that Monitor required the Trust to submit a turnaround plan for 2016/17 which had been discussed at length by the Board at their meeting in November. There was frustration as the Commissioners had not indicated their intentions for the forthcoming year which presented a problem with the accuracy of the plan as the Trust could only estimate the funding available at this point in time. The Chairman advised that the financial performance for the Trust had largely unchanged with some of the Cost Improvement Projects (CIP) skewed towards the end of the year which meant that the Trust could see improvements on a recurrent basis that would lead into the next financial year. He was pleased to announce that the Trust at present remained on track with the CIP target.
42	Peter Lloyd Jones; Partner Governor asked how the national price cap for agency staff working in the NHS implemented by Monitor and the NHS Trust Development Authority (TDA) affect the Trust. The Chairman advised that it was too soon to tell on what impact the cap would have on the Trust as it had only been implemented last Monday. He hoped that it would have a positive impact and encourage more people to apply for permanent positions or become bank staff.
43	Board Strategy Meeting: The Chairman informed the Council that a Board Strategy meeting had been planned for 16 th December 2015 relating to the Annual Plan 2016/17 with both Clinical Commissioning Groups invited to participate. He asked Governors to be aware that in the new year a Board/Governor workshop would be arranged to continue with the planning process.
44	Lorenzo: The Chairman advised that the new patient record information system Lorenzo had gone live this week. He advised that there had been some small glitches which was to be expected and wanted to thank the hundreds of staff that had been involved to make the transition smoothly, the flexibility and commitment shown by all staff had ensured that the project had been phenomenally successful.
45	Louise Cowell: Staff Governor wanted to thank the Lorenzo floorwalkers and supervisors that had been brought in to support staff during the transition. She felt they had been really supportive over the last week during implementation.
46	The Council noted the content of the Chairman’s Report.
	WHHFT/COG/15/48 – Chief Executives Report
47	The Chief Executive had nothing more to add.
	WHHFT/COG/15/49 – Mortality update
48	The Medical Director provided an update of Mortality at the Trust and explained the way crude mortality, Hospital Standard Motability Review (HMSR) and Summary Hospital-level Mortality Indicator (SHMI) was calculated, and explained how the Trust used the data to monitor any trends.
49	The Chairman asked why the coroner does not look at every death. The Medical Director explained that patients who were referred to the coroner were usually those who died within 24 hours of admission to the Trust which was not common. A death certificate could be provided by the Trust in the majority of cases without referral to the coroner.

50	David Ellis; Public Governor asked if the Trust calculated the mortality figures internally. The Medical Director advised that it was possible for the Trust to collate data internally however; it was too complicated for data to be broken down by each ward. He explained that the data was collated for the Trust externally and national data was reported to each Trust.
51	The Chairman thanked the Medical Director for the update on behalf of the Council.
WHHFT/COG/15/50 – Consultation with Constituency members	
52	Public: none reported.
53	Staff: none reported.
54	Partner: none reported.
WHHFT/COG/15/51 – Report from Governor Committees	
i. Quality in Care Committee – 10th November 2015	
55	Peter Folwell; Public Governor and Chair of the Quality in Care Committee Meeting referred the Council to the draft minutes of the meeting held on 10 th November 2015 and advised that the Committee had received an update of the Quality Account Improvement Priorities 2015/16 and was pleased to see improvements with appraisal and mandatory training targets.
56	The Council noted the draft minutes of the Quality in Care Committee held on 10 th November 2015.
ii. Communications and Membership Committee – 11th November 2015	
57	David Ellis; Public Governor and Chair of the Communications and Membership Committee Meeting referred the Council to the draft minutes of the meeting held on 11 th November 2015 and advised that he would present the outpatient survey results to the next Patient Experience Group meeting in December and advised that any findings from future survey work would be sent to the appropriate Committee to be acted on.
58	The Council noted the draft minutes of the Communications and Membership Committee held on 11 th November 2015.
iii. Monitor Quarterly Reporting Compliance Committee – 18th November 2015	
59	There was no report back from the Chair of the Committee meeting held on 18 th November 2015.
WHHFT/COG/15/52 – Any Other Business	
60	There being no other business the Chairman closed the meeting and wished everyone a Merry Christmas.
Dates of future meetings: Thursday 28th January 2015	

The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.