

**Joint Meeting of the Council of Governors
and Board of Directors
5.30 p.m., Thursday 16th July 2015
Education Centre, Homerton Hospital**

Present:	Tim Melville-Ross	Chairman
	Stuart Maxwell	Public Governor
	Patricia Bennett	Public Governor
	John Bootes	Lead Governor
	Christopher Sills	Public Governor
	Suri Freedman	Public Governor
	Julia Bennett	Public Governor
	Paul Ashton	Public Governor
	Talaat Qureshi	Public Governor
	Helena Charles	Public Governor
	Wayne Head	Public Governor
	Siva Anandaciva	Public Governor
	Marion Rabinowitz	Staff Governor
	Charlotte Adeniregun	Staff Governor
	Caroline Bowring	Staff Governor
	Lisa Reynolds	Appointed Governor
	Ben Hayhurst	Appointed Governor
	Tracey Fletcher	Chief Executive
	Martin Kuper	Medical Director
	Matthew Metcalfe	Interim Director of Finance
	Daniel Waldron	Director of Organisation Transformation
	Sir John Gieve	Non-Executive Director
	Martin Smith	Non-Executive Director
	Vanni Treves	Non-Executive Director
	Susan Osborne	Non-Executive Director

In Attendance:

Sam Armstrong	Head of Corporate Governance (minutes)
Jonathan Gooding	Deloitte
Remit Shah	Deloitte
Osian Powell	IMRS Divisional Operations Director (item 7)
Stella Tims	Ward Manager, Edith Cavell (item 7)
Emily Richards	Discharge Co-Ordinator (item 7)

Two members of the public observed the meeting.

1.0 Welcome and Introduction

The Chairman opened the meeting and welcomed all present. He reflected on the life of Joe Lobenstein MBE, who had recently passed away. It was noted that he had been a great stalwart of the local Jewish community and served as mayor of Hackney borough council four times. Public tributes were read and then the meeting observed a moment of silence.

2.0 Apologies for Absence

Apologies were received from:

Danny Turton	Public Governor
Suzanne Levy	Staff Governor
Hilda Walsh	Staff Governor
Dr Mark Ricketts	Appointed Governor
Emma Price	Appointed Governor

3.0 Declaration of interests regarding items on the agenda

There were no declarations of interests.

4.0 Minutes of the previous meeting held on 21/05/2015 and matters arising

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

In response to a question raised as a matter arising, the director of organisation transformation advised the governors that the Trust was working to develop further apprentices at the Trust, including: the management of an apprenticeship strategy, work with others across the health sector to encourage additional apprentice positions and the appointment of an apprenticeship coordinator.

5.0 Quality Account External Audit Report

Mr. Jonathan Gooding, the Trust's external auditor from Deloitte, presented the external audit report of the quality accounts. It was noted that the auditors had provided a limited assurance opinion, which reflected the limited work auditors can undertake with NHS quality accounts and was not a judgement or qualification. Overall the quality accounts were considered positively by the auditors and presented a consistent view of the Trust's activities and outcomes.

The quality account was reviewed for consistency and compliance against Monitor's requirements. Performance sample testing was undertaken on three indicators: the 18-week referral-to-treatment (RTT) target, 28-day emergency readmissions and surgical site infections for hips and knees. The auditor concluded there was nothing that caused them to believe that the indicators had not been reasonably stated in all material aspects in accordance with Monitor's annual reporting manual. The auditors considered the Trust quality account compared well with other trust reports, some of whom had qualified opinions on their 18-week RTT.

In answer to a question, Mr. Jonathan Gooding reported that any errors in the quality account were not significant and were common across other places. In response to a question, it was agreed that the Trust would work to ensure the report was more readable to those not involved in healthcare.

The governors noted the report.

6.0 Chief Executive Report

It was noted that the Trust was undertaking a major technology upgrade with both Acute Clinical Excellence (ACE) and RiO being implemented. Both implementations had gone smoothly, with only a few teething problems, and both would significantly improve patient care. In response to a question, the chief executive reported that, where possible, results from tests would go directly from the device taking the measurement to the patient information system; other data would be manually entered. In response to a question, the council of governors was assured by the chief executive that data backups were made, including additional backups from CERNER's usual backup arrangements. In response to a question, the chief executive confirmed that staff had commenced putting all notes into the new system, however paper notes were still being used in outpatients. In response to a question, the chief executive confirmed that the Trust had both additional in-house and CERNER support during the transition time. It was noted that information was easier for clinicians to obtain and use under the new system. In answer to a question, chief executive pointed out that the new system clearly demonstrated considerable time savings to those using it compared to the previous system and that staff had provided very positive feedback on their experience with the new system. To another question, she confirmed that each ward had super-users. In answer to a question, the medical director clarified that clinicians would still be required to make clinical judgements; the system assisted with the administration aspects of patient care and could not replace the clinical staff. To a follow up question, the chief executive stated that the efficiencies would free up more time for more care. In response to a question, it was confirmed that agency staff had been trained how to use the Trust's new system; to a follow up question, the director of organisation transformation pointed out that the Trust's agency use had flattened, however other trusts were experiencing increases.

The governors noted the report.

7.0 Discharge Arrangements Update

Osian Powell, director of operations for IMRS, led a presentation on updates to the Trust's discharge arrangements and highlighted improvements made in the last six months. It was noted that the Trust now had three ward based discharge co-ordinators, who worked closely with patients to achieve a smooth and successful discharge experience; much of the focus was on being prepared and ready to trouble-shoot difficulties, as soon as possible. Patients were also contacted after discharged to manage any problems. There was also a complex discharge team for more difficult cases and a weekend discharge team; the challenges of discharging patients on Sundays were noted. The Reablement & Intermediate Care (RICS) had been replaced by the Integrated Independence Team (IIT); the timeline to fully establish the new group was noted.

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

- discharged patients were contacted the day after discharge mainly to check that the transition home was progressing adequately;
- staff planned for patient needs, such as blood tests, to ensure they occurred in a timely manner and did not delay discharge;
- Healthwatch would be involved in the evaluation of the Trust's discharge arrangements;

- a work programme for further improvements had come from the May consultant away day and was being completed;
- the closure of the primary care facility in Median Road was a challenge for the Trust, however the Trust was confident of having everything in place by October for the IIT to take full effect;
- the vast majority of patients discharged were intended to go home, however the long spells of staying often occurred with patients needing to go into care;

It was noted that the process had improved significantly in recent times and had been particularly successful during the challenging winter period. GPs had generally been satisfied with communication between the Trust and them in discharging patients.

The Council of Governors congratulated the team for the good progress on discharging patients and asked to receive a further update in due course.

8.0 Maternity

8.1 CQC Update

The Trust had recently received the draft report from the CQC's inspection of maternity services in March 2015. The Trust was reviewing this and would provide feedback and challenge any issues of factual accuracy. It was unclear when the final report would be published. In answer to a question, the chief executive confirmed that a follow up inspection was possible and that the process for having warning notices removed was unclear. The chairman advised the governors that the non-executive directors had thought the executives' response had been very professional. In response to a question, the medical director confirmed that, although the coroner had not held the Trust responsible for any of the five maternal deaths, improvements had been made to the maternity unit after feedback from the related inquests.

The Council of Governors noted the report.

8.2 Lead Governor's Visit

The governors received a verbal report from the lead governor, a former obstetrician, who had visited the unit. He reported that facilities appeared to be attractive, practical and well organised. The staff appeared to work well together and get along professionally. He talked to staff, including two labour ward sisters. He did not find any evidence of unhappiness amongst the staff and the staff he spoke to refuted claims from the 'unhappy midwives' and noted their motives negatively. Some reported being upset at their unit being the subject of anonymous and unfounded accusations. In answer to a question, the chief executive confirmed that the Trust would respond to any concerns raised, even if done so anonymously. The Council of Governors noted the difficulty in resolving issues from a prolonged campaign from an anonymous group unwilling to meet, or work, with anyone at the Trust.

The Council of Governors noted the report.

9.0 Patient Experience Update

The governors received an update on the patient experience actions. It was noted that the strategy had been established last summer and identified five areas of focus: transfer process; care and caring; improving trust and confidence in nurses; healthy environment; and improving trust and confidence in doctors. The Trust had demonstrated reasonable improvements. There had been a general increase in patients recommending the Trust in the Friends and Family Test responses. The Trust was now

more aware of the interventions that produced improvements, which it was working to build on. It was pointed out that more work on bathrooms and toilettes was required.

The Council of Governors noted the report.

10.0 Staff Survey

The governors received a report on the national staff survey 2014. It was noted that staff engagement was critical to the success of the Trust. Against 29 key findings, the Trust was in the top 20% for 16, above average for one, average for six, below average for two and in the lowest 20% for four. An action plan was in place to improve in such areas as bullying and harassment, discrimination and equality and diversity. In response to a question, it was pointed out by the director of organisation transformation that a measurement related to health and safety training was did staff recognise they had been trained; the Trust was trying to gain improvements to this through the healthy Homerton campaign. In answer to a question, he confirmed that some actions had not produced improvements from last year and the Trust was working to make these areas a priority. While work was needed for further improvements, it was acknowledged that the overall results were very positive.

The Council of Governors noted the report.

11.0 Governors on Committees

The paper was taken as read and noted.

12.0 Open Forum

It was noted that the Trust would be participating in national organ donor week and will launch 'our tree of life' to encourage people to become organ donors;

it was noted that governors expressed an interest in pursuing an 'adopt a ward' programme; the Trust Board was looking to do something similar.

it was suggested that the closure of the rehabilitation centre at Median Road by Hackney Council would continue to be a significant issue in the local community.

in response to a question, the chief executive confirmed that the new soft FM provider would pay the living wage to its staff working at the Trust and that the Trust already provided the living wage to its staff.

13.0 Any Other Business

There was no other business.

14.0 Questions from members of the Public

In answer to a question from a member of the public, the chief executive stated it was, at this point in time, not possible to know how much of the proposed additional £8b in government funding would be allocated to the Trust.

15.0 Reappointment of Non-Executive Director (Governors Only)

The Council of Governors met in private to consider the recommendation from its Nominations Committee and noted a briefing paper on the performance of the Mr. Vanni Treves.

The Nominations Committee had recommended his reappointment to the Council of Governors. After a discussion, the Council unanimously agreed to reappoint Mr. Vanni Treves for a second three-year terms as a non-executive director.

16.0 Date of Next Meeting

- Council of Governors meeting on 22nd October 2015
- Council of Governors meeting on 10th December 2015

Date Arising	Action	For	By	Status
May 2015	Provide an update on redecoration plans to Mary Seacole	SA	Oct 2015	O
May 2015	Investigate feasibility of re-establishing a league of friends at the Trust	TF	Dec 2015	O

C = completed O = ongoing