

Council of Governors

Minutes of the meeting held at 5.30pm on Thursday 18 October 2012, in Public, at Post Graduate Medical Centre, Leighton Hospital

PRESENT

in the chair Mr John Moran Mr Donald Bone Mr Paul Colman Mrs Sarah Coombes Ms Angela Cunningham Mrs Christine Cooper Mrs Jenny Creed Mr Kevin Dawson Mr Nigel Dibben Mr Stuart Gray Mr Mike Hadfield Dr Colin Hopkins Dr Jonathan Griffiths Mr Jerry Park Mr Andrew Ritchings Mr John Lyons Mrs Jane Smart Mrs Pat Stalker Mr Brian Walton

IN ATTENDANCE

Dame Pat Bacon Non Executive Director Mrs Tracy Bullock Chief Executive Officer

Dr Paul Dodds Medical Director & Deputy Chief Executive

Ms Jayne Hartley Deputy Director of Nursing & Quality (Agenda Item 11)

Mr David Hopewell Non-Executive Director

Mrs Sue Pickup Patient Experience Manager (Agenda Item 11)

Mrs Julie Smith Director of Nursing & Quality

Ms M Steele Acting Trust Secretary
Dr Alan Wood Non-Executive Director

APOLOGIES FOR ABSENCE

Mr Bill Craig Mr Dennis Dunn Ms Gill Fairhurst
Cllr Dorothy Flude Mrs Denise Frodsham Mr Norman Harris
Mr Harry Mawdsley Mrs Ruth McNeil Cllr E. Moore Dutton

Mr Peter Nimmo Mr Mark Oldham Dr Neil Paul

Mrs J Shaw Dr Joss West-Burnham Mrs Heather Williams



The Chairman opened the meeting and welcomed Mrs Sarah Coombes who had recently been appointed as Governor for the staff constituency of Nursing & Midwifery. The Chairman also welcomed those Members of the Trust and the public who were in attendance.

The Chairman advised Ms Jayne Hartley, Deputy Director of Nursing & Quality, and Mrs Sue Pickup, Patient Experience Manager were to attend the meeting to facilitate Agenda Item 11 – Governor Discussion Topic.

GOVERNORS' INTERESTS

No Governor declared, or has declared, any change to his/her interests since the previous meeting of the Council.

MINUTES OF THE LAST MEETING

After discussion, it was

Resolved to

 To sign the minutes as an accurate record of the Meeting held on 26 July 2012.

MATTERS ARISING FROM PREVIOUS MINUTES

CoG12.48 Staff Survey

The Chairman noted the comparative data for 2008-2011 in relation to the staff survey.

Mrs Smart noted her concerns in relation to the increase in the percentage of staff who were experiencing physical violence from patients/relatives. Mrs Bullock noted the Trust continued to work with staff encouraging a culture where staff report all incidents of violence and abuse. Mrs Bullock advised control and restraint training is also being provided to staff. Mrs Bullock noted there had been a short period were some incidents had been recorded twice due to duplicate reporting, however, advised this has now been rectified.

Mr Park enquired as to whether percentage targets had been identified for the six key themes for action in 2012. Mrs Bullock advised no specific targets have been noted, however, focus groups are established to review the outcomes and consider causes of concern and areas of improvement should there not be a positive shift in the results.

Mr Dawson noted the percentage of staff who reported good communications between senior management and staff, at 28%, and enquired as to what action the Trust was taking to improve communication. Mrs Bullock noted a considerable number of actions and changes that had already taken place including a review of Team Brief, a weekly Chief Executive Update, a Payday Press included with payslips, and review of how information is cascaded to all staff. Staff have also been invited to feedback on the effectiveness of communication across the Trust.

The Chairman noted the staff survey for 2012 had recently been issued.

Resolved

To note the information

CoG12.78 Annual Plan

Dr Hopkins noted a recent report in The Sentinel whereby it was cited a portion of Trust car parking revenue is given to the local authority Councils. Mrs Bullock confirmed this was an inaccurate report and no monies from car parking were submitted to the local Councils.

Resolved

To note the information

CHAIRMAN'S REPORT

CoG12.91 Governor Nomination & Remuneration Committee Meeting – 27 September 2012

The Chairman presented the minutes noting there had been four key items of business. The Chairman noted the discussion regarding his interim appraisal and the appraisal of the Non Executive Directors. Mr Lyons advised the minutes accurately summarised the debate noting the appraisals had been of a qualitative nature.

In relation to the Forthcoming Expiry of Tenures, the Chairman noted the Committee's recommendation that the Trust would seek to advertise the roles on the open market in line with the Trust's Constitution. It was agreed by Council this was appropriate.

The Chairman referred to the Committee Membership Vacancy following the departure of Ms Falkland and noted it had been



agreed that the number of Governors on the Committee would remain at 5.

CoG12.03 Health & Social Care Act 2012

The Chairman noted this was a standing item on the Agenda to provide Governors with an update on items relating to the Act. The Chairman noted proposed changes to the Trust's Constitution were included under Agenda Item 10.

The Chairman noted the Trust were currently preparing a schedule of training events for Governors in line with the Act and would work alongside the Foundation Trust Network who had recently been awarded a contract by the Department of Health to design, develop and deliver a national training programme for Foundation Trust Governors.

CoG12.64 Francis Report on the Public Inquiry into Mid Staffordshire NHS Foundation Trust

The Chairman noted the publication of this report had been delayed until early in the New Year.

CoG12.65 Annual Members Meeting

The Chairman noted the Annual Members Meeting had taken place on Wednesday, 3 October 2012 in the Lecture Theatre of the Post Graduate Medical Centre. The Chairman thanked those who had attended, however, noted overall attendance from the public and Governors had been poor. The Chairman noted the Meeting is a constitutional requirement and ways of ensuring increased attendance were being considered.

Mrs Bullock noted that across the local health economy there are a number of Trusts who have similar difficulties in attracting Members and the Public to the meeting.

Mrs Creed noted the effort and enthusiasm of staff who had attended the event and manned the information stands. Mrs Creed suggested combining the Members meeting with a Council of Governors meeting.

Mrs Stalker suggested linking the Meeting to an Open Day. Mrs Bullock noted consideration had been given to a Trust Open Day, however, advised that due to limited resources the Trust were not in a position to host an Open Day at this time.

It was agreed the Trust would consider ways to improve attendance when planning next year's event.



CoG12.66 Governor Planning Day

The Chairman reminded Council a Governor Planning Event had been scheduled for Tuesday, 6 November 2012 in the Hunters Lodge Hotel in Crewe. The Chairman noted the event was scheduled to commence at 8.30am with registration and finish with lunch at 12 midday.

CoG12.28 Current Council of Governors Vacancies

The Chairman noted there were currently three vacancies on the Council of Governors, as follows:

- Patient & Carers Constituency Carer of a patient aged 15 years of less: Due to the resignation of Mr Derek Amson
- Patient & Carers Constituency Patient: Due to the resignation of Mrs Brenda Macaulay
- Appointed Governor Community and Voluntary Service Cheshire East and Cheshire Community Development Trust

The Chairman noted Ms Jo Falkland, Staff Governor – Nursing & Midwifery Constituency – had tendered her resignation from the Trust and, therefore, Council of Governors. The Chairman noted, in line with the Trust's Constitution, Mrs Sarah Coombes (the candidate with the next highest number of votes) has been appointed.

The Chairman welcomed Mrs Coombes to Council and thanked Mr Amson, Ms Falkland and Mrs Macaulay for their hard work and commitment to the Trust during their tenure as Governor.

The Chairman noted elections were to be held for the Patient Constituency and the Carer Constituency. Ms Steele noted information evenings were to be held to encourage Members to stand as Governors and invited existing Governors to attend these events to promote the role of Governor.

CoG12.92 Committee Vacancies

The Chairman noted there were a number of Governor vacancies on Committees and advised Ms Steele would circulate the details and invite expressions of interest by the end of October 2012.

Resolved

- To note the Chairman's report
- To note the Minutes of the Nomination & Remuneration Committee meeting and to approve the recommendations therein



- To consider the format of future Annual Members Meeting MS
- To circulate detail of Committee Vacancies and invite expressions of interest MS

CoG12.93 LEAD GOVERNOR REPORT

Mr Lyons noted he had attended 2 Board of Director Meetings (August and October) and advised of nothing untoward to be raised to Council of Governors.

Mr Lyons advised he had attended the Governors Nomination & Remuneration Committee meeting of 27 September and advised the minutes provided under Agenda Item 6.1 were a fair and accurate summary of the meeting.

Mr Lyons noted he had attended the Governor Strategy Committee meeting of 1 October 2012 and the Clinical Services Strategy Review meeting of 12 October. Mr Lyons noted the Clinical Services Strategy Review meeting had seen information on divisional plans which had been both comprehensive and ambitious.

Mr Lyons advised he had also attended a number of Membership & Communication Committee meetings and provided feedback from the meeting of 8 October. Mr Lyons noted discussion had taken place on a number of issues including Governor involvement with Members. Mr Lyons noted Governor attendance at Member Events had been limited to a small number of Governors. Mr Lyons acknowledged the unavailability of some Governors due to work and family commitments, however, asked that Governors do as much as they can.

Mrs Smart provided feedback from the recent Members Event at Victoria Infirmary which had been a tour of the site. Mrs Smart advised the staff who had led the tour, Mrs Sue Hamman and Mrs Jane Boughey, had been very motivational and their enthusiasm for the future following the Clinical Service Strategy event was inspirational. Mrs Smart noted Member feedback from the event had been very positive.

Resolved

To note the Lead Governor's Report

CoG12.94 QUALITY ACCOUNT 2012/13

Mrs Smith noted that as part of the external assurance engagement process in relation to the quality account, the Trust

must undertake substantive sample testing of two mandated performance indicators and one locally selected indicator.

Mrs Smith noted the two mandated performance indicators would be MRSA *or* Clostridium *difficile* and a 62 Day Cancer Target.

Mrs Smith suggested local indicators for the 2012/13 Account advising the Council of Governors had chosen VTE as the local indicator for 2011/12. Mrs Smith noted the recommendation of the QuESt Committee, on which Governors were represented by Mr Harry Mawdsley and Mrs Pat Stalker, was Falls. Mrs Smith noted 'Falls' is the Trust's highest reported incident and is currently a key focus of the Trust whilst also being a priority nationally.

In the discussion that followed it was

Resolved

 To select Falls as the locally selected indicator for the Quality Account 2012/13

CHIEF EXECUTIVE'S REPORT

CoG12.95 Confirmation of Quarter 1 Monitor Governance Rating

Mrs Bullock confirmed that the rating for quarter 1 was Amber Red. Mrs Bullock noted this was due to performance against the four hourly and 62 Day Cancer Screening targets.

CoG12.96 Quarter 2 Performance

Mrs Bullock referred to the performance targets and standards circulated in the Briefing Pack for Quarter 2 noting the Trust's provisional rating of Green.

Mrs Bullock noted the Trust's performance against Monitor's targets and against those targets as specified in the Trust's contract with Commissioners. In response to Mr Lyon's enquiry as to which specialities were not achieving the treated target under the contract, Mrs Bullock noted the specialities were Urology, Gastroenterology (specifically relating to endoscopy), Orthopaedics and General Surgery.

In relation to the Cancer GP Referral targets, Mr Bone enquired as to whether it was possible to insist that a person is available to attend within the specified time, Mrs Bullock noted that discussions had taken place with GPs as regards notifying patients they have been placed on an urgent care pathway.

Mrs Bullock noted the Trust's performance against the 4 hourly target advising the Trust continued to invest in additional staff and additional assessment beds. In response to Mr Walton's enquiry as to whether the additional staff were filling permanent positions, Mrs Bullock noted they were largely in temporary posts at the current time although there were some temporary staff covering permanent vacancies. It was noted the Emergency Care Division were reviewing their workforce model against the current level of demand.

Mr Dawson referred to a recent newspaper article which noted that the public attended at A&E Departments as they were unable to get an appointment at their GPs. Mrs Bullock noted one of the Doctors located in the Urgent Care Centre had completed an audit of patients and whilst it was a factor contributing to increased attendances, it was not the sole factor.

Mr Gray advised he was currently doing Consultancy work within other NHS Trusts and noted the performance of Mid Cheshire Hospitals NHS Foundation Trust was exemplary.

Mrs Bullock noted the Trust's financial position and advised the Financial Risk Rating was Level 3 (Green) for August. Mrs Bullock noted, however, the financial position was deteriorating due to the additional investments being made. Mrs Bullock advised the Trust was working with the Clinical Commissioning Groups and GPs to consider different ways of managing patient flows and demand. Mrs Bullock also noted the Trust was working with the Clinical Commissioning Groups as regards support through non-recurrent funding.

Mrs Bullock referred to the pay costs (particularly the agency costs) noting the Trust was struggling to fill some posts with both national and international recruitment of both medical and nursing staff now taking place. There had been some success in recruiting nurses from Ireland and doctors from Spain and Greece.

Mrs Bullock noted the Trust was 'Green' due to the income level, however, could not provide assurance the Trust would be 'Green' for September. Mrs Bullock advised there were concerns and in this regard the Trust were considering what efficiencies can be made. Mrs Bullock provided detail of the initiatives the Trust was pursuing.

CoG12.97 Monitor Phase 2 Review

Mrs Bullock noted the review was a thematic review focusing on the long term financial sustainability of small and medium sized Foundation Trusts residing within a challenged health economy. Mrs Bullock noted the final report was awaited, however, the Trust had received an initial draft. Mrs Bullock outlined a number of the recommendations included in the draft report.

Mr Park noted healthcare within the local health economy was considered more expensive than that of others whilst the Trust was cost efficient in comparison to peers. Mr Park enquired as to whether there was any advantage in being more cost efficient and as to whether the current investments in additional assessment beds and staff would affect the cost efficiencies and overall reference cost index. Mrs Bullock noted the Trust was in the upper quartile of efficiency, however, this in turn meant it would be difficult to achieve further efficiencies. Mrs Bullock also noted current investments could potentially affect the reference costs index at a later date, however, this would need to be looked at against a wider picture of overall efficiencies, productivity and income generation.

Mr Lyons enquired as to whether the viability of the Trust was assured due to its geographical location, wherein Mrs Bullock noted future discussions would centre around the delivery of high quality patient care across the local health care economy as a whole and the most efficient way of providing same. Mrs Bullock advised that all Providers of care would be subject to fundamental change.

In response to Mr Hadfield's enquiry as to whether a review of the NHS structure was also being considered, Mrs Bullock noted a review of same had taken place and the results of same were embodied in the Health & Social Care Act 2012.

Mr Gray noted the absence of a system management body to oversee/champion the changes wherein Mrs Bullock confirmed discussions were planned with the Local Area Team Director, Ms Moira Dumma, to ascertain who would be the appropriate system manager.

Mrs Bullock noted the detail of the final report to include the recommendations would be presented to Governors once available.

CoG12.98 Estate Developments

Mrs Bullock referred to the Estate Developments detailed in the Governor Briefing Pack and acknowledged the inconvenience to patients, staff and visitors of the refurbishment work on the ground floor from the crossroads to the Outpatient Waiting Hall, however, reiterated the Trust has put significant mitigation in place to reduce the disruption as much as possible.



CoG12.99 Awards, Accreditations & Inspections LINKs Enter & View Reports

Mrs Bullock noted there had been a couple of LINKs Enter & View visits since the Council meeting of July 2012, however no reports on same had been received to date.

CoG12.100 Recruitment to Director of Service Transformation & Workforce

Mrs Bullock noted the appointment of Mr David Pitt as the Director of Service Transformation and Workforce. Mrs Bullock noted a start date was yet to be confirmed, however, it was anticipated it would be the end of December 2012.

Mrs Bullock thanked those Governors to had taken part in the recruitment process.

Resolved

To note the Chief Executive Officer report

CoG12.101 MCHFT CONSTITUTION

The Chairman presented the paper which detailed proposed amendments to the Trust's Constitution following notification of specific provisions of the Health & Social Care Act were to come into force on 1 October 2012. The Chairman noted Monitor's request that Foundation Trusts, should as soon as possible, make the amendments to their Constitution. The Chairman noted the paper detailed the proposed changes to the MCHFT Constitution was in line with the wording of Monitor's Core Model Constitution.

The Chairman noted the proposed changes had been approved by the Board of Directors at the Board of Directors meeting of 1 October 2012 and requested Council of Governor approval of same.

The Chairman noted Monitor have requested Foundation Trusts make no other Constitutional changes at this time.

Dr Hopkins noted he would not support Item 2.5 under Principal Purpose, following a decision recently made by the Trust to withdraw funding for the library service based at Leighton Hospital. Dr Hopkins noted this would have an incalculable effect on learning across the Trust and noted he wished to vote against the proposal. The Chairman acknowledged Dr

Hopkins' position whilst Mrs Bullock noted the issue raised regarding funding was currently being discussed with the appropriate persons.

In response to the Chairman's request for Governors to approve the proposed changes to the Trust's Constitution, the remaining Governors present agreed to the changes.

Resolved

 To approve the changes to the Trust's Constitution as detailed.

GOVERNOR DISCUSSION TOPIC

CoG12.102 Friends & Family Initiative

Ms Hartley provided background information to the Government led Friends & Family initiative noting the key question 'How likely are you to recommend our <ward/A&E Department> to friends and family if they needed similar care or treatment?'. Mrs Hartley noted the question was to be asked of *every* adult inpatient who had been in hospital for one night or more or an adult patient who had attended A&E, and was to be followed by a number of other questions. Ms Hartley noted this was an ongoing survey with no end date scheduled. Ms Hartley noted the reporting requirements and how it was anticipated the information would be used.

Mrs Pickup advised the Trust, by means of a number of different surveys, had been asking patients for some time would they recommend the Trust as a place to be treated. Mrs Pickup noted the results of recent surveys.

Mrs Pickup provided details of the trends for complaints and referenced the compliments noted in the discussion document.

Mrs Pickup noted one of the most recent surveys undertaken was the discharge survey in August 2012. Mrs Pickup advised of the results of the survey noting that whilst the Trust was making improvements in the discharge process, communication and a delay in receipt of medication remained an issue. Mrs Pickup advised the Ward Managers have received the results of the survey relating to their ward and a Ward Managers meeting has been scheduled to discuss the results.

Mrs Hartley noted that whilst the Trust is engaging with patients, she acknowledged the Trust does not get the patient experience right for everybody, and enquired as to what the Trust can do to ensure that patients would recommend the hospital.



In response to Mr Park's enquiry as to whether the line of questioning was in conflict with the annual patient surveys, Mrs Bullock noted a similar question was asked in the annual survey.

Mrs Creed noted her concerns relating to cancelled appointments and enquired as to why some patients were experiencing an excessive number of cancellations. Mrs Bullock noted it was important to understand why the appointments were being cancelled and advised this can be for a number of reasons including the Consultant being sick or on planned leave. Mrs Bullock advised the issue of cancelled appointments was known to senior managers and is being monitored. Mrs Bullock advised the Trust have already implemented a number of measures to resolve this, for example, real time booking system which ensures that appointments are not made more than six weeks in advance, additional resource and capacity to manage demand.

Ms Hartley noted communication with patients and their families/carers was key and enquired as to how Governors could engage with patients to improve the patient experience. Mr Park noted it was the role of Council to apply pressure on the Board of Directors to ensure acceptable performance. Mr Park noted it was also important Governors are made aware of the issues so if a Member raises a concern with a Governor, the Governor can give an informed response.

Mr Lyons enquired as to whether there was any policy in relation to arranging a second appointment in the event of a first appointment being cancelled. Mrs Bullock noted there was no official Trust policy, however, every attempt was made to ensure the patient received the next available appointment. Mrs Bullock noted the Trust will hold additional clinics if required, whilst also proactively filling appointments which are cancelled by patients. In response to the Chairman's enquiry as to whether there was an increasing number of complaints regarding cancelled appointments, Mrs Bullock noted there had been an increase, however, advised that it was hoped additional capacity provided through additional clinics would resolve the issue.

In response to Mr Lyons' enquiry as to the explanation received by patients for the cancellation, it was noted the depth of the explanation varied as to the method by which the cancellation is given, e.g. telephone or standard template letter.

Mr Dibben enquired as to whether additional questions could be asked and discussion took place regarding the most effective number of questions to be asked in a survey.

Mr Dawson noted the concern with discharged patients not receiving prescribed medication in a timely manner remains an issue (against the results of the previous year's survey). Ms Hartley noted it was a recognised issue and advised the Trust are continuing to work to resolve the delays including ensuring patients are transferred to the Discharge Lounge where there are staff dedicated to providing an efficient and effective discharge for patients. Mrs Bullock reiterated the significant investment into Pharmacy services and the impact this has had and would continue to have, whilst noting not all delays are attributable to the Pharmacy Department.

Mr Gray noted the majority of patients who would respond to the survey question would have only touched the periphery of the services provided by the Trust and advised it was important that the responses do not distort the reality. Ms Hartley noted it was important that the Trust continued to complete its existing survey programme.

Mr Hopkins noted the number of appointments cancelled by patients/non-attendances wherein Mrs Bullock advised, nationally, the Trust is in the upper quartile for DNAs, as a result of systems and processes previously put in place.

Mr Hadfield noted that at least 15% of the Trust's survey group were expected to respond wherein Ms Hartley noted traditionally, the Trust's response rate for surveys was well in excess of that percentage. Ms Hartley advised further consideration was being given to the when and how patients would be surveyed.

The Chairman recommended that the Patient Experience Committee (Patient Voice) consider the concerns raised in further detail and enquired of Council as to whether there were any further themes. Discussion took place regarding visiting times and the accessibility of wards to visitors, however, it was noted a number of recent compliments had noted staff will let visitors on to wards outside of visiting hours, when appropriate. It was agreed consideration could also be given to communicating to patients and visitors that the carpark to the rear of the hospital is an overflow carpark for visitors. Dame Pat Bacon noted the Committee would focus, in the first instance, on cancelled appointments and delayed discharge.

Mr Park noted some of the issues raised where not new issues and raised concerns there was no evidence of consistent effort to resolve an issue. Ms Hartley noted that as the Trust were now doing annual surveys and this would ensure comparative



data would be available to ensure incremental progress is being made.

The Chairman concluded the discussion noting the Council of Governors sought assurance that work continues to improve the patient experience, particularly around those areas discussed.

Resolved

- To note the report
- To refer the discussion to the Patient Experience Committee

CoG12.103 North West Leadership Academy Event Engagement Free and Easy

In the absence of Mr Mawdsley, the Chairman presented the report for noting.

Resolved

• To note the report

REPORTS FROM COUNCIL OF GOVERNORS' COMMITTEES

CoG12.104 Membership & Communications Committee – 16 July and a verbal update of 8 October

Mrs Smart presented the minutes and re-iterated Mr Lyons previous comments in relation to Governor participation with Members and in particular at Member Events.

Resolved

- To note the minutes of 16 July and a verbal report of 8 October 2012
- To circulate the Governor Diary to Council of Governors MS

CoG12.105 Patient Experience Committee – 7 August 2012

Mr Dawson presented the minutes of 7 August (rescheduled from 26 July) and advised of nothing further to add. Mr Dawson noted the minutes of the meeting of October were not yet available.

Resolved

To note the minutes of 7 August 2012

CoG12.106 Governor Strategy Committee – 6 August & 1 October 2012 Mr Gray presented the minutes of 6 August and noting nothing

further to add. The minutes of 1 October had not been included



in the pack, however, Mr Gray noted an open and frank discussion had taken place on a number of high level issues.

Resolved

To note the minutes of 6 August and 1 October 2012

REPORTS FROM COMMITTEES WITH GOVERNOR REPRESENTATIVES

CoG12.107 Infrastructure Development Committee – 16 July & 10 September 2012

The Chairman presented the summary report. No questions were raised.

• To note the report of the meeting of 16 July and 10 September

CoG12.108 Strategic Integrated Governance Committee – 16 July, 13 August and 10 September 2012

The Chairman presented the summary report. No questions were raised.

Resolved

 To note the summary report of 16 July, 13 August and 10 September

CoG12.109 Equality and Diversity Committee – 25 July 2012

The Chairman presented the summary report. No questions were raised.

Resolved

To note the summary reports of 25 July 2012

CoG12.110 QuESt Committee – 19 July and 20 September 2012

The Chairman presented the summary report. No questions were raised.

Resolved

 To note the summary report of 19 July & 20 September 2012

CoG12.111 Executive Workforce Committee – 18 July 2012

The Chairman presented the summary report. No questions were raised.

Resolved

To note the summary report of 18 July 2012



ANY OTHER BUSINESS

None noted.

The Chairman closed the public meeting.

TIME, DATE AND PLACE OF NEXT MEETING

Thursday, 31 January 2013 @ 5.30pm, Lecture Theatre, Post Graduate Medical Centre