

**Meeting of the Council of Governors  
5.30 p.m., Thursday 22<sup>nd</sup> October 2015  
Education Centre, Homerton Hospital**

<b>Present:</b>	Tim Melville-Ross	Chairman
	John Bootes	Lead Governor
	Stuart Maxwell	Public Governor
	Christopher Sills	Public Governor
	Julia Bennett	Public Governor
	Paul Ashton	Public Governor
	Wayne Head	Public Governor
	Ayse Ahmet	Public Governor
	Shuja Shaikh	Public Governor
	Hazel McKenzie	Public Governor
	Marion Rabinowitz	Staff Governor
	Charlotte Adeniregun	Staff Governor
	Caroline Bowring	Staff Governor
	Suzanne Levy	Staff Governor
	Hilda Walsh	Staff Governor
	Dr Lisa Reynolds	Appointed Governor
	Dr Mark Rickets	Appointed Governor
	Emma Price	Appointed Governor

**In Attendance:**

Tracey Fletcher	Chief Executive
Martin Kuper	Medical Director
Matthew Metcalfe	Interim Director of Finance
Polly Weitzman	Non-Executive Director
Martin Smith	Non-Executive Director
Jude Williams	Non-Executive Director
Sam Armstrong	Head of Corporate Governance (minutes)
Graham Bothamley	Lead Consultant for TB (item 6)
Sue Collinson	Outreach Worker (item 6)
Claire Hummerstone	TB Specialist Nurse (item 6)
Mark Purcell	Press Officer (item 8)
Roger Thomas	Director of Estates (item 9)

One members of the public observed the meeting.

**1.0 Welcome and Introduction**

The Chairman opened the meeting and welcomed all present.

He particularly welcomed Ayse Ahmet, Shuja Shaikh and Hazel McKenzie to their first meeting as public governors.

## **2.0 Apologies for Absence**

Apologies were received from:

Danny Turton	Public Governor
Patricia Bennett	Public Governor
Suri Freedman	Public Governor
Siva Anandaciva	Public Governor
Helena Charles	Public Governor
Helen Cugnoni	Staff Governor
Ben Hayhurst	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 16/07/2015 and matters arising**

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

## **5.0 Minutes of the Annual Members Meeting**

The minutes of the Annual Members Meeting were agreed as a correct record of the meeting.

## **6.0 Trust Tuberculosis (TB) Service**

The governors received a presentation on the Trust's tuberculous service from Graham Bothamley, lead consultant, Sue Collinson, outreach worker and Claire Hummerstone TB specialist nurse.

The background, causes and environmental factors associated with TB and the effects for the Hackney community were noted and it was highlighted that overcrowding was a particular problem as it assisted the spreading of the disease. There were particular challenges combatting the disease as many sufferers were homeless and resources were limited.

It was thought that three billion people, worldwide, were affected and TB was responsible for 1,000,000,000 deaths throughout history, more than small pox, malaria and AIDS.

The Trust was able to provide half a day each week to engage hard to reach potential sufferers. The Trust worked to find and diagnose those with TB and in the case of homeless people, accommodation was found quickly to ensure ongoing treatment was achieved. Mental health was an issue with many people who contracted TB. The Trust's rates of care were among the highest in London.

It was noted the Trust had an excellent team, which linked to HIV services, and positive relations with local GPs. Drug resistant TB was highlighted as a potential problem of the future.

The Trust was involved in research into TB and was a member of the Tuberculosis Network European Trialsgroup. The governors noted the recent awards of the Trust's service, which included the Bevan Prize for Health and Wellbeing in July and the Sir John Croft Prize for TB nursing.

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

- refugees to the UK were screened and if any symptoms were found they were treated
- there was a quick turnaround time for a homeless person to obtain temporary accommodation to ensure their condition was appropriately treated; they had to commit to attending every day and this was monitored
- it was possible often to make contact with a homeless person via mobile phone
- psychological assessment was conducted for homeless sufferers, however there was a challenge between treating any psychological problems while also treating TB and this needed wider strategic development

The governors thanked the TB team for an excellent presentation.

## **7.0 Chief Executive Report**

The governors received the chief executive's report.

It was noted that the CQC inspection report into the Trust's maternity service had been published and discussed by the Board. The Trust had participated in a series of scrutiny meetings with Hackney Council, the CCG and a risk summit with NHS England, where the Trust's action plan was tested and general satisfaction in the Trust's response was confirmed. The CQC had recently visited Mary Seacole and the Trust had received a draft report, which it was still commenting on. It was expected that the report would be published soon. In response to a question, the chief executive reassured the governors that the Trust was not complacent in working to keep infections in the Trust to a minimum. The medical director added that the ceiling rates had been set differently across the NHS and the Trust's was particularly low due to previous successful years. So far this year, there had not been any confirmed cases of infection transfer in the Trust.

The governors were updated on the pathology lab project and noted that building works had ceased as the contractor had gone into liquidation. A new business case would be presented to the Board in due course as the Trust needed to upgrade facilities in order to maintain its accreditation. In response to questions from governors, the chief executive agreed to check whether the contractor awarded the pathology lab build was a part of the P21+ Framework and whether any insurance had been put in place for the project.

**Action: check if pathology build was covered by any insurance and if the contractor had been a part of P21+ Framework (TF, Dec 2015)**

The challenges faced by the Trust in relation to its finances were discussed. The interim director of finance informed the governors that at month six the Trust was £3.6m behind plan and a new forecast of a £5.5m deficit was being published. A finance recovery plan had been developed and the Board was closely involved in the ongoing challenges. In response to a question, the chief executive reassured the governors that the Trust would not compromise quality of care while working to improve the financial situation.

In response to a question, the chief executive stated that the Trust used bank more than agency and noted that across the NHS use of bank and agency had increased while the Trust remained flat. The particular challenge was that tariffs did not keep up with rising costs and the Trust had recently invested significantly in additional nursing staff. The challenges relating to the high demand and low supply of nursing staff was noted. The Trust had performed very well financially in recent years and was now feeling the pressure other trusts had been under for some years.

Changes to Monitor's Risk Assessment Framework, in particular the new 'financial sustainability risk rating', were noted. In answer to a question, the interim director of finance stated that the change to the Trust's rating was related to it being in deficit.

It was noted that a great deal of time was being devoted by the Board to the financial challenges.

The governors noted the report.

## **8.0 Media Guidelines**

The Trust's press officer presented guidelines for governors interacting with Trust members, the public and external organisations. It was noted that the guidelines were a summarized version of the staff policy and maintained the same principles.

It was noted that governors should not comment publicly without first contacting the Trust, or if pressed to do so they should make clear they are speaking in a personal capacity and not as a member, or on behalf of, the Council of Governors or Trust.

The governors discussed ways to ensure the media were aware of the good things happening at the Trust and it was pointed out that achievements by the Trust were passed on, however the media only pick up some of them. In answer to a question the press officer stated that the recent success of the TB service had appeared in the Hackney Gazette. It was suggested that using 'letters to the editor' section of newspapers could be beneficial in getting a point across.

The governors discussed ways in which they could engage more with the public. The meeting noted that other organisations have large budgets to conduct promotion of their work, which the Trust does not. The Trust had a good relationship with some media outlets, however good relations had been impossible to build with some others. The Trust was using social media more and was working to develop this further.

It was suggested that work was needed for the Trust to positively engage with the Turkish and Kurdish community in Hackney and that this could be achieved through their newspapers and communication networks.

The Council of Governors noted the guidelines.

## **9.0 PLACE Presentation**

The director of estates presented the results of the PLACE assessment, which were published over the summer.

It was noted that the NHS used to use Patient Environment Assessment Teams (PEAT) framework, where the majority of the team were Trust staff. This led to all trusts achieving high scores and it was replaced with the Patient-Led Assessment of the Care Environment (PLACE) in April 2103, which has a majority of patients involved.

The national scores for 2015 for PLACE were, in general, lower than the scores for 2014 as the NHS comes under ever increasing funding challenges. London scores were lower than national scores. The Trust's overall performance was disappointing as the Trust was behind all trust averages in London and across the UK. The Trust's own scores had also fallen in comparison to last year.

The performance for cleanliness was highlighted as the Trust had been above the national average last year. The dementia assessment was new this year and since the PLACE assessment the Trust had recruited a dementia lead. The Trust was working to understand the issues behind the assessment results and an action plan was being developed. It was thought that the assessment related to cleanliness and food would improve over the current year with a new service provider in place at the Trust.

In answer to a question, the director of estates reported that the people carrying out the assessment chose where in the hospital they wanted to assess. They were well-trained to assess the Trust and the process was open. To a follow up question, he confirmed the assessment was about the environment and not the level of care provided.

It was reported that the preparation for the assessment had been much better than last year. In answer to a question, the director of estates stated that the condition, general appearance and maintenance were factors when making the PLACE assessments. The governors agreed that the entrance to the hospital needed development as it did not give patients a good first impression. The governors discussed signage around the hospital, which, they felt required improvement. The director of estates noted that further work on signage was needed. In response to a question, the director of estates agreed to obtain benchmarking information and see if the Trust could take any lessons from its peers. It was agreed to present an update to a future Council of Governors meeting. In response to a question, the director of estates informed the governors that those involved in the PLACE assessment were volunteers so they may change from year to year.

**Action: obtain benchmarking information and see if the Trust could take any lessons from its peers (RT, Dec, 2015).**

**Action: present PLACE update report to Council of Governors (RT, April 2016).**

The Council of Governors noted the report.

#### **10.0 Governor Education and Training Programme**

The report was taken as read and the governors noted the contents.

It was noted that the lead governor would follow up any developments for educational requirements for governors with the Trust company secretary.

#### **11.0 Open Forum**

In response to a matter raised the chief executive confirmed that the Trust, like some other trusts, induct bank and permanent staff at the same time, which avoids the potential need for staff to be interviewed twice. The Trust worked to try and predict and manage its staff turnover.

#### **12.0 Any Other Business**

There was no other business.

It was noted that there may be national industrial action taken by junior doctors in the near future. The medical director provided the background to the dispute, which was linked to proposed new junior doctor contracts and conditions, and advised the governors that all trusts had to wait and see if they would take industrial action or not. The Trust would monitor developments and prepare a plan to mitigate any effects on patients from industrial action taken. In response to a question, the medical director stated it was difficult to know at this stage what action may be taken. In response to another question, he added that it was too early to cancel appointments, however if the Trust did need to, patients would be advised as soon as possible. In response to a question, the medical director stated that the Trust was working to agree a plan to deliver the latest 7-day expectations.

#### **13.0 Questions from members of the Public**

There were no questions from the public.

#### 14.0 Date of Next Meeting

- Council of Governors meeting on 10<sup>th</sup> December 2015

#### Action Log

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
Oct 2015	Obtain benchmarking information and see if the Trust could take any lessons from its peers	RT	Dec 2015	O
Oct 2015	Present PLACE update report to Council of Governors	RT	April 2016	O
Oct 2015	Check if pathology build was covered by any insurance and if the contractor had been a part of P21+ Framework	FT	Dec 2015	O

C = completed O = ongoing