

Corporate Assurance and Standards Committee

Minutes

**for a meeting to be held at 9.30 am on Friday 2nd February 2007
in the Boardroom, Trust Offices**

PRESENT:

Mr K Morris – Chairman
Mrs L Shepherd – Chief Executive
Mrs A McCracken – Non-Executive Director
Mr R Morris – Non-Executive Director
Mr H Yeung – Non-Executive Director
Ms G Core – Director of Nursing, Midwifery & Patient Quality
Mrs K Doherty – Director of Human Resources
Ms C Salden – Director of Service Development
Mr D H Richmond – Medical Director
Ms E Saunders – Director of Corporate Affairs

IN ATTENDANCE: Miss C Davies – minutes

1. **Apologies**

Ms S Lorimer, Director of Finance

2. **Minutes of the Previous Meeting held on Friday 1st December 2006**

The minutes of the previous meeting held on Friday, 1st December 2006 were agreed as a correct record of proceedings.

3. **Matters Arising**

3.1 **NHSLA Assessment**

Ms Core tabled details of the feedback from the NHSLA Assessor regarding the Pilot Assessment.

The Committee discussed the need to develop a seamless approach to the management of risk. The NHSLA would no longer be setting the specific criteria to meet and accountability would rest with Trust Boards so it would be necessary to have a process to make informed decisions.

It was noted that greater emphasis needed to be placed on audit and dedicated IT support was required for collating information for assessments.

There had been specific learning points with regard to consistency and standardisation of committee minutes to ensure that actions were properly recorded. It was noted that minute taking training was available in the organisation and it was necessary to ensure members of staff fulfilling this role had the appropriate training first. Coupled with this, it is important to ensure that the content of informal discussions among colleagues is

recorded if appropriate to provide evidence of decision making processes and actions agreed.

Ms Core emphasised the importance of following up action plans. She also referred to how exception reporting was being undertaken and the need to have the relevant staff involved in resolving problems.

The Committee discussed the importance of gaining assurance that measures were in place to minimise risk and how to understand when the required standards were not being met.

Ms Core informed the Committee that the inaugural meeting of the Trust Risk Management Committee (previously the CNST/NHSLA group) would be held on 5th March.

The Committee ENDORSED the initial action plan.

3.2 Business Continuity

Ms Core reported that Cathy Umbers, Trust Risk Manager would be receiving Business Continuity training prior to producing an initial Business Continuity Action Plan for the Trust by the end of February, which would be brought back to CASC as part of the review.

3.3 Blood Transfusion Service

Mr Richmond reported that the purchase of the required equipment was underway.

3.4 Liverpool PCT Contract

Mrs Shepherd was pleased to report that the outstanding issue with Liverpool PCT regarding the contract with Liverpool Women's had been resolved. The PCT had agreed to a compromise that was satisfactory to the Trust. The PCT had indicated that they would be focussing on coding next year. The Trust would work with them but had already had a meeting with the DoH, who were very supportive of the changes that the Trust had made to coding.

3.5 Governance Review

Ms Saunders reported that work was continuing to pull together an action plan for the Governance Review. She would be bringing a report to CASC in May.

3.6 Risk Register

Ms Core presented the Risk Register and highlighted the improvement made since the last quarter. The Register is now a more comprehensive document, although progress is still required in some areas, scoring needs to be completed and the finance and estates sections require further work. Ms Core reported that peer review of 'high' scoring risks was planned and anticipated that by the end of the financial year the Register would be complete and would demonstrate the effective management of operational risk.

4. **Board response to Breast Services Consultation**

Mrs Shepherd updated the CASC on the situation to date on the Breast Services consultation.

Mr Richmond had written to Dr Margaret Goddard setting out his concerns regarding the clinical aspects of the consultation document and some of the comments that had been made by the PCT representatives during the public meetings, reminding her of the 1700 gynaecology cancer patients who were treated annually at LWH in its capacity as regional centre. Many of these patients have 'co-morbidities' and are successfully treated by the team. Mr Richmond had been extremely concerned at some of the public comments made by Dr Goddard in particular, which he felt brought into question the safety of women treated at Liverpool Women's.

In response to a query regarding whether there was any advantage in being treated at a hospital where there was a mix of sub-specialist cancer surgeons, Mr Richmond's view was that they would only be likely to discuss treatment with others within that specific specialty. Mrs Shepherd stated that these were the sort of issues raised in the consultation document which were very misleading.

It was noted that the Trust's PPI Forum co-ordinator was the co-ordinator for all of the forums and had been extremely helpful in assisting the other forums to achieve a better understanding of the issues.

Mrs Shepherd highlighted the huge amount of work carried out by Ms Saunders in supporting the Membership Council's input to the process.

In view of the letter from the CEO of the RLBUHT which had been written to patients and which was subsequently followed up by a letter addressed to 'supporters', the Trust had taken a decision to write to breast surgery patients to give them a more balanced view. Also, all FT members would receive a bulletin to remind them to complete their consultation response if they have not already done so. Mrs Shepherd commented on the very positive feedback she had received about our services during the public meetings which had been held.

The Chairman reported back on a meeting he had had with Judith Greensmith, Chairman of RLBUHT and stated that he would be informing her that he would be directing people to her if they had any issues regarding the breast service at RLBUHT or particular concerns about the correspondence which had been sent to patients. He felt that the Board's focus should remain on the PCT and the misleading clinical comments which were being made.

In response to a query regarding whether the 'expert panel' would have an opportunity to reverse the decision of the PCT or would they just be looking at the way the process was handled, Mrs Shepherd stated that Joanne Forrest's report would go to the PCT Board in April, however she did not feel that the PCT would reconvene the expert panel. Mr Richmond was writing to Andy Griffiths, the Independent Clinical Advisor to the expert panel, who is a breast consultant in Newcastle, as he had not seen the consultation document and Dr Goddard had informed Mr Richmond that the PCT had taken its lead from him as their clinical expert. The Chairman queried whether the Trust needed to obtain its own clinical advice. Mr Richmond commented that Mr Griffiths had had no experience of a single specialty Trust such as this. Mrs Shepherd questioned whether a further external opinion would influence the PCT.

In response to a query, Mrs Shepherd stated the Trust had only been issued with the actual scores from the expert panel but had not had sight of the full report. It was agreed to request a copy of the report.

It was noted that the Trust had made its own transcripts of all the public meetings to ensure they were reflected accurately.

It was agreed that the Trust should proceed with an application for planning permission.

Ms Salden referred to improvements in the patient pathway for symptomatic and asymptomatic patients. In response to a query regarding the future of the Linda McCartney Centre if the service transferred to Liverpool Women's, Ms Salden stated there were other specialties based there and not just breast cancer services.

Mr Richmond undertook to contact Andy Griffiths to ask if he would be willing to write to the PCT. **Action: DHR**

It was noted that if the PCT's final decision was to continue with the status quo (plus the transfer of guide-wire insertions, all remaining surgery and a properly funded contract) the Trust Board would be willing to agree. The Trust could then progress discussions with CCO regarding undertaking chemotherapy on site.

Mrs Shepherd reported Ms Salden, Ms Saunders and herself had met with Ms Chris Dent from the SHA, whose remit was to review the process which the PCT had carried out. She had wanted to go through the procurement process and referred to weaknesses in the specification. The Membership Council's views and press coverage of the issue were also part of the review. Ms Dent had also queried why it was that the Trust Chairman had approached the SHA Chairman regarding the consultation process, rather than using the Chief Executive line. This had been due to the Chairman wanting to keep the matter within the 'NHS family' rather than going to judicial review, coupled with his obligation to act on behalf of the Membership Council.

The SHA had given an undertaking to give a view by 28th February, which would coincide with the conclusion of the public consultation exercise. Report to PCT Board in early April and OSC in May, however, there was no definite timetable yet. It was noted that if the OSC was not satisfied with the outcome the matter could be referred to the Secretary of State, who could set up an Independent Review.

It was noted that Ms Saunders and Ms Salden would be attending the next meeting of the Local Medical Committee. A briefing session had been arranged for local councillors but unfortunately none had attended. A session had also been scheduled for next week to apprise local MPs of the situation, although to date there had only been 1 positive response to the invitation. It was intended to issue a briefing to update MPs etc on the situation.

The proposed response to the Breast Services Consultation was APPROVED.

Ms Saunders undertook to circulate the Membership Council's response to the Trust Board for information. **Action: ES**

Standing Items

5. Board Assurance Framework 2006/07

Ms Saunders reported on the full Board Assurance Framework 2006/07. It had been agreed that this would be brought back to CASC twice per annum.

The definition of the traffic light system was noted as follows:

Green = goal achieved – no longer a risk – dealt with or under control.

Amber = progress made but still some factors of the risk not been able to mitigate altogether and further work needed.

Red = priority risks – all red risks would qualify to be in the 'top 16' of risks brought to CASC at each meeting.

Mrs Shepherd explained that red, amber, green was about the overall position of the *risk*. The Committee undertook to review the full pack and report and submit their comments to Ms Saunders prior to the next meeting

6. **Corporate Report: Month 9 Position**

Ms Salden reported on the tighter management of budgets in key areas.

Mr Yeung reported that the Finance & Contracts Committee had been happy with the Monitor report for Quarter 3.

The Finance & Contracts Committee had discussed sickness rates and the high levels in some of the Directorates. Mrs Doherty reported on the changes to how sickness absence was calculated, which was now on a 7 day week rather than 5 day week and not comparing like with like. It had been agreed by the Trust Board to draw a line under the old system. Ms Core stated that this was consistent with other Trusts. Our rates had not been compared with ESR but prior to that had been consistent. Mrs Doherty stated an analysis of short term/long term sickness absence had commenced. Mr Yeung queried whether staff who were unable to work on the 'front line' could be relocated elsewhere for the duration of their sickness. Mrs Doherty indicated that having the correct skills for a particular job would be an issue and commented that the Trust had been using a private physiotherapist in order that staff requiring physiotherapy could return to work sooner.

In terms of short term sickness absence the Trust was looking at using an external system, whereby staff phone a nurse who has access to their sickness record and would be able to highlight the amount of sick leave already taken. Mrs Doherty stated this system would be piloted in one or two directorates initially.

Concern was expressed that the high level of sickness absence in some areas could result in operational difficulties. It was noted that sickness absence information was disseminated to directorates but Mrs Doherty undertook to highlight it in Team Brief. **Action: KD**

The Committee NOTED the contents of the report and ENDORSED the proposed revisions to the Capital Programme.

7. **Any Other Business**

7.1 Climate control

Mrs McCracken queried what action the Trust intended to take to address the issue of climate control. Ms Core responded that she and Bernard Flanagan had been working on this in view of its increasing importance on the national agenda. The Trust had already made several changes to reduce utility bills and would aim to increase its green approach in the next year. The Estates Department had been particularly proactive in this area. A robust plan would be formulated for how the Trust would take this forward over the next two years.

7.2 University Department

Mrs Shepherd reported discussions had commenced with the University Department regarding the pressures on space on the Liverpool Women's site.

Discussions were also underway with Professor Susan Wray on the '*Centre for Better Births*' project and a possible collaboration with the Trust. Mrs Shepherd commented that the University was looking for financial input from the Trust as well as assistance with fundraising for this prestigious centre. It was noted that the research aspect of the Centre would fit in with the Trust's corporate aims.

Mrs McCracken referred to discussions held at the Charitable Funds Committee and the need to look at the Trust's fundraising strategy for the next couple of years. Mr Roy Morris and Mr Carbery had been looking at how long the Trust's present

charitable funds would last. Ms Core and Mr Carbery would be interviewing for a Volunteer Manager next week following which there would be a re-launch of the volunteer service.

It was AGREED that the Charitable Funds Committee would come up with an initial strategy and incorporate it into the overall strategy review of strategy.

7.3 FTSE/Monitor Project

Mrs Shepherd reported on her recent meeting with Geoff Kontzle of the Alliance & Leicester and the potential for forging a closer alliance between the two organisations. This would be developing links around marketing, leadership training, finance, HR and governance. A wider group would be set up to take this forward.

In response to a query regarding whether there would be an opportunity for any free consultancy for marketing, Mrs Shepherd was unsure whether the nature of their business would be compatible.

7.4 Consultants retirements

It was noted that there would be five consultants retiring within the next 4 months. These were: Dr Terry Ryan, Consultant Anaesthetist; Dr Brenda Phillips, Consultant Anaesthetist; Mr Peter Bousfield, Consultant Gynaecologist; Mr Mervyn Kidd, Consultant Gynaecologist; Miss Caroline Thom, Consultant Gynaecologist. Ms Salden referred to the hard work which was underway to achieve the capacity plan and how to replace the activity without replacing consultants. A full report would be brought to the Trust Board in March as there were severance payment issues to be reported.

Ms Salden reported that 3 consultants had been appointed over the past 18 months as succession planning.

8. Date and Time of Next Meeting

Friday 4th May 2007 at 9.30 am

km/l/s/es/cd