

# GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

## MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD IN THE LECTURE HALL, REDWOOD EDUCATION CENTRE, GLOUCESTERSHIRE ROYAL HOSPITAL ON WEDNESDAY 3 SEPTEMBER 2014 5.30 PM

THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE THE TRUST AS PART OF THE TRUST'S COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT 2000

<b>PRESENT</b>	Mrs P Adams	Staff, AHPs
	Dr D Beard	Public, Tewkesbury
Governors/ Constituency	Mr A Cieciora	Public, Stroud
	Dr S Cooke	Staff, Medical and Dental
	Mr T Goss	Public, Gloucester
	Mrs J Harley	Patient Governor
	Mrs J Hincks	Public, Cotswold
	Dr P Jackson	Public, Forest of Dean
	Mrs C Johnson	Public, Forest of Dean
	Mrs A Lewis	Public, Tewkesbury
	Mr J Marstrand	Public, Cheltenham
	Cllr B Oosthuysen	Appointed, Gloucestershire County Council
	Mrs M Phillips	Public, Cotswold
	Mrs D Powell	Public, Gloucester
	Dr A Seymour	Appointed, Clinical Commissioning Group
	Mr A Thomas	Public, Cheltenham
	Mrs R Ward	Staff, other non-clinical
Directors	Prof C Chilvers	Chair
	Dr F Harsent	Chief Executive
	Dr S Pearson	Director of Clinical Strategy
	Mr Eric Gatling	Director of Service Delivery
	Mrs M Arnold	Nursing Director
	Mrs H Simpson	Finance Director
	Mr D Smith	Director of Human Resources and Organisational Development
	Mrs M Bond	Non-Executive Director
	Mr T Foster	Non-Executive Director
	Mrs H Munro	Non-Executive Director
<b>IN ATTENDANCE</b>	Mr M Wood	Trust Secretary
	Mr F Hennessey	Interim Director of Estates and Facilities
	Mrs H Beer	Head of Patient Experience
	Mr C Macfarlane	Head of Communications
	Mrs V Mortimore	Divisional Nursing and Midwifery Director
<b>APOLOGIES</b>	Mrs S Attwood	Staff, Nursing and Midwifery
	Prof C Dunn	Public, Stroud
	Dr C Feehily	Appointed, Healthwatch
	Ms C McIndoe	Staff, other
	Dr S Elyan	Medical Director
	Mr G Mitchell	Senior Independent Director/Vice Chair
	Mr M Evans	Non-Executive Director
	Mr C Lewis	Non-Executive Director
<b>PUBLIC/PRESS/ OBSERVERS</b>	Mr N Webster	Citizen/Echo

**072/14 DECLARATIONS OF INTEREST**

There were none.

**073/14 MINUTES OF THE MEETING HELD ON 14 JULY 2014**

**RESOLVED:** That the minutes of the meeting held on 14 July 2014 are agreed as a correct record and signed by the Chair.

**074/14 MATTERS ARISING**

**116/13 Governor Sub-Committee Report – Quality Committee – complaints process:** The Chair reported that the Trust has been waiting for National Guidance on the complaints process but in the absence of that guidance it had been decided to present to the September 2014 meeting of the Council of Governors the Annual Complaints Report 2013/14. This to be in the form of a question and answer session together with the work which the Trust has been doing to look at our internal processes in the absence of a new national framework. It will cover how the Trust is learning from patient and carer feedback including complaints and the Friends and Family Test. The Trust Secretary was invited to send the link to the Annual Complaints Report as presented to the Main Board in June 2014. *This item appeared later in the Agenda. In response to a question from Mr Thomas, the Head of Patient Experience said that the national guidance is still awaited despite indications that it will be available in September 2014. The process will form part of the later Agenda item. Completed.*

**056/14 Governance and Nominations Committee:** The Chair said that research and development was to form part of the agenda for the meeting in September 2014. However, in the light of comments received this will now be presented to the Discussion Meeting in January 2015 to give sufficient time for discussion. *Completed.*

**075/14 EXTERNAL ASSURANCE ON THE QUALITY ACCOUNT 2013/14**

*(The Council of Governors considered this matter as the first substantive item of business)*

*(Mr John Golding, Grant Thornton, attended the meeting for the discussion of this item)*

Mr Golding presented the report providing an external review of the Quality Account 2013/14. The limited assurance engagement had been conducted in accordance with Monitor's guidance. He drew attention to the work which the external auditors had undertaken and the report provided a summary of the findings. The national indicators relating to C Difficile and cancer 62 days following urgent GP referral had been reviewed together with the local indicator relating to 18 week referral to treatment for admitted patients. Based on the results of the review, the external auditors were providing an unqualified opinion on the Quality Account. Mr Golding thanked Trust staff who had helped with the review.

Mr Thomas commented that he was satisfied with the review as a result of his membership of the Audit Committee.

The Chair thanked Mr Golding for his report.

**RESOLVED:** That the External Auditors assurance report on the Quality Account 2013/14 be noted.

## **076/14 REPORT OF THE CHIEF EXECUTIVE**

The Chief Executive presented his report and highlighted the following topics:-

- **Performance Overview:** During the last six years ED attendances had increased by approximately 2000 patients per month. Attendances are not spread out evenly throughout the day with the busiest period being from 6.00pm until around 11.00pm
- **Hereford Satellite Radiotherapy Unit:** The new facility began treating patients on 18 August 2014 providing a benefit to patients in that area following their initial planning session in Cheltenham. The Chair reported on the impressive facilities and good patient experience following her visit to the Unit.
- **Smartcare:** Ministerial approval to the project was now expected in November 2014 (from October 2014). The preferred supplier was already working with clinical staff on implementation planning.
- **Nurse Staffing:** The latest report shows that the Trust's position is in line with the benchmark.

During the course of the discussion, the following were the points raised:-

- Dr Beard enquired as to the necessity for the Trust to undertake a nurse recruitment exercise in the Philippines following similar exercises in the Spain, Portugal and locally. In response, the Chief Executive gave the context in that there is a generic turnover of staff of between 8% and 10% with nursing forming the largest part of the Trust's workforce. Nationally it is necessary to replenish nursing numbers as more are leaving than entering. There are insufficient nurses in the UK and hence it is necessary to recruit from overseas. A recruitment exercise is taking place in Spain during the second week of September 2014 with a similar exercise in the Philippines thereafter. The Trust is not reducing the supply of nurses in the native countries as there are unemployed nurses in both Spain and Portugal and the Philippines traditionally has a greater number of nurses than it requires. There is no discrepancy in training with nurses from the Philippines where English is their first language. The Nursing Director referred to the additional investment in nurse staffing approved by the Board. The University of West England has agreed to increase student numbers by 30 places with 84 places being available from September 2014 and 36 places in March 2015. She emphasised that the training programme is for three years. Nurses from overseas provide good patient care. Over time there will be less and less need to recruit nurses from overseas as the number of UK nurses increases.

The Chief Executive explained the background to the announcement of the creation of Physician Assistant posts to fill

the gaps in doctor vacancies as science graduates undergo a two year training programme. This will take around five years to come to full fruition. In the interim experienced nurses will be developed into Advanced Nurse Practitioners. It will provide an improved career pathway.

- Chrissie Johnson sought information on the funding focus from the Clinical Commissioning Group to reduce the number of patients attending ED and to reduce admissions. In response, the Chief Executive said that the Trust is supportive of this approach and the monies from ED which the Trust does not receive are being used for initiatives such as the Rapid Response Teams in Gloucester, Cheltenham and Tewkesbury. It is early days to assess the benefit of these schemes and those which work will be maintained.
- Dr Jackson referred to the increase in GP referrals which he considered worrying and asked for an indication of the position with the CCG to reduce demand. The Chief Executive replied stating this is a concern and the Trust is in a difficult position as it is not able to control referrals. Nonetheless the Trust is working with GPs through educational events to manage demand; for example, referring more cancer patients for test before consultant referral.

The Chair thanked the Chief Executive for his report.

**RESOLVED:** That the report be noted.

#### **077/14 QUARTER 1 PERFORMANCE**

The Finance Director presented the report on the Trust's performance as at the end of quarter 1 for 2014/15. She drew attention to the following:-

- The increasing number of GP referrals.
- The cancer 62 day cancer target following urgent GP referral had been achieved in advance of the plan of achieving the target in quarter 2.
- There are pressures impacting on ED performance which are also being experienced by other Trusts.
- The financial Continuity of Service rating remains at 3. There is further work to be undertaken but the Trust is on course to achieve level 3 at financial year end.
- C Difficile and MRSA performance are on track.
- The number of patients spending 90% of time on a stroke ward dipped below target in July 2014; however, the target was achieved for the quarter.
- The planned surveillance endoscopy patients performance was below target for the quarter. There is a focus to improve performance. Pressure remains in meeting the 18 week performance target. The performance target for two week waits for patients referred with non-cancer breast symptoms was not met mainly due to the increase in referrals.
- The main risks to the Trust are the number of GP referrals, the impact of the financial pressures and the impact of the operation of the emergency cap. The Trust is working with the Clinical Commissioning Group, Gloucestershire Care Services and GPs on demand management schemes.

During the course of the discussion, the following were the points raised:-

- Mr Marstrand referred to ED performance which was better than in some Trusts, However, he commented that the Q1 NHS average performance was 95% and the last time 95% was achieved across the Trust was in December 2013. Last September assurances were provided that plans were in place to meet the target despite winter pressures. He also referred to the Monitor intervention in 2012 and the comment it made about the lack of challenge from Governors. In response, the Finance Director said that the NHS England performance figures included Minor Injury Units which did not apply to the Trust. If applicable, performance would have improved. The Finance Director emphasised the very high levels of activity, the importance of system-wide schemes to reduce demand and the difficulties which the Trust is experiencing in recruiting middle grade doctors. The Chief Executive said that in July 2014 there were 900 more attendances than in July 2013 which equated to an average daily increase of 30 attendances which were not spread out evenly throughout the day. Throughout the summer months there had been on average 60 medically fit patients per day awaiting discharge. This causes difficulties with beds not being in the right place. The Trust is talking to Monitor to explain its internal plan and the actions being undertaken with partner organisations which is key to improving performance. The risks to the Trust are patient flow and medical staffing recruitment. He explained that nationally approximately 50% of ED Registrar posts are unfilled. There are also difficulties in recruiting to Physician Registrar post in ACU who perform a key role especially at night. The ED performance target had been achieved in August 2014 although he acknowledged that this is not a trend.
- Chrissie Johnson sought an explanation for the reasons why performance for the number of stroke patients spending 90% of time on a stroke ward had dropped in July 2014. The Director of Service Delivery said in response that there had been an increase in the number of patients with more staying in hospital longer. The pathway is being addressed to improve the position.
- Dr Cooke commented that if the Trust had not introduced the ED service reconfiguration then in his view performance would be much worse. The ED report presented to the Main Board contains more performance details and is available to Governors.
- Mr Thomas said that the presentation of the ED report provides an opportunity for collective Governor comment. The Chair explained that given the size of Council of Governors papers views had been expressed that less information should be presented to provide an opportunity for questions to be asked on the issues rather than the detail which is scrutinised by the Board. The Chair said that the Nursing Staffing report would be presented to Governors periodically.

The Chair thanked the Finance Director for the report.

**RESOLVED:** That the Q1 performance report be noted.

## **078/14 REPORT OF THE CHAIR OF THE SUSTAINABILITY COMMITTEE**

The Chair of the Sustainability Committee, Mrs Maria Bond, gave a

presentation on the work of the Sustainability Committee which had been circulated separately to Governors.

During the course of the discussion, the following were the points raised:-

- In response to a question from Mr Marstrand about the savings from the carbon energy project, the Interim Director of Estates and Facilities said that the Trust spends around £5m per annum on energy and utilities and the savings are in the order of £2m per annum. The recycling of waste also produces savings. The Finance Director said that utility costs are increasing by between 7% and 9% per annum and the project will be beneficial.

The Chair thanked Mrs Bond for her presentation.

**RESOLVED:** That the presentation be noted.

#### **079/14 COMPLAINTS AND CONCERNS ANNUAL REPORT 2013/14**

The Head of Patient Experience presented the Annual Complaints and Concerns Report for 2013/14. She and Mrs Vivien Mortimore, Divisional Nursing and Midwifery Director gave a presentation setting out the complaints process in Women and Children's Division which had been circulated separately to Governors.

During the course of the discussion, the following were the points raised:-

- The Head of Patient Experience invited Governors to contact her separately if they wished to discuss the Annual Report or the complaints process in more detail.
- Mrs Lewis asked what process is followed when there is insufficient information to determine the nature of a complaint. The Head of Patient Experience said in response that clarification is sought from the complainant. In many instances a meeting is held with the complainant to explain the results of the investigation especially where the complaint is partially or not upheld. Experience demonstrated that this provided a better outcome for complainants.
- In response to questions from Mr Thomas, the Head of Patient Experience confirmed that the complaints process was the same for all Divisions. PALS is a separate service from complaints with the aim of resolving concerns. PALS deals with approximately 2,000 concerns per annum. Concerns are logged on the datix system. Comments are not recorded. Some concerns may become complaints and PALS is key to resolving issues.
- Dr Beard commented that the County is a diverse community and he asked if there is any difference in complaints from different parts of the County, for example, Gloucester City. The Head of Patient Experience said in response that this data are not captured. However, the Trust is working on capturing ethnic diversity and the introduction of Smartcare will be of assistance in this regard. The Divisional Nursing and Midwifery Director said that the Division looks for trends and she is not aware of any such trends. Mr Marstrand suggested that ethnicity should be captured at the time of submission of complaints. The Head of Patient Experience said that such information is captured in North Bristol through its online complaints facility although care is needed as to how these data are analysed.

- Mr Marstrand enquired if any of the 837 complaints received were received through the PALS route. He expressed concern that the Trust might be receiving complaints that way. In response, the Head of Patient Experience said that PALS deal with concerns and complaints are dealt with separately. All complaints are captured and all the information is set out in the Annual Complaints and Concerns report.

The Chair thanked the Head of Patient Experience and the Divisional Nursing Director for their presentation and report.

**RESOLVED:** That the presentation and the Annual Complaints and Concerns Annual Report 2013/14 be noted.

*(The Chief Executive, Mrs Hincks and Mrs Phillips left the meeting)*

#### **080/14 REPORT OF THE CHAIR OF THE QUALITY COMMITTEE**

The Chair of the Quality Committee, Mrs Helen Munro, gave a presentation on the work of the Quality Committee which had been circulated separately to Governors. She emphasised that the patient is at the centre of the Committee's work. Her major concern is the suitability of the Trust's estate.

The Chair thanked Mrs Munro for her presentation.

**RESOLVED:** That the presentation be noted.

#### **081/14 GOVERNOR ELECTIONS**

The Chair presented the report formally notifying the Council of the results of the Governor elections held earlier in the year.

**RESOLVED:** That the report be noted.

#### **082/14 ELECTION OF LEAD GOVERNOR**

The Chair presented the report on the arrangements for the election of Lead Governor. There were two nominations and the closing date for voting is 10.00am on Friday 5 September 2014. The outcome of the election will be circulated later on 5 September 2014. She urged those Governors who had yet to vote to do so.

**RESOLVED:** That the report be noted.

#### **083/14 ELECTION OF GOVERNORS TO SERVE ON THE GOVERNANCE AND NOMINATIONS COMMITTEE**

The Chair presented the report saying that four nominations have been submitted from Governors to serve on the Governance and Nominations Committee. The election was dependent upon the outcome of the election for Lead Governor and the outcome of that election is awaited which will determine whether an election is necessary for Governors to serve on the Governance and Nominations Committee.

**RESOLVED:** That the report be noted.

#### **084/14 APPOINTMENT OF GOVERNORS TO SERVE ON COMMITTEES**

The Chair presented the report inviting the Council to approve the appointment of Governors to serve on Committees as set out in the appendix to the report. She invited any Governor not satisfied with the allocation to e-mail her.

**RESOLVED:** That the Governor appointments to Committees be approved as set out in the appendix to the report.

#### **085/14 UPDATE FROM GOVERNORS ON MEMBER ENGAGEMENT**

The Chair invited Governors to provide an update on member engagement which they had undertaken.

Mrs Chrissie Johnson said that she had visited the Forest Health Forum on 2 September 2014 where ED and patient transport had been discussed. Anthony Walsh, General Manager of Outpatients, is to speak at the Annual General Meeting on the appointments system and discharges. She will provide the Trust Secretary with a written report for circulation. She will provide membership forms at the Forest Sensory Forum and Bridges Centre.

CJ

The Chair thanked Mrs Johnson for her update.

#### **086/14 REPORT OF THE SOUTH WEST GOVERNOR EXCHANGE NETWORK**

**RESOLVED:** That the report of the meeting of the South West Governor Exchange Network meeting held on 22 July 2014 be noted.

#### **087/14 GOVERNOR QUESTIONS**

None submitted.

#### **088/14 ANY OTHER BUSINESS**

There were no further items of business.

#### **089/14 DATE OF NEXT MEETING**

The date of the next Council of Governors meeting will be held in the Lecture Hall, Sandford Education Centre, Keynsham Road, Cheltenham on Monday 10 November 2014 commencing at 5:30pm.

#### **090/14 PUBLIC BODIES (ADMISSION TO MEETINGS) ACT 1960**

**RESOLVED:** That under the provisions of Section 1 (2) of the Public Bodies (Admissions to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the ground that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

The meeting ended at 7.14 pm.

**Chair  
10 November 2014**