

Joint Council of Governors and Board of Directors Meeting

Thursday 23rd October 2014

Present:	Tim Melville-Ross	Chairman
	Stuart Maxwell	Public Governor
	Jess Brand	Public Governor
	Patricia Bennett	Public Governor
	John Bootes	Public Governor
	Wayne Head	Public Governor
	Christopher Sills	Public Governor
	Hilda Walsh	Staff Governor
	Marion Rabinowitz	Staff Governor
	Suri Freedman	Public Governor
	Julia Bennett	Public Governor
	Paul Ashton	Public Governor
	Dr Gary Marlowe	Partner Governor
	Danny Turton	Public Governor
	Siva Anandaciva	Public Governor
	Charlotte Adeniregun	Staff Governor
	Caroline Bowring	Staff Governor
	Ben Hayhurst	Partner Governor
	Suzanne Levy	Staff Governor

In Attendance:

Tracey Fletcher	Chief Executive
Sheila Adam	Chief Nurse & Director of Governance
Dr Martin Kuper	Medical Director
Dylan Jones	Chief Operating Officer
Polly Weitzman	Non-Executive Director
Susan Osborne	Non-Executive Director
Osian Powell	Divisional Operations Director, IMRS (item 5)
Sam Armstrong	Interim Head of Corporate Governance (minutes)

1. Chairman's welcome

Tim Melville-Ross welcomed Governors to the meeting. He particularly welcomed Ben Hayhurst, Partner Governor, Suzanne Levy, Staff Governor and Danny Turton and Siva Anandaciva, Public Governors, to their first meeting.

2. Declarations of Interest

Ben Hayhurst declared that he was vice chair of the Health in Hackney Scrutiny Commission.

Siva Anandaciva declared his work with the Foundation Trust Network (FTN).

3. Apologies:	Claudine Matthews	Staff Governor
	Helena Charles	Public Governor
	Joe Lobenstein MBE	Public Governor
	Talaat Qureshi	Public Governor

4. Minutes of the Council of Governors meeting 17th July 2014

The minutes of previous Council of Governors' meeting were agreed as a correct record of the meeting.

5. Minutes of the Annual Members Meeting

The minutes of the Annual Members Meeting of 11th September 2014 were agreed as an accurate record of the meeting, subject to John Bootes being recorded once 'as present'.

6. Review of Discharge Arrangements

Osian Powell presented an overview of the discharge procedure within the Trust. It was noted that good discharge performances ensured appropriate patient flow, which was essential to safety & performance, achieved efficiency by reducing unnecessary hospital stays, contributed to a positive patient experience and minimised readmission to hospital.

Decline in A&E performances across London, and related bed use, were noted; timely discharges supported A&E. Improvements to discharge more patients before midday and to ensure patients know who to contact regarding their discharge, were underway. An update on work completed and new initiatives to improve discharge were presented. The complexity of any discharge process was noted. The Trust was in the process of appointing a manager of the integrated discharge team.

Governors asked a series of questions, which elicited that following responses for noting:

- there was a lower discharge rate on weekends due to fewer staff being on the wards at that time, however plans were underway to ensure senior nurse and pharmacy provide same cover as for weekdays;
- discharge performances and outcomes were a quality priority for the Trust for 2014/15;
- integration between the Trust and community and the addition of a hospital social worker would provide better communication channels and influence to achieve better accommodation options for elderly discharge patients, an additional workstream was also underway to provide support to Reablement and Intermediate Care Services (RICS);
- consultant reviews of patients for discharge on the weekend are particularly challenging as they are already working to capacity at present. The Trust was investigating the possibility of additional senior medical staff to assist discharge reviews;
- the Trust had been piloting discharge programmes – each ward would have a discharge coordinator identified and associated with it, however it will not

have a dedicated person exclusively assigned to it, the condition of the patient will determine where they are initially placed; it was hoped that enhanced intermediate care beds would be available in 12 months, which will help;

- those patients not accessed by RICS would have home support;
- to increase staff capacity, the Trust had additional staffing hours and would test results over winter – staff were given the option of overtime and recruitments options were also available to the Trust;
- possible challenges to quality existed with seven-day working, which the Trust would monitor to ensure this is appropriately managed;
- transport had tended to arrive at the right time for when needed to transfer a patient, if booked in advance, however further work to achieve improvements continued;
- there have been some issues when discharging patients after 8.00 p.m., however the practise was generally avoided unless it was patient requested; improvements were being pursued.

It was pointed out by Dr Marlowe that, to his knowledge, Homerton Hospital generally kept local GPs well informed of discharges.

Good results are possible on the weekend with an appropriate plan rather than exclusively raising the number of staff available.

It was suggested that some work to link care plans to community work be undertaken. It was pointed out that if emergency demands continued to rise then efficiencies would be needed to maintain the current position. The ideal bed utilisation would be 85%.

The Council of Governors noted the presentation and it was agreed to receive an update on progress in six months.

7. Duty of Candour

Tracey Fletcher presented on duty of candour and how the Trust ensured this is achieved. It was noted that the process had come from the Care Quality Commission (CQC) out of the Mid Staffordshire NHS Foundation Trust Public Inquiry. It required the Trust to volunteer information and provide an apology to a patient or carer if a mistake happened, as soon as the Trust was aware; it also required a thorough follow up written account. It was reported that the Trust had been open, transparent and adherent to the principles of candour for a long time before the recommendations. The Trust had a good record of reporting incidents.

In answer to a question, it was noted that the Trust was investigating how best to report instances of candour, there was, however, strong encouragement for incidents to be reported. It was confirmed that incidents could be reported from patients and carers to staff, through complaints and PALs. In answer to a question it was confirmed that incidents were reviewed in order to consider lessons and that an in-depth process is undertaken for all serious incidents. In response to a comment, it was confirmed that staff were encouraged to include carers where possible and not just when required.

The Council of Governors noted the presentation.

8. Governors Education and Training Programme

The contents of the paper as a foundation for future training developments were noted. The Council recognized that development needs are individual and a programme was not an indication that anyone particularly needed training. It was understood that a skills audit was being produced by the Lead Governor, who would report back in due course. In the meantime, Governors could request individual training if they felt they needed it.

The Council of Governors noted the report.

9. Committee Memberships

Tim Melville-Ross asked Governors to consider putting themselves forward for membership of the Remuneration Committee, which was due to meet soon. It was confirmed that six members would be needed.

It was noted that the Nominations Committee met last year, however as some members of the Committee are no longer governors, a request for those willing to serve on this Committee was also put. It was agreed that those current Governors on the Committee could remain if they wished and new members would be recruited at the same time as for the Remuneration Committee.

It was agreed that a follow up request would be made, with those interested in placing their names forward could respond to.

10. Any Other Business

John Bootes raised a number of issues for discussion.

It was agreed that governors would be invited to join ward rounding visits. After a discussion regarding appropriateness of Governors to approach and talk with patients during the visits, it was agreed that, to ensure patient confidentiality was not breached, that guidance would be developed by Martin Kuper and presented to the governors.

It was noted that governors would be keen to receive further training related to foundation trust governance and that the FTN could deliver training at a Council of Governors meeting in the future.

A question was taken on notice about the process for the FTGA joining the FTN and what role the Trust played, as a member, in this decision.

It was agreed to add abstracts for long papers for the Council of Governors meetings and with papers and presentation, graphs to be better explained, used more sparingly and acronyms to be expanded.

It was agreed to add governors to the mailing list for the monthly team briefs.

It was reported by Stuart Maxwell that Hackney Disability BackUp (HDBU) were inclined to recommend to disabled people to avoid Homerton Hospital as the toilette facilities were thought to be inadequate. It was agreed that Stuart Maxwell, with Tracey Fletcher, would facilitate a meeting between the Trust and HDBU.

It was suggested that Governors should have a presence at the City and Hackney CCG event in November, as they would be discussing their commissioning intentions at the meeting.

In answer to a question regarding the Hackney Gazette article on maternity deaths, it was clarified by Martin Kuper that there had been four maternal deaths over a two-year period; all had been investigated with one to be finalised. The CCG investigation concluded there were no systemic failings or problems. The Trust received a high proportion of mothers with risk factors, approximately 40%, which was indicative of the high risk population the hospital covers. The deaths were not related to each other, however the Trust is investigating if any themes existed.

In answer to a suggestion about placing the outcomes of the investigations in the press, Martin Kuper confirmed that the Trust does not control how the media wish to present stories, however once all investigations are completed, the Trust will release appropriate information on them. In response to a question, Martin Kuper confirmed that maternity activity appears to be growing in the area.

In response to a question regarding the Trust's preparedness for possible ebola patients, Martin Kuper confirmed that nationally set procedures are in place and the Trust has a plan to follow these. The Royal Free London NHS Foundation Trust had the isolation unit for any confirmed cases. The Trust had been conducting practise exercises to be ready to respond and had signed off plans with NHS England. It was suggested that the preparations be publicised.

11. Question from the public

A member of the public, Mr. Andrew Ezsias, noted that he presented a list of question to the Governors just before the Council of Governors meeting. The Chairman requested the member of the public to provide him with a copy of the questions he put to the Governors and stated that these would be addressed by him in due course.

In answer to another question regarding patient confidentiality, the Chairman repeated that the Trust would produce appropriate guidelines for the Governors in due course, which may involve taking legal advice; Martin Kuper added that the Trust in no way wishes to restrict the Governors from interacting with patients on ward visits, however it must balance this with the protection of patients' rights. It was reiterated that the Trust would not discuss individual cases in public.

In answer to another question, Martin Kuper stated that neonatal mortality was higher in Hackney borough than other places and noted that the statistics are not always easily understood. He also noted that the neonatal intensive care units in East London have a higher unadjusted mortality than other units, however this is related to case-mix and disappears once account is taken of risk factors such as gestational age, and birth weight. He believed the Trust had a very good neonatal unit.

Date of Next Meeting

Council of Governors: 11th December 2014, from 5.30 p.m. to 7.30 p.m., at the Education Centre, Homerton Hospital.