MEETING OF COUNCIL OF GOVERNORS HELD ON WEDNESDAY 14TH JANUARY 2015 IN THE LECTURE THEATRE

Chair: Martin Havenhand, Trust Chairman

Public Governors:
- Terry Barker, Public Governor for Rotherham South
- Jean Dearden, Public Governor for Wentworth South and Lead Governor
- Bridget Dixon, Public Governor for Rother Valley South
- Leslie Hayhurst, Public Governor for Wentworth South
- Graham Jenkinson, Public Governor for Wentworth Valley
- Anne Selman, Public Governor for Rotherham North
- Cynthia Shaw, Public Governor for Wentworth North
- Dennis Wray, Public Governor for Rother Valley West
- Mr AA Zaidi, Public Governor for Rotherham South

Staff Governors:
- Firas Al-Modaris, Staff Governor for Medical and Dental
- Catherine Ripley, Staff Governor for Other Health Professionals
- Fiona Smith, Staff Governor for Professional Nurses & Midwives
- Tina Senior, Staff Governor for Support Staff to Health Professionals

Partner Governors:
- Keely Firth, Partner Governor for Rotherham CCG
- Jean Flanagan, Partner Governor for Sheffield Hallam University

Apologies:
- Azizzum Akthar, Partner Governor for REMA
- Ann Ashton, Public Governor Wentworth North
- Sylvia Bird, Public Governor for Rotherham North
- Carole Haywood, Partner Governor for Rotherham Partnership
- Sandra Lewis, Staff Governor for Other Staff Class
- Arshad Majid, Partner Governor for Sheffield University
- Gavin Rimmer, Public Governor for Rother Valley South
- Janet Wheatley, Partner Governor for Voluntary Action Rotherham

Members of the Board of Directors and other Trust staff in attendance:
- Gabby Atmarow, Non-executive Director
- Joe Barnes, Non-executive Director
- Louise Barnett, Chief Executive
- Mark Edgell, Non-executive Director
- Lynn Hagger, Non-executive Director
- David Hicks, Director for Diagnostics and Support/Acting Medical Director
- Chris Holt, Chief Operating Officer
- Tracey McErlain-Burns, Chief Nurse
- Barry Mellor, Non-executive Director
- Lisa Reid, Head of Governance

Apologies received from Board members:
- Alison Legg, Non-executive Director
- Donal O’Donoghue, Interim Medical Director
- Lynne Waters, Executive Director of HR
2015/01  WELCOME AND ANNOUNCEMENTS

The Chairman welcomed all those present to the meeting.

2015/02  QUORACY CHECK

The meeting was confirmed to be quorate.

2015/03  DECLARATION OF INTEREST

There were no new general declarations of interest to be made or any pertaining to any agenda item to be considered at the meeting.

2015/04  MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 15th October 2015 were AGREED as a correct record.

2015/05  MATTERS ARISING & ACTION LOG

i.  Company Secretary Report (minute 59/14 refers)

Miss Dearden indicated that the results of the Governors Survey had not been discussed at the November Forum as only 6 Governors had been present. Additionally, the Council of Governors wished it to be noted that they had not been clear at the time that the survey had to be repeated if previous responders were also required to recomplete the process. Mr Barnes, Non-executive Director Chair of the Audit Committee confirmed that both the original and subsequent survey results had been considered by the Committee and therefore the view of all responders had been taken into account.

ii.  Action Log

The Council of Governors action log was RECEIVED and NOTED with a number formally closed.

2015/06  CARE QUALITY COMMISSION VISIT – INSPECTION FRAMEWORK

The Council of Governors welcomed to the meeting Mrs Reid, Head of Governance who was in attendance to provide for members details of the Care Quality Commission announced inspection which would take place the week commencing 23rd February 2015.

A copy of the presentation material is attached as appendix 1.

2015/07  CHAIRMAN’S REPORT

The Chairman reported that Mr John Barber, Public Governor for Wentworth Valley who had been elected in June 2014 had resigned in order that he could take up a post at the Rotherham Clinical Commissioning Group.
The request to Monitor to consider lifting of the Board governance enforcement undertakings had been signed off by the Chief Executive. It was anticipated that a formal decision would be made within the month.

2015/08

**CHIEF EXECUTIVE’S REPORT**

i. December Trust Board Report and Update

The Council of Governors RECEIVED and NOTED the Chief Executive report which had been submitted to the December 2014 Board of Directors meeting. Mrs Barnett provided an update in relation to a number of the issues contained within the report.

The Moving Forward Together sessions continued to a useful mechanism to engage with staff and was providing to be a source of feedback from staff.

The business planning process was underway and continued to be centred around the previously stated aim of remaining a standalone organisation with collaboration as appropriate. Subject to Board approval the five strategic objectives would continue to maintain momentum.

Confirmation had been received from Monitor that the Trust had completed all regulatory requirements in relation to the Emergency Centre which would enable the project to proceed.

A meeting had been held with the new chair of the Health Select Commission and these informal meetings would continue in addition to formal attendance at the Commission to provide updates on Trust activities and therefore ensure public accountability.

The national staff survey had closed, with 44% of staff having completed the survey. The results would be made available in February.

Flu vaccinations rates currently stood at 69% with a target of 75%.

The Trust had been under significant pressure in recent weeks in relation to the A&E 4 hour wait, which mirrored the national position. The Trust had been working collaboratively with the Commissioners to ensure extra measures were in place which were having a positive impact. Mr Hayhurst questioned if there were difficulties at the end of the patient pathway in relation to discharge. Mrs Barnett confirmed that the Trust did have patients considered medically fit for discharge who still occupied a bed and current processes had been identified which could be improved. Mrs Flanagan questioned the provision of paediatric care nurses in the emergency dept, with Ms McErlain-Burns confirming that there was sufficient for one per shift.

Dr Al-Modarisi commented that during the recent pressures the medical staff had appreciated senior management being hands on in
addressing the challenges. Mr Havenhand indicated that this statement provided assurance for the Board and Governors that positive changes were being seen within the organisation.

Mrs Shaw questioned if staff moral had improved due to the communication mechanisms in place and the establishment of the permanent management team. Mrs Barnett indicated that there was now continuity which would support engaged and accountable colleagues. While it was considered that the position was improving this may not necessarily be reflected in the staff survey results.

Ms Smith commented that a big challenge will be when staff on long term sick leave returned to work and being able to demonstrate that the Trust had a different culture.

ii. Integrated Performance Report

The Council of Governors RECEIVED and NOTED the integrated performance report which had been considered at the December 2014 Board of Directors meeting.

iii. Cancelled Appointments/DNAs Trust Board Report

The Council of Governors RECEIVED and NOTED the report which had been considered at the December 2014 Board of Directors meeting. The report outlined current performance for a number of specialities and action being taken to improve the position.

Mr Holt indicated that although the rate of cancelled appointments had not significantly increased over the last eighteen months it was an important issue for patients and a high area for complaints. In addition there was a financial and workload implications for the Trust.

Cancelled appointments were a mixture of those being cancelled by the Trust and those being cancelled by patients which may be due to personal circumstances or as a result appointments offered by the Trust not being convenient to the patient.

Four key actions would be taken forward
- A better understanding of benchmark rates
- Better reporting and tracking of rates
- Building into performance review regime
- Robust escalation protocols around cancellations

Did Not Attend (DNA) rates were another area were action was being taken to lower the rates. The reasons for DNAs were multifactorial and as a result a number of different approaches were being taken including text reminders, a review of new to follow up rates and whether patients required continued review in a clinical environment or whether other options were available.
Mr Zaidi suggested that consideration could be given to overbooking clinical sessions to compensate for any patients who did not attend.

Mrs Flanagan commented that as a result of the review of the position there also were a number of positive reasons for cancelling appointments as detailed within the report and the work undertaken had provided clarity on the position.

Mr Barnes indicated that the Non-executive Directors had found the report helpful when submitted to the Board and suggested inclusion of repeated cancellations by patients as one of the escalation criteria.

Discussion ensued regarding continued responsibility for patients whose appointments were cancelled by the Trust and the requirement for improved information within cancellation letters regarding seeking medical advice between appointments should they feel unwell. The Council of Governors also commented that where possible the letters should be personalised.

The Council of Governors NOTED the report and the continued monitoring of the position.

iv. Update on Nurse Recruitment & Support Council of Governors can provide to overseas recruits

Ms McErlain-Burns provided an update in relation to nurse recruitment.

A rolling generic advertisement continued to provide limited success. Recent overseas recruitment campaigns had led to formal offers of employment being made to eighteen Spanish nurses and a further campaign was planned for Eastern Europe.

The Trust would welcome the support of the Council of Governors in providing reassurance to the members of the community that any overseas recruits were qualified and capable nurses who had been employed following a rigorous recruitment process.

A number of mentoring and leadership programmes were being established which it was anticipated would support future recruitment. As a result of feedback a number of flexible community nursing working patterns would be advertised. It was anticipated that this would attract more candidates than if they were advertised as full time posts.

v. Update on Child Sexual Exploitation

Ms McErlain-Burns provided an update in relation to actions being taken as a result of the Jay report.

The strategy remained in relation to prevention and pursuing the perpetrators. The Children’s Commissioner had been invited to
Rotherham, and the first Improvement Board meeting had been held in early January. This Board would drive rapid improvement. The new Director of Children’s Services at RMBC had commenced in post.

Within the Trust, due to absences within the safeguarding team there had been a need for less reliance on this central team and increased robustness across specialities. This was seen as a positive that areas were increasing their own knowledge and awareness.

2015/09 COMPANY SECRETARY REPORT

The Council of Governors RECEIVED and NOTED the Company Secretary report which provided an update on a number of issues including forthcoming Governor elections, the Lead Governor position, information to be routinely circulated to Governors and the business planning timetable with input from the Council of Governors to be undertaken at the April 2015 meeting.

2015/10 REPORT FROM NON-EXECUTIVE DIRECTOR CHAIRS OF BOARD COMMITTEES

i. Finance and Investment Committee

Mr Mellor, Non-executive Director Vice Chair of the Committee provided an update on discussions held at the December meeting. The main issues of note were:

- Expenditure continued to be reported on a monthly basis with year-end forecasting. Four directorates were forecasting overspend, however the Trust was still planning to deliver a small surplus.
- The capital programme currently was £1m underspent with plans to bring forward a number of schemes from 2015/16
- Good progress continued in relation to the cost improvement targets with the target remaining to achieve £10.9m
- The joint pathology services with Barnsley had an outstanding debt of £300k. The issue had been escalated to the Chief Executive to discuss with her Barnsley counterpart in order to resolve the current issue and ensure clarity for the new financial year. The issue would be further discussed at the January Finance and Investment Committee.

Mr Zaidi, Public Governor for Rotherham South, left the meeting at this point.

ii. Quality Assurance Committee

Mr Edgell, Non-executive Director Chair of the Committee provided an update on discussions held at recent meetings. The main issues of note were:

- Nurse staffing levels continued to be monitored and there remained significant challenges in relation to recruitment, retention and sickness.
• Staffing levels for other staff groups were also routinely monitored
• Actions to address cancellation of appointments and Did Not Attend (DNA) rates, which have been raised by the Governors at a number of meetings, were being monitored.
• The process in relation to readmission rates and mortality raised as part of the Intelligent Monitoring report had been agreed
• The complaints response times had been discussed and targets set to ensure that the timeframes were achieved as currently they were poor. Mrs Shaw questioned why they were not being achieved with Mr Edgell indicating that they needed to be prioritised and acted upon in a prompt manner which was not always the case. It was suggested and agreed that further information on complaints be provided for a future meeting.

ACTION – ME/TMB

iii. Strategic Workforce Committee

Mr Mellor, Non-executive Director vice chair of the committee updated members on discussions held at recent meetings. The main issues to note were:

• Job planning had been completed for 70% of the medical staff. The interim Medical Director had been asked to review the process which had been undertaken and the changes which would be implemented going forward which were to be provided for the February meeting.
• Nursing and Midwifery recruitment continued to be monitored with the latest position having been reported by Ms McErlain-Burns earlier in the meeting.
• Sickness absence continued to be monitored and it was disappointing that despite actions being taken current data did not appear to reflect the actions being taken. A review of the action taken to date and alternative options would be provided by the end of the financial year
• E-rostering was being considered by the Committee, with a business case continuing to be developed. Mr Wray who had been an observer to the recent meeting commented that he perceived there were similarities to the Electronic Patient Record, in that the solution was being progressed rather than determining the exact requirements. The Council of Governors indicated that this should be formally escalated to the Board of Directors.

ACTION – MH

iv. Audit Committee

Mr Barnes, Non-executive Director chair of the Committee, provided an update on the discussions which had taken place at the meeting held on the previous day.

The new Internal Auditors continued to be making a positive impact. However, an issue had been raised whereby Trust officers were not responding in a timely manner to requests for management’s responses.
It was reported that Mrs Reid, Head of Governance, had reviewed outstanding audit recommendations over the last three years, which will be monitored to ensure that they were actioned as it was not acceptable that they were not be completed.

In relation to the financial systems/controls issues discussed at the last meeting, Mr Sheppard had produced a schedule to ensure these were actioned in a timely manner.

v. External Audit Contract

At this point in the meeting the Council of Governors took the opportunity to consider a report which had been tabled at the meeting which reflected the discussion which had taken place at the Audit Committee on 13th January 2015.

The Council of Governors was informed that the current contract for the provision of an External Audit service expired in October 2015 with an option to extend for a further one year period. The Audit Committee had considered the position and in order to maintain continuity and organisational memory in light of recent new appointments recommended that the one year contract option be taken forward. It was reported that all the Non-executive Directors had been informed of the discussion by the Audit Committee and were supportive of the recommendation as were a number of Executive Directors.

The Council of Governors AGREED the recommendation from the Audit Committee that subject to further commercial discussions the contract for the External Audit service be extended for a further one year period. At the conclusion of that extension the service would be formally tendered.

2015/11 QUALITY ACCOUNTS – GOVERNOR PRIORITIES

The Council of Governors RECEIVED and NOTED the report which outlined the process for the Quality Accounts 2014/15.

The Council of Governors NOTED the long list of quality improvement priorities which were recommended for inclusion following consultation from such as the Patient Safety and Experience Governor Group which would be considered by the Quality Assurance Committee. The two recommendations from the Governor Group were prevention of delayed discharges from hospital and reduction of maternity mortality and morbidity.

The Council of Governors NOTED the required assurance process to be undertaken by the Trust’s external auditors.

The Council of Governors NOTED the report and CONFIRMED their SUPPORT to the priority being prevention of delayed discharges from hospital.
2015/12  GOVERNORS ENGAGEMENT STRATEGY

The Council of Governors formally RATIFIED the Governor Engagement Strategy 2014-15 which had been considered at the joint Board of Directors and Council of Governors meeting on 16th December 2014.

2015/13  MINUTES AND ESCALATIONS FROM COUNCIL OF GOVERNORS COMMITTEES

i.  Patient Safety and Experience Governor Group

The Council of Governors RECEIVED and NOTED the draft minutes from the meeting held on 10th December 2014. It was NOTED that the meeting had not been quorate, based on the current terms of reference, in respect of management attendees.

ii.  Membership Development Group

The Council of Governors RECEIVED and NOTED the draft minutes from the Membership Development Group meeting held on 20th November 2014.

iii.  Nominations Committee

The Council of Governors RECEIVED and NOTED the draft minutes from the Governor’s Nomination committee meeting held on 18th November 2014.

It was NOTED that chronological order of retirement dates under minute 28/14 would need to be amended before approval at the next Governors’ Nomination Committee in March.

ACTION - AM

2015/14  MATTERS ARISING FROM GOVERNORS FORUM

Miss Dearden provided an update in relation to some of the topics discussed at recent Governor Forums which included:

- Mr Barnes had attended the November meeting to discuss the role of the Audit Committee. Disappointingly attendance had been low at the session
- Mrs Atmarow would be attending the 11th February Forum to discuss the role of the Senior Independent Director (SID)

Governors were reminded of the benefits to be gained by attending the Forum sessions as a means of supporting development.

2015/15  ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS

The e-rostering position would be escalated to the Board of Directors.
2015/16 CALENDAR OF BUSINESS FOR COUNCIL OF GOVERNORS

The Council of Governors RECEIVED and NOTED its calendar of business/forward planner.

2015/17 QUESTIONS FROM ANY MEMBER OF THE PUBLIC PRESENT AT THE MEETING

There were no members of the public present to ask questions.

2015/18 ANY OTHER BUSINESS

The dates of board committees would be discussed at the next Forum to ensure that two Governors attend these meetings to observe proceedings and gain assurance that the Board and the Non-executive Directors were fulfilling their duties.

015/19 DATE OF NEXT MEETING

The next meeting of the Council of Governors would be held on Wednesday 8th April 2015.
CQC Inspection Framework

Presentation to the Council of Governors
14th January 2015

Lisa Reid
Head of Governance

3 phases of the CQC’s inspection framework

1. Preparation and information gathering
2. On site inspection
3. Report and Quality Summit

Preparation & information gathering

- Possibility of unannounced inspections in and out of hours
- CQC pull together data on Trust to inform their inspection from:
  - Information provided by Trust in response to CQC’s formal information request
  - Intelligent Monitoring reports
  - Complaints / whistleblowing allegations
  - Intelligence from other regulators suggesting concerns / risks
  - Data from previous CQC inspections and quarterly engagement meetings
  - Commissioners
  - Users and their representatives (e.g. Local HealthWatch)
  - Local organisations and community groups
  - Progress with CQC Outlier alerts
Preparation & information gathering

- Partner organisations:
  - Regulators including professional regulators e.g. GMC and NMC
  - Royal Colleges
  - Parliamentary & Health Service Ombudsman
- Meeting with Chief Executive to identify aspects of care to be reviewed at inspection
- Case tracking of patients with complex needs or who are vulnerable
- Quality Governance:
  - What systems are used? How effective are they to embed learning and improvement? How well does the Trust monitor quality of care and identifies, assesses and manages risk through Board of Directors and Board committees?
- Safety alerts and Serious Incidents

On site inspection

- 2 to 4 days onsite inspection across acute and community services
- Large (c. 50 – 70 people per) inspection team; we will have 2 inspection teams
- Day 0:
  - Briefing and planning session for inspection team
  - 30 minute presentation from Chief Executive to inspection team
- Days 1 to 4:
  - Inspectors visit locations across hospital and community sites to:
    - Observe care
    - Pathway track patients through their care
    - Inspect care environments
    - Review records
  - Further data / information requests, inspectors review policies and other documents

On site inspection (2)

- Interviews with Board members and senior managers
- Focus groups with front line staff and Governors
- Interviews, focus groups, public listening events with users
- Online survey for staff
- Unannounced inspections in and out of hours
- Feedback at end of inspection:
  - To Chief Executive, Chairman and any other members of Board of Directors
  - High level only, no indication of ratings will be given
Report & Quality Summit

- Inspection report
  - TRFT has 10 working days to review draft report for factual accuracy
  - Trust will receive final report before the Quality Summit

- Quality Summit
  - Involves Trust and partners in the local health economy e.g. commissioners and those providing scrutiny of health services in the local area
  - Purpose is to:
    - Agree a plan of action and recommendations based on the inspection report
    - Challenge whether the Trust’s quality improvement plans are adequate or not
    - Decide whether support should be provided to the Trust from other stakeholders (e.g. commissioners) to help improvement

Quality Summit (2)

- The inspection team present their findings.
- The Trust responds to the findings.
  - Trust and partner organisations identify and agree any action that needs to be taken from the report.
- After the Quality Summit CQC creates a high-level action plan.
- TRFT and its partners then have to develop a more detailed action plan within 1 month of the Quality Summit.
- The inspection report, ratings and data pack will be published on the CQC website soon after the Quality Summit.
- The Trust is encouraged to publish its action plan on its own website.

HOW WILL THE ORGANISATION BE ASSESSED?
Core Services to be inspected

- Urgent and emergency services
- Medical care including elderly people’s care
- Surgery
- Critical Care
- Maternity & Gynaec
- Services for children and young people
- End of life care
- Outpatients & diagnostic imaging

PLUS:
- Core services the CQC will always inspect for community health services
  - Community health services for adults
  - Community health services for children, young people and families
  - Community health midwifery services
  - Community end of life care

Services to be inspected will be chosen at random, because of concerns, because they have never been inspected before or not for a long time or because the quality of care may be outstanding.

5 key questions

Services are assessed by the CQC against their 5 key questions:

- Q1. Are the services safe?
- Q2. Are the services effective?
- Q3. Are the services caring?
- Q4. Are the services responsive to people’s needs?
- Q5. Are the services well-led?

Key Lines of Enquiry (KLoE)

- KLoE are the standardised way in which inspectors assess the answers to the CQC’s 5 key questions
- There are a number of prompts under each KLoE
- Evidence from the following sources is used to answer the KLoE:
  - Information from relationship management with Trust and with other key stakeholders
  - Other nationally and locally available information (e.g. that included in CQC data packs)
  - Information from pre-inspection phase (e.g. case note tracking of complex patients, how Trust deals with complaints and concerns raised by users)
  - Information from the inspection itself
Ratings: location / service

CQC ratings are:

🌟 Outstanding
● Good
● Requires Improvement
● Inadequate

The Trust will receive ratings for:

- Each Core Service
- Each Location
- Each Key Question
- The whole Trust

Further Information

- Tracey McErlain-Burns, Chief Nurse
  - x4500, tracey.mcelain-burns@rothgen.nhs.uk
- Lisa Reid, Head of Governance
  - x7747, lisa.reid@rothgen.nhs.uk
- Briefing document on CQC’s Provider Handbooks
- CQC Provider Handbooks for acute hospitals and community health services
  [Link](http://www.cqc.org.uk/announcements/documents%20and%20databases/locition=x&print=1&start_distance=15&mode=all)