Western Sussex Hospitals NHS
NHS Foundation Trust

Council of Governors Meeting

9.30 to 12.00 14 October 2014

Mickerson Hall, Chichester Medical Education Centre,
St.Richard's Hospital, Spitalfield Lane, Chichester,
West Sussex, PO19 6SE

AGENDA

1	09.30	**Welcome and Apologies for Absence**		Mike Viggers
2	09.30	**Declarations of Interests** To note	Verbal	Mike Viggers
3	09.30	**Minutes of the Meeting of the Council of Governors held on 17 July 2014** To approve	Enclosure	Mike Viggers
4	09.35	**Matters Arising from the Minutes** To note	Enclosure	Mike Viggers
		ASSURANCE		
5	09.40	**Chief Executive's Performance Report** To discuss and agree action	Enclosure/ Presentation	Jane Farrell
6	09.55	**Charitable Funds Committee Report** For briefing and discussion	Presentation	Martin Phillips
7	10.15	**Commercial Developments Update** For briefing and discussion	Presentation	Mike Jennings
		STRATEGY		
8	10.45	**Operation Plan 2014-16 Progress Update** To receive and agree any action	Enclosure	Denise Farmer
		GOVERNANCE		
9	10.55	**Constitution Update** To receive and agree any action	Enclosure	Chair / AG
10	11.00	**Council of Governors Declaration of Interests 2014/15** To receive the report and agree any action	Enclosure	Andy Gray
11	11.05	**Lead Governor's report** To discuss and agree action	Enclosure	Margaret Bamford
12	11.20	**Membership Committee Update** To receive and agree any action	Enclosure	Vicki King

13	11.30	**Minutes of the Stakeholder/Patient Experience Group held on 13 August 2014** To receive	Enclosure	Margaret Bamford
14	11.40	**Other Business**	Verbal	Chair
15	11.45	**Questions from the Members of the Public** **Date of Next Meeting** The next meeting of the Council of Governors will be at 9.30am on 22 January 2015, Worthing		

Andy Gray
Company Secretary
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Minutes

Western Sussex Hospitals NHS
NHS Foundation Trust

Minutes

Minutes of the Council of Governors Meeting held in Public from 09.30 am on Thursday 17 July 2014 at Devonshire Room, Chatswoth Hotel, 17-23 The Steyne, Worthing, West Sussex, BN11 3DU .

Present:	Mike Viggers	Chairman
	Margaret Boulton	Public Governor – Arun
	Margaret Bamford	Public Governor – Arun
	Alison Langley	Public Governor – Arun
	John Todd	Public Governor – Adur
	Vicki King	Public Governor – Chichester
	John Gooderham	Public Governor – Horsham
	Shirley Hawkridge	Public Governor – Worthing
	David Langley	Public Governor – Worthing
	Beda Oliver	Public Governor – Worthing
	Paul Benson	Patient Governor
	Jennifer Edgell	Patient Governor
	Greg Daliling	Staff Governor
	Helen Dobbin	Staff Governor
	Jenny Garvey	Staff Governor
	David Walsh	Staff Governor
	Shirley Bach	Appointed Governor , University of Brighton School of Nursing and Midwifery
	Peter Pimblett-Dennis	Appointed Governor, Brighton and Sussex Medical School
	Jane Ramage	Appointed Governor Friends of WSHFT Hospital and WRVS
In Attendance:	Bill Brown	Non-Executive Director (Deputy Chairman)
	Joanna Crane	Non-Executive Director
	Jon Furmston	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Martin Phillips	Non-Executive Director
	Adam Creeggan	Director of Performance (For item 7)
	Jane Farrell	Chief Operating Officer and Deputy Chief Executive
	Denise Farmer	Director of Organisational Development and Leadership
	Dr George Findlay	Medical Director
	Karen Geoghegan	Director of Finance
	Andy Gray	Company Secretary
	Marianne Griffiths	Chief Executive
	Mike Jennings	Commercial Director
	Jonathan Keeble	Head of Communications and Engagement (For Item 10)
	Paul King	Ernst and Young (For Item 6)
	Barbara Mathieson	Assistant to Company Secretary

Item No,	**Item Title**	**Action**

COG/07/14/1 Welcome and Apologies for Absence

1.1 The Chair welcomed everyone to the meeting of the Council of Governors

1.2 Apologies for Absence were noted from :

1.3 Governors - Barbara Porter, Richard Farmer, Patrick Feeney, Stuart Fleming

1.4 Executives – Cathy Stone

COG/07/14/2 Declarations of Interest

2.1 There were no declarations of interest.

COG/07/14/3 Minutes of the Council of Governors Meeting held in Public on 17 April 2014

3.1 The Minutes of the meeting of the Council of Governors held on 15 April 2014 were approved by those present subject to the following amendments :

3.2 **COG/04/14/7.1** Denise Framer – changed to Denise Farmer

3.3 **COG/04/14/7.9** Re word first sentence to read "Mike Rymer commented on the fact that 35% of staff reported witnessing events with the potential for patient harm and was this reflected in our reporting systems such as Datix "

3.4 **COG/04/14/14.1**
Insert before Item 14.1
"John Gooderham queried the confidentiality of some items on the Council's Agenda for its meeting about to be held in private. The Chairman explained why this was necessary, and the Council accepted those reasons."

COG/07/14/4 Matters Arising from the Minutes

4.1 The Matters Arising from the meeting held on the 15 April 2014 were noted by the Council of Governors.

4.2 It was noted that a programme of seminars was being developed for the Council of Governors.

COG/07/14/5 Chief Executive's Performance Report

5.1 Marianne Griffiths, Chief Executive, presented her report on the highlights from across the Trust for Quarter 1, 2014/15. The key points were:-

5.2 The level of attendance had been completely un-precedented at the Trusts A&E Departments during May of Quarter I and had been higher than during the winter period. Marianne asked that huge thanks be recorded to all the staff who had worked so hard to cope with the extra demand.

5.3 The importance of building on plans to ensure the Trust remained a sustainable organisation were noted and Marianne confirmed that the need for continued and future sustainability, had also been recognised by Costal West Sussex Clinical Commissioning Group (CCG). Managing

demand in the future would be vital along with working in partnership with colleagues within the wider health economy.

Overview

5.5 **Performance - Quality**
Mortality rates had reduced from the same period in 2013.
There were 7 cases of C Difficle reported in the Quarter but it was noted that only 3 of these were due to a lapse in care.

5.6 The CQUIN target for Quarter 1 for Dementia was met with over 90% compliance.

5.7 Friends and Family test scores were better than the national average for A&E, Maternity Antenatal Care, Delivery and Postnatal Care. They were however noted to be the same as the national average for Inpatients.

5.8 **Performance - Operational**
The A&E compliance target was achieved at a rate of 96.1% for the quarter

5.9 The Trust had received 3 penalty points on the Monitor Score Card which related to non- compliance with the Cancer metric of 62 days to treatment following the 2 week referral rule and the Referral to Treatment Time (RTT) for planned non-admitted and admitted cases. A full recovery programme was in place and had been submitted to Monitor.

5.10 **Performance – Workforce**
Due to the continued high levels of activity the Trust was exceeding its planned staffing levels and reliance on temporary and agency staffing continued to remain an issue despite further increases in substantive staff.

5.11 Sickness absence rate for the Trust was currently 3.8% against a target of 3.3%. It was also noted that signs of service pressure was translating into staff satisfaction through the Friends and Family Test.

Finance

5.12 During the quarter the Trust reported a £2m deficit which was £0.7m adverse compared to the planned £1.3m deficit. Pay expenditure was £2m higher than planned. This was due to continued high levels of agency spend on Nursing and Medical Staff as a result of the high level of activity. However £2.2m of efficiency savings were delivered between April and June.

5.13 To summarise the performance it was confirmed that it had been an extremely tough period for the Trust but that quality had been maintained. Going forward inpatient Friends and Family results would be continually monitored and there was a major risk for the finance of the Trust due to the on-going high levels of performance. Despite the very disciplined efficiency programme which had been implemented within the Trust a more sustainable plan to manage demand and finances going forward was needed and it was recognised that it would be vital to continue to work with health service partners to achieve this.

5.14 The Chief Executive recommended that members of the Council of Governors undertook some research on the “Dalton Review” which had

been led by the Chief Executive of the NHS Hospitals within the area of Salford. This review was recommending a new model of Acute Hospital Trusts.

5.15 The Governors were invited to ask questions on the report from Quarter 1 2014/15.

5.16 Vicki King asked about the target for nursing staff to patient ratio's which had been recently reported within the press. Would any further money be available for Trusts to meet the target? The Chief Executive confirmed that no further funding was available but that the Trust already met the one to seven target. The average nursing staff ratio for the Trust was one to eight and certain areas such as Intensive Care it was much higher. Marianne also confirmed that at any time of day all Executive Team members had direct access to real time information on staffing levels on the wards.

5.17 John Gooderham asked if the Trust was confident that it would clear its 18 week backlog. Jane Farrell confirmed that concerns remained in several areas of the Trust including care of patients diagnosed with Cancer. Within some areas of diagnostics which were vital services for most patients there was particular areas of concern including ultrasound and it was noted that it was very difficult to recruit to this and other specialisms. Another area of concern was within Urology but a plan was in place to resolve this.

5.18 Paul Benson spoke about the continual increase in non-elective work year on year and the issues around the increasing frail and aging population. As such should more of the Better Care Fund be attributed to infrastructure or the aging population? The Executive Team agreed that more work was needed. The closure of 44 local community beds was discussed and it was noted that the Trust is planning to open 2 wards as community beds to cope with the recent local closures.

COG/07/14/6 External Auditors Report on Annual Accounts and Quality Accounts

6.1 Paul King, Audit Director at Ernst and Young presented the Auditors Report on the Trusts Annual Accounts and Quality Accounts. He reminded the Council of Governors that the Trust had to prepare two sets of Accounts for the Annual Year 2013/14. The first covered the period as an NHS Trust from 1 April to 30 June 2013 and the second as a Foundation Trust from 1 July 2013 to 30 March 2014. There was a requirement to present the Annual Accounts for the Foundation Trust to the Council of Governors.

6.2 Paul explained that the "Letter to Governors" contained within the report was designed to highlight any key issues from Ernst and Young's audit work for the nine month period ending 31 March 2014. He also confirmed that the detailed findings from the audit work had been presented to the Trusts Audit Committee and a full report would be sent to the National Audit Office. It was acknowledged that the Trust had achieved a great deal in having to produce two sets of accounts within the year. This had been an excellent achievement. An unqualified audit opinion had been issued on both sets of accounts on the 29 May 2014.

6.3 Paul also confirmed that the audit fees would be consistent with the engagement letter and planned fees.

6.4 Ernst and Young had also reviewed the Trust's Quality Accounts including testing on two mandated indictors and one local indicator. Paul confirmed that they had been able to issue a Limited Assurance Report which had concluded that nothing had come to their attention that led them to believe that the Quality Report had not been prepared in line with the statutory requirements. The two mandated indicators which had been tested were "C .Difficle" and "Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers." The local indicator selected by the Governors for testing was the patient experience indicator, "Total Complaints". No reason to indicate the indicator was not reasonably stated according to the Trust's definition of a formal complaint was found. However, Ernst and Young did make other findings and observations related to recording and reporting of the data during the year which did not impact on the Total Complaints indicator reported in the Quality Report. It was also noted that the limited assurance report which had been issued was due to the scope of the review undertaken and did not indicate any concerns.

6.5 The Council of Governors were asked if they had any questions on the Accounts or Quality Report. Margaret Boulton commented on a recent Radio 4 Programme which had highlighted concerns about late payments from various NHS Trusts and asked how Western Sussex Hospital NHS Foundation Trust (WSHF) monitored its payments to suppliers. Karen Geoghegan confirmed that the Trust did conduct audits on the payment process and at the present time the average time to make a payment was 27 days which was an improvement on the previous year. Work was continuing on processes and it was hoped to reduce that figure down to 10 days if a discount was offered from the suppliers.

6.6 Following questions from the Council of Governors if was confirmed that part of Southlands Hospital (the Harness Block) property had been considered within the accounts as an asset being held for sale. It was confirmed that the full proposal for this sale would be brought to the Trust's Board meeting in Public due to take place on the 31 July 2014. The Chair also confirmed that any funds gained from the sale of the land would be re-invested in services at Southlands Hospital.

COG/07/14/7 Customer Care in the Outpatient Environment

7.1 Adam Creeggan presented the update on actions implemented to improve the patient experience in the main outpatient departments and particularly within Ophthalmology. The key points of the update were;

- Outpatients was a significant Trust wide activity which involved most Divisions.
- During 2013/14 referrals for the Trust exceeded the plan by 2.9% but with a significant variance amongst specialties most notably Ophthalmology which was 17.4% higher than plan.

7.2 Adam outlined the actions which had been undertaken in the Trust to enhance Performance and Access. These included :-

- Establishing a Senior Nurse leadership role in the Division from January 2014 and appointing an Outpatient Reception Manager
- Introduction of uniforms for all receptionists and standarisation of Outpatient nursing uniforms across all sites.
- Programme of bespoke training in customer care for all staff

- Sit and See Observations on all sites in June 2014.
- Introduction of augmented Call Management Systems installed and staff training completed.
- Partial booking project in place and implementation beginning in Orthopaedics
- Self-check in kiosks which enable patients to update personal data.
- Screen displays in Outpatient Departments which can be accurately updated to reflect delays

7.3 Particularly within Ophthalmology improvements had included :

- Increased capacity via external manpower (Medinet) and use of locum consultant staff.
- Increasing the use of optometrist led sessions which led to the release of four consultant sessions per week.
- Increasing the use of nurse led Outpatient Clinics.
- Trial of "Super" Clinics in which a single doctor runs two consulting rooms concurrently.
- Introduction of a dedicated phone line staffed by the Access Team to manage queries.

7.4 To monitor the effect of Outpatient improvement initiatives the Trust had adopted enquires/formal complaints per 10000 Outpatients attendances to provide a standard measure of performance. In March 2012 the value had been 0.12%, for March 2014 0.09% and the 2014/15 Year to date average was 0.08%.

7.5 It was recognised by the Council of Governors that improvements had been made throughout the Trust relating to Outpatients but acknowledged that more could be done particularly in terms of communicating with patients. Examples were given which included alerting patients attending Ophthalmology appointments that due to various tests they could need to be at the hospital for up to 2 hours. Another example was when a patient was sent straight from an Outpatients Appointment to Pre–Op Assessment which could take up to 3 hours.

7.6 Jane Ramage asked why providing bleeps for patients when their appointment was late was a pilot as the League of Friends had previously provided funding for that purpose. Adam agreed to take that concern forward. AC

7.7 Helen Dobbin asked if the Touch Screen Check in's would be provided in other areas of the Trust. Adam confirmed that a bid for Capital Funding had been submitted.

7.8 Mike Rymer supported the comments that it was important to communicate with patients how long they were likely to need to be at the Hospital. However he confirmed that the number of people who were sent straight from Outpatients to a Pre–Op Assessment was small. It was important to ensure that the correct systems were in place to ensure that patients were seen in the right clinic first time.

7.9 Margaret Bamford spoke about a recent "Sit and See" observation which she had taken part in at an Outpatients Department. She particularly noted the number of very large case notes files which people were transporting and asked how many times they go missing or how often the

wrong ones were at the appointments. What was the plan to introduce electronic notes into the Trust? It was confirmed that this would be a very complex project and the plan was for it to start in 2017. Mike Rymer said that he tended to see between 30 and 40 people in clinic each week and it was rare for there to be no notes or wrong notes. The system for tracking notes on the whole worked very well.

7.10 Beda Oliver commented that Pre-Op clinics seemed to be inefficient with patients tending to need to spend a lot of waiting around. Jane Farrell acknowledged these concerns and confirmed that the Pre-Op Pathway was being reviewed.

7.11 Shirley Hawkridge concluded the comments on this item by saying that she was pleased to hear that Receptionists were undergoing customer care training. However, she did say that there was often issues with written communications which could be of a poor standard. Adam said that the Trust was trying to get the best out of the existing systems and would welcome receiving any examples to try and make any improvements.

COG/07/14/8 Audit Committee Feedback

Feedback on the Audit Committee.

8.1 To begin this item Jon Furmston, Non- Executive Director and Chair of the Trust's Audit Committee explained the role and work of the Audit Committee to the Council of Governors. He confirmed that the Committee reviewed both the Internal and External Audit reports for the Trust alongside the Tender Waivers, Loses and Special payments and all Accounting Policies. Other work included keeping track that Audit Actions were completed, reviewing Counter Fraud reports and considering areas of risk.

Report on the Annual Report on the work of the External Auditors

8.2 Karen Geoghegan – Director of Finance presented the Annual Report on the work of the External Auditors. It was particularly noted alongside producing two sets of accounts as previously detailed at the meeting that the Trust was required to demonstrate that the cut-off between the accounts for April to June and the accounts for the remainder of the year was appropriate and the expenditure was accounted for in the correct period. Ernst and Young had responded well to this and the shortened timescales for completion of both the financial accounts and the audit of the Quality Accounts. They worked very closely with the Trust to ensure that the audits were completed on time and were able to give unqualified opinions in both cases. It was confirmed that the Audit Committee had no concerns about the performance of Ernst and Young and commended and thanked the audit team for their pragmatic and constructive, yet robust approach to the audit.

8.3 Vicki King asked about the membership of the Audit Committee and reported that as far as she was aware some Trusts had a Governor as a member. David Langley said that his understanding was that a Governor could not be a member of a Trust Audit Committee but could attend as an observer. The Chair confirmed that the intention was that the Council of Governors would receive a regular update from the Audit Committee going forward.

8.4 The appointment of Auditors for 2015/16 was considered by the Council

of Governors. Karen confirmed that the reference guide for Foundation Trust Governors stated that it was best practice to appoint an auditor for a period which would allow it to develop a strong understanding of the NHS Foundation Trust which would normally be for three to five years. Ernst and Young had been appointed as the Trust's auditors in 2012/13 and a new audit manager had been appointed by Ernst and Young for the 2013/14 audit.

8.5 As the Audit Committee had been satisified with the performance of Ernst and Young and their fee the recommendation was to appointment them as Western Sussex Hospitals NHS Foundation Trust auditors for the period 2015/16.

8.6 **The Council of Governors approved the appointment of Ernst and Young for the period 2015/16.**

8.7 Jane Ramage asked about the statements within the report regarding Auditor independence and enquired if the Audit Committee had seen evidence of compliance or to confirm what the process of self – certification. Lizzie Peers, Non-Executive Director confirmed that the Auditors would comply with International Standards which would be subject to external review. They would be likely to be subject to severe reputation damage and could be liable for financial claims if they were found to be non-compliant.

COG /07/14/9 Trust Strategic Plan 2014-2019

9.1 Denise Farmer presented the Western Sussex Hospitals NHS Foundation Trust (WSHFT) Strategic Plan for 2014-2019 to the Council of Governors.

9.2 It was confirmed that the document followed the format as set out by Monitor and that an Implementation Plan would be taken to a Trust Board meeting in due course. As a "live document" it was recognised that membership and public engagement in its continued development would be important going forward.

9.3 Denise also confirmed that consideration is being given to developing a Strategic Planning Group within the Trust, which would include Governor representation.

9.4 Margaret Bamford confirmed that discussions were ongoing with Trust Executives regarding Governors input into major Trust Documents such as the Strategic Plan.

9.5 The detail of major plans was discussed by the Council of Governors and in particular the plans to continue to work with partners in the areas of Vascular Services, Major Trauma, Patient Transport Services and Radiotherapy in order to enhance services for the Trusts patients. Learning from taking part in these networks would continue and would be used when joining new ones. Work on reviewing Stroke Services in conjunction with the Sussex Network were planned and were noted to be key for ongoing patient care.

COG /07/14/10 Engagement Using Social Media

10.1 Jonathan Keeble gave an enthusiastic presentation to the Council of Governors on the use of Social Media to engage with members of the

Trust and the public. He explained that whilst the Trust and the NHS under-went necessary changes in order to ensure its sustainability it was recognised that effective communication would be vital in order that all were aware of the need for change. Both the public and staff would be more accommodating of change and recognise the challenges if they were fully informed and were aware of what was happening within the organisation.

10.2 The potential reach of social media was recognised as enormous and the Council of Governors agreed that it was not just being used by young people. Jonathan gave examples of positive stories which included the wedding which had taken place recently at Worthing which had been picked up by the Press. Updates could be provided on-line during meetings so that people were aware of what was being discussed without the need to be present. Interaction and information exchange was nearly immediate. Whilst it was recognised that using Social Media was not just happening with the younger population it was acknowledged that the majority of inpatients within the Trust were of an older generation with many very frail and aged 85+. Therefore using more conventional forms of communication including word of mouth was more appropriate for some patient groups.

10.3 Shirley Hawkridge thanked Jonathan for his presentation but noted that some communication via social media could be extreme and very in-appropriate in nature. Jennifer Edgell also expressed concern about the security aspects of using social media in terms of in appropriate communication obtaining personal details etc. Jonathan confirmed that information governance was regarded as important by the Trust and as such there were a limited number of staff who had access to the systems and passwords were changed regularly. Reputational Management through the appropriate use of Social Media was recognised as very important by Jonathan and the Council of Governors.

COG /07/14/11 Appointment of Deputy Chair

11.1 The Chair presented the paper outlining the proposal that Bill Brown be appointed Deputy Chair of Western Sussex Hospitals NHS Foundation Trust. He explained that it was good practice to appoint a Deputy Chair to cover if necessary and confirmed that the Trust's Constitution made provision for the appointment. It was also confirmed that Monitor Guidance stated that it should be a Council of Governors Appointment.

11.2 **The Council of Governors approved the appointment of Bill Brown Deputy Chair of Western Sussex Hospitals NHS Foundation Trust.**

11.3 It was also noted by the Council of Governors that Joanna Crane had been appointed as Senior Independent Director.

COG /07/14/12 Lead Governors' report

12.1 Margaret Bamford presented her Lead Governors report. The key points were that :-

12.2 The Trust had been unsuccessful after two attempts to appoint a suitable Non-Executive Director with a Clinical background. The Governors Nomination and Remuneration Committee had discussed this in depth at their meeting in June and as a result had recommended an unlimited extension to the catchment area for the appointment. It was noted that

the recommendation would require a change to the Trust's Constitution

12.3 **The Council of Governors' approved the proposal to extend the catchment area for the Non-Executive Director with a Clinical background.**

12.4 It was confirmed that making the necessary change to the Trust's Constitution would not delay the start of the recruitment process which would be September 2014. It was also noted that if the process was unsuccessful for a third time the recruitment for the role would be taken back to the Nomination and Remuneration Committee for further consideration. John Gooderham asked if the opportunity would be taken at the same time to make other changes to the Trusts Constitution and Andy Gray confirmed that they would.

12.5 The work of the Accountability Working Group had been achieved and it was noted that the Trusts' Executive Team was happy to implement it. It had provided an annual schedule of reporting arrangements from the Non-Executive Director's and the Board, the amendment of relevant documents to include the responsibilities of the Non-Executive Directors to Council and the addition of two "drop-in" sessions per year for Governors to meet the Non-Executive Directors informally for discussion about current concerns or issues facing the Trust.

12.6 The need for a Governor led Patient Experience Group was discussed and it was noted that it had been discussed with members of the Trusts Executive Team. A proposal for this was to be linked to the existing Stakeholder Forum with engagement from within the local community via Healthwatch and the Patient Reference Group of the local Clinical Commissioning Group. The need for senior Trust attendance at the meeting was felt to be necessary so if required immediate action could be taken regarding any concerns.

12.7 It was recognised that careful consideration would need to be given to the Terms of Reference for any group that was established and that work should be triangulated against the work of other established groups.

COG /07/14/13 Membership Committee Update

13.1 Vicki King presented the update from the Membership Committee and their meeting which had taken place on the 9 June 2014.

13.2 It was noted that a new membership leaflet had been produced which was available from the Communications Team. A print run for six months was planned after which the leaflet would be reviewed again and any appropriate changes made.

13.3 Work planned to make contact with all local Patient Participation Groups at GP Surgeries was outlined. The aim of the work included liaising between the public and WSHFT, gaining feedback from patients and their experience of the services at the Trust and increasing membership particularly within younger and under-represented groups. Barbara Porter was thanked for the tremendous amount of work which she had undertaken for this project including research on demographics across the area and finding out which surgeries had patient participation groups.

13.4 John Gooderham confirmed that he had already met with a Patient Participation Group in his area and had been made very welcome and it

had been a useful interaction.

COG /07/14/14 Other Business

14.1 Mike Rymer asked if the Trust was assured that it was receiving an appropriate service from the Vascular Service coordinated by Brighton and Sussex Hospitals and whether it felt that the level of service received was sustainable. Dr Findlay outlined some of the current discussions taking place regarding the service and in-particular ensuring that patients from both the Trusts main hospital sites received the same level of service.

14.2 John Gooderham reminded the Council of Governors that he was the Patient representative on the Vascular Service Board and that the perception that he was gaining from the meetings he attended was that there were few issues with the service.

14.3 It was acknowledged by all present that a lot of work still needed to be undertaken so that the Trust could be assured that the service that the patients were receiving from the Vascular Service was optimum.

COG /07/14/15 Questions from the Members of the Public

15.1 Ian Strand asked that papers for the meeting be made available for members of the Public. He also asked about updating background information on GP Surgeries and individual Doctors as information was being sent out from the Trust to Surgeries which had closed and to Doctor's who had retired. It was confirmed that this would be followed through with the relevant team. Mr Strand noted that only the accounts for the period 1 July 2013 to 31 March 2014 while the Trust had held Foundation Trust status had been discussed at the meeting and asked about the accounts for the period 1 April 2013 to 31 June 2013. Karen Geoghegan confirmed that they had been issued with an unqualified audit opinion.

15.2 Molly Charles enquired when the public would be given more information regarding the future of the Harness Block at Southlands Hospital. The Chair confirmed that plans would be taken to the Trust Board meeting in public due to take place on the 31 July 2014.

COG /07/14/16 Resolution into Committee

16.1 The Council resolved to meet in private due to the confidential nature of the business to be transacted.

Date of Next Meeting

The next meeting of the Council of Governors would take place at 09.30 am on 14 October 2014 Mickerson Hall, CMEC , St Richards Hospital

Barbara Mathieson
Assistant to Company Secretary
July 2014

Signed as an accurate record of the meeting

……
Chair

……
Date

Western Sussex Hospitals NHS
NHS Foundation Trust

MATTERS ARISING FROM COUNCIL OF GOVERNORS MEETINGS

MATTERS ARISING FROM THE MEETING HELD ON 15 April 2014				
Minute Ref	**Description of Action**	**Responsible Person**	**Deadline**	**Report**
COG/04/14/7	Cathy Stone to undertake some analysis on whether the staff reporting of incidents via the staff survey was reflected in the data captured on Datix.	CS	October meeting	Verbal report to be brought to the October meeting
MATTERS ARISING FROM THE MEETING HELD ON 17 July 2014				
Minute Ref	**Description of Action**	**Responsible Person**	**Deadline**	**Report**
COG/07/14/7	Investigate what had happened with the bleeps which had been previously purchased for use within Outpatients from the League of Friends	AC	October meeting	Bleeps were being held in CTC – now being used for Outpatients

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors

Date of Meeting: 14 October 2014 Agenda Item: 5

Title
Chief Executive's Performance Report
Responsible Executive Director
Marianne Griffiths, Chief Executive
Prepared by
Andy Gray, Company Secretary
Status
Disclosable
Summary of Proposal
The Chief Executive will update the Council of Governors on the performance of the trust over the past quarter in its strategic context, to enable a discussion by Governors on overall performance against targets and strategic objectives, and the performance of the board in leading the trust's achievements. The update will cover patient safety, patient feedback, activity, finance and workforce. The board has received detailed monthly reports on each of these areas, and these are available for governors on the trust's public website.
Implications for Quality of Care
Patient Safety and Quality of Care are covered in the presentation
Link to Strategic Objectives/Board Assurance Framework
The quarterly report demonstrates progress against all the strategic objectives
Financial Implications
The financial position is covered in the presentation
Human Resource Implications
Workforce is covered in the presentation
Recommendation
The Council is asked to: NOTE the report and ask any questions of the Executive Directors.
Communication and Consultation
The information included is publicly available and has been discussed by the board.
Appendices
None

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Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors Date: 14 October 2014

From: Marianne Griffiths, Chief Executive Agenda Item: 5

FOR INFORMATION

PERFORMANCE OF THE TRUST Q1 2014

1. INTRODUCTION

This paper sets out how the trust has performed since the last Council meeting, setting that in the context of the local and national picture.

Performance is reviewed monthly by the board in public, and these papers are available on the trust website for governors wishing for further background information.

2. OVERVIEW AND SETTING THE CONTEXT

The Council of Governors has previously been updated on the high level of activity within the Hospital. There is no let-up in the demand on services as illustrated below:

- 11,792 A&E attendances compared to 12,034 in August 2013 (-2.0%). When scrutinised by age group: there was a 7.8% increase in 65-84 years and a 17.3% increase in >=85 years August 2014 compared to August 2013.
- 4,067 emergency admissions compared to 3,849 in August 2013 (+5.7%). When scrutinised by age group: there was a 3.9% increase in 65-84 years and a 8.8% increase in >=85 years August 2014 compared to August 2013.
- Delayed transfers of care were 2.8% for August 2014.
- Occupancy of funded bed stock was 92.7% for August 2014

2.1 Musculoskeletal (MSK) services

Everyone at the Trust, and particularly within our MSK team, is hugely grateful for all the support we have received from patients, governors and the public in recent weeks. As has been reported widely, Coastal West Sussex Clinical Commissioning Group (WSCCG) recently selected BUPA and Central Surrey Health (CSH) as their preferred bidder to become the prime provider of Musculoskeletal services (MSK) in West Sussex.

The services that included in the contract: planned hip and knee replacements; rheumatology; pain and community physiotherapy services are intrinsically linked to other vital hospital services, including emergency surgery. We believed the best way to ensure these services and improve them further was to take on responsibility for them in their entirety and to become the prime provider

We were, therefore very disappointed with the decision and believe it raises serious concerns about the impact on other services. Our priority remains to

offer the best possible care to all our patients across every one of our services, and we can only do that by viewing each one in the broader context of the hospital and community care system of which it is an integral part. The CCG has agreed to carry out a robust impact assessment in order that the risks to other services are fully understood.

Governors will hear more on this issue during the Commercial Update on today's Agenda.

2.2 Director of Nursing and Patient Safety

Cathy Stone, Director of Nursing and Patient Safety, will be leaving the Trust at the end of the year to take up the position of Director of Nursing at Portsmouth Hospitals.

Speaking personally, I am sad to be losing a colleague and a friend, and for the organisation which will miss her energetic, hands-on style, but I recognise her personal commitments which have led to this decision. Cathy was our first post-merger Director of Nursing and has provided strong leadership. Since April 2009, our patients experience fewer pressure sores, our infection control record has improved, confidence in our nursing care has increased and our standards have been externally scrutinised on a regular basis by the Care Quality Commission. We have learnt, reflected and taken actions after every post-inspection feedback and delighted in sharing praise with the teams involved.

I am sure Governor's will join me in wishing Cathy every success at Portsmouth.

2.4 PLACE

I am aware that Governors take a particular interest in supporting PLACE visits and I wanted to take this opportunity to share this good news with you. I had great pleasure in recently congratulating the Facilities and Estates teams across the Trust for outperforming the national PLACE scores on every measure, often by a wide margin, which included a perfect score for Cleanliness.

The PLACE scores - Patient-Led Assessments of the Care Environment – were published in August by the Health & Social Care Information Centre. Although the annual inspection takes place at Worthing and St Richard's, we use the PLACE principals at Southlands. The ratings were provided following local inspection teams, made up of patient representatives from Healthwatch West Sussex and members of the Trust's Council of Governors. Ensuring the standards are met involves our Domestics, Housekeeping, Catering, Portering, Estates, Laundry and Linen, Grounds and Gardens, Car Parking and Security teams. Our Infection Control Nurses, Matrons, Ward and departmental staff also support the on-going work which culminates on assessment day. The findings in full were:

	Cleanliness	Food & hydration	Privacy & dignity	Condition, appearance, maintenance
St Richard's	100%	94.31%	89.24%	98.08%
Worthing	99.83%	95.21%	89.61%	97.44%
Trust combined	99.9%	94.83%	89.45%	97.71%
National average	97.25%	88.79%	87.73%	91.97%

3. QUALITY REPORT

3.1 Mortality

Due to the low level of mortality experienced in elective care, the Trust measures mortality in relation to non-elective activity. Crude mortality has fallen year on year from 3.60% in 2010/11 to 3.22% in 2013/14. For 2014/15, the Trust seeks to further reduce this level with a month on month improvement against 2013/14 levels. Crude non-elective mortality rose from 2.90% in July to 3.44% in August. This is higher than the level for the same month last year (August 2013 = 2.66%). As a result the 12 month rolling average rose to 3.16%.

3.2 Falls

In August there were 41 falls resulting in harm against the current in-month target of 41. The figure for the year to date is marginally above trajectory due to adjustment to previous months' figures. There were no falls resulting in severe harm or death in August. The 41 falls equate to 1.60 falls resulting in harm per 1000 occupied bed days compared to the national benchmark of 2.5 (Royal College of Physicians Report of the 2011 Inpatient Falls Pilot Audit).

As part of the Trust's membership of NHS QUEST (a network of Foundation Trusts who wish to focus relentlessly on improving quality and safety), the Trust is engaged in the Breakthrough Series Collaborative: Falls Programme. This programme has the overarching aim of delivering a 50% reduction in falls in pilot wards by June 2015.

3.3 Tissue Viability

The number of pressure ulcers in the Trust has fallen over recent years from 283 in 2010/11 to 105 in 2013/14. An internal limit of 100 cases grade 2 hospital acquired pressure ulcers has been set for 2014/15. This is based on a 5% reduction against the actual number in 2014/15. The limit for grade 3 and 4 ulcers has also reduced from 4 to 2.

During August the Trust reported 7 cases of hospital acquired pressure sores (Grade 2). This was against an in-month trajectory of 8.

There were no hospital acquired grade 3 or 4 pressure ulcers in August and no deterioration of any previously reported ulcers.

3.4 CQC Intelligent Monitoring Reports

The latest CQC Intelligent Monitoring Report was published on 24th July 2014 and is available on the CQC website via the following link:
http://www.cqc.org.uk/sites/default/files/RYR_103v3_WV.pdf

The Trust is now banded as 4 (where 6 is the lowest risk) for priority for inspection.

3.5 Commissioning for Quality and Innovation

Since 2009/10 a proportion of the money the Trust receives has been payable on achievement of agreed quality metrics.

Agreement has been reached in relation to 2014/15 CQUIN measures. These include measures relating to seven day working, E Referral / Choose and Book, care for patients with diagnosed dementia (in addition to the national

screening project), access to community geriatric care, proactive care and continuation of the Enhancing Quality Programme.

4. PERFORMANCE REPORT

4.1. The Trust generated a notional Monitor Risk Assessment Framework score of 2 points at Month 5 based on two non-compliant metrics, namely Referral to Treatment (RTT) Admitted and Non-admitted completed pathways. Non-compliance was a planned outcome of dedicated RTT backlog reduction programmes.

4.2. The Trust had 8 cases of C.difficile in August, giving a cumulative total of 19 in the five months of the year to date against a revised national target of no greater than 56 cases for 2014/15 (full year).

4.3. A&E Compliance

The Trust was fully compliant in August with 97.10% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge, against a national target of 95%.

For context and comparison, national data for the period 4th – 31st August relating to Type 1 (Major A&E) departments shows compliance of 92.57%, therefore, WSHFT operated 4.53% ahead of the national average during the month. Compliance for Surrey and Sussex Area providers (excluding WSHFT) for the same period showed 91.04% for Type 1 A&E attendances, with Western Sussex Hospitals being the highest performer in the sector.

Monitor Compliance against the A&E target is based on quarterly performance, and at the point of writing the aggregate Quarter 2 position is 96.12% against the target of 95%, and therefore fully compliant.

4.4 Referral to Treatment (18 Weeks)

As part of continued RTT recovery actions the Trust completed 9,321 pathways in August, 8.1% more than seen August 2013. When adjusted to make a like for like comparison based on working days in the month, this represents an increase of 13.5% between August 2014 and August 2013.

As a planned consequence of the recovery programme and the additional completions completed for patients already waiting over 18 weeks the Trust did not achieve aggregate compliance for completed pathway metrics in August 2014. For patient on an admitted pathway the Trust achieved 89.54% against the target of 90% (2,028 patients of 2,265 patients waiting), and reported a value of 91.09% for the month (6,427 of 7,056 patients waiting) against the non-admitted aggregate target of 95%.

The planned ‘Q2’ recovery programme submitted and agreed against the national recovery fund of £250m committed the Trust to undertake 30795 completed pathways between June and August 2014. WSHFT has consistently exceeded the submitted bid volumes, and Month 5 data confirms the Trust delivered 31445 completed RTT pathways in that period, exceeding plan by 650 cases (2.1%). For comparative purposes this compares to 26419 completed pathways undertaken in the same period of 2013/14 (+19%).

Despite the significant increases in activity undertaken in 2014/15 to date, the total volume of patients waiting has increased from 28090 in April 2014 to 30261 in August (+7.73%) with the associated impact on compliance risk.

Unsustainable demand above plan is a focal point of local health economy organisation engagement, and a team led by the Medical Director, Chief Operating Officer, and Director of Finance are undertaking a series of targeted meetings with CWSCCG Executive colleagues during the final week of September to agree appropriate system responses. These will include critical review of demand mitigation plans, and agreement of collective actions aimed at augmenting successful plans, and invigorating less successful plans.

In summary, the Trust has exceeded delivery of the activity and associated completed RTT pathways incorporated into the 2014/15 contract, and over-delivered against the additional uplift in the Q2 bid submitted (£3.6m). Despite this increased activity, the continued growth in total waiting list size presents a critical risk to sustainable delivery of compliant RTT access at WSHFT.

5. ORGANISATIONAL DEVELOPMENT AND LEADERSHIP REPORT

Workforce Capacity

Workforce capacity continues to exceed budgeted establishment as operational pressures on the Trust remain. During August, the capacity used was higher than any other month in the last year: this was compounded by an anticipated reduction in budgeted capacity.

Reliance on temporary staffing remained high, 10.4%, with agency use accounting for 2.7%. Detailed weekly monitoring reports of usage and expenditure circulated to Divisional management teams to support them in focusing on and managing these costs. Non-framework agencies continue to account for approximately 40% of bookings, particularly for medical locums booked out of hours or directly by specialties. This is being actively challenged and the introduction of a direct engagement model for medical locums will help to manage this more effectively.

Recruitment activity continues and during September five offers were made to Radiographers from Portugal with potential for a further two. Recruitment for qualified nursing staff continues through September and early October in Portugal, Italy and Spain.

Workforce Efficiency

At the end of July, sickness absence rates deteriorated in month by a further 0.6% to 4.1%. With the exception of the Corporate Division, where absence fell to 2.1%, all Divisions experienced higher levels of absence. The number of staff on long term sickness increased during the month and the number of episodes of sickness rose by 119 to 1174.

Within the Core Division, the number of episodes increased by 40% with hotspots identified in pathology and imaging services.

The number of staff off on long term and short term sickness in Facilities and Estates rose significantly with a 2% increase in month to 7.9%. The number of episodes increased by 42% with hotspots identified in the domestic, housekeeping and portering teams.

Divisions have now been asked for recovery plans to confirm management focus. Further support from HR and Occupational Health includes: additional drop in sessions and training for managers, 'Always Actions' to address absence (e.g. Return to work interviews, doctors certificate for staff breaching a trigger, speak to member of staff on first day of absence, agree a review date and time to call again etc.). The Health and wellbeing group have agreed a number of actions targeted at areas of concern.

Staff turnover continues to remain low at 7.3%.

Supporting staff impacted by the tendering of the MSK contract

A series of drop-in sessions have been held for staff to hear about the Trust's response to the recent announcement by Coastal West Sussex CCG to award the MSK contract to BUPA/Central Surrey Health. These will continue and have been well attended and received. Staff remain understandably anxious about the impact on our patients and their own position.

Initial discussions with BUPA/CSH and the CCG have taken place and we will continue to keep staff abreast of further developments as discussions progress.

Pay Dispute

Following the results of a recent ballot for industrial action Unison has announced that their members working in the NHS in England will go on strike on Monday 13 October for four hours, from 7am to 11am. This will be followed by four days of action short of a strike on Tuesday 14 October to Friday 17 October. We understand this action will focus on members making sure they take their breaks.

It is anticipated that other NHS unions will announce the results of their recent ballots shortly and their resulting mandate for industrial action.

Communications and Engagement

Proactive media releases over the past month include a celebration of the Trust's excellent performance in the national PLACE Awards. The releases were targeted at the different newspapers with different images of the respective teams at Worthing and St Richard's. The story was run widely by all local media. The Trust, via Twitter (@westernsussex) and on our Facebook page, received plaudits from a number of patients and other interested parties.

The Worthing Herald also published a double page feature on the Cath Lab at Worthing Hospital, after one of their reporters visited the hospital earlier in the summer. Following an invitation from the communications team, the reporter witnessed a procedure and interviewed patients and Consultant Dr Mark Signy and his team. The piece was well received, and is the first of a series of exploratory and first-hand accounts of a visiting reporter from the Worthing Herald.

The recent STAR awards received significant coverage, with many pictures used, in the local papers. Once again targeted releases were to highlight the achievements of staff at Worthing Hospital for the Worthing Herald, and at St Richard's for the Chichester Observer. Local radio and other local media also ran the story which celebrated the Trust's staff as recognised by the STARs ceremony.

The next Stakeholder Forum now taking place on 17 November at St Richard's Hospital, 11am - 1pm. To book a FREE place please email Events@wsht.nhs.uk, call 01903 205111 ext 84038 or Tweet @westernsussex

6. FINANCE REPORT

Surplus position

The Trust planned for a surplus of £0.76m in August, after adjustments made for normalising items. Despite anticipating a reduction in activity and therefore income in August, actual activity was below plan in Elective and Outpatients without a corresponding reduction in operating costs. The reported position is a deficit of £0.9m in the month. The cumulative Trust plan was to deliver a surplus of £1.1m. The actual position is a cumulative deficit of £1.6m, an adverse variance of £2.7m.

Income

The Trust is reporting income over-performance of £3.5m in the year to date. Over-performance in non-elective activity continues to offset under-performance in planned care. However, the rate of over-performance in non-elective and emergency reduced in the month, combined with under-performance in electives and outpatients, the Trust underperformed against its income plan.

Efficiency and Transformation Programme

The cumulative position at the end of August shows delivery of £4,918k (96.7%) of planned savings. In the month of August the Trust has delivered £1,218k (88.4%) of planned savings for the month. Slippage of £1.1m is currently forecast for the year end, recovery actions and pipeline schemes are being developed to close the gap.

Continuity of Service Rating (CoSR)

Trust continues to report a Continuity of Service Rating (CoSR) of '3', however, there has been deterioration in both the liquidity and capital servicing metrics due to the deficit made during the month.

Key Financial Risks are;

- Performance against operational budgets, sustaining improvements in pay run rate and delivering further reductions in the year.
- Ability to flex cost base appropriately to take account of activity changes. Deep dive reviews of divisional expenditure continue to inform the development of recovery plans. Additional recovery actions, including a forensic focus on agency expenditure have been implemented.
- Affordability by commissioners of current activity projections. Close monitoring and monthly review of contract performance with commissioners is essential to ensure over-performance is affordable within the health economy.
- The profile of delivery of the efficiency and transformation programme accelerates in Q2. Enhancing programme management infrastructure to enable and track delivery and develop pipeline schemes is underway.
- Impact of increased non-elective activity on the non-elective threshold and readmissions and exposure to fines and penalties. Discussions with the lead commissioner are already underway to mitigate these risks.

7. CONCLUSION AND RECOMMENDATIONS

The Council is asked to NOTE the report and ask any questions.

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors Date: 14th October 2014

From: Oliver Phillips, Head of Strategic Planning Agenda Item: 8

FOR INFORMATION

Operational Plan 2014–16 Progress

1.0 INTRODUCTION

1.01 Following the attainment of Foundation Trust status in July 2013, the Trust refreshed its Clinical Services Strategy. This was approved by the Board in January 2014 setting out the broad strategic direction for the Trust and the principles upon which our strategic development would be based.

1.02 In December 2013 Monitor published its Annual Planning Review guidance for 2014/15, which detailed the requirements for Foundation Trusts to submit two further strategic planning documents:

i) The two-year Operational Plan (2014–2016), replacing the one year annual plan, was submitted to Monitor on the 4th April 2014

ii) The five-year Strategic Plan (2014–2019), was submitted to Monitor on the 30th June 2014.

1.03 The Operational Plan was reviewed by Monitor following submission and received positive feedback. Monitor is currently conducting a thorough review to test the robustness of the five-year Strategic plan and the Trust awaits formal feedback (due October 2014).

1.04 The Clinical Service Strategy and five- year Strategic Plan underpin the strategic direction of travel for the Trust with the Operational Plan demonstrating how these strategic themes will be delivered. The Trust expects that there will be a requirement by Monitor to refresh key areas of the Operational Plan for 2015/16 in the light of both national and local developments since its publication.

2.0 SUMMARY OF PROGRESS TO DATE

2.01 The two-year Operational Plan (2014–2016) sets the context for the next two years, describing our key priorities but also ensuring a direct link to our vision and clinical strategy and Strategic Plan

2.02 The key purpose of this Operational Plan is to demonstrate how the Trust intends to further its quality-based vision and values against a backdrop of a significant efficiency programme.

2.03 Key improvement priorities within the plan include:

1. Improving the Hospital Care of Patients Suffering a Stroke
2. Improving the Hospital Care of Patients with Dementia
3. Reducing Avoidable Mortality and Improving Clinical Outcomes – Focusing on Acute Kidney Injury and Early Recognition of Clinical Deterioration
4. Infection Control.

2.04 Key strategic priorities within the plan can be summarised as below:

1. Developing services at Southlands Hospital (including Ophthalmology)
2. Improving the use of Acute Medicine resources across the Local Health Economy (LHE)
3. Rationalising surgery across the Trust
4. Exploiting our commercial opportunities
5. Reshaping our Cancer services.

2.05 The aims of Operational Plan are driven by the Trust's Corporate Objectives. These have been set for 2014-16 with an aim of defining what the Trust is seeking to achieve in the two years ahead. When developing the Corporate Objectives consideration is also given to external drivers including Monitor guidance and local and National commissioning directives.

2.06 The 2014–2016 Corporate Objectives were discussed and developed by the Executive Team and Management Board, and approved by Trust Board in April 2014.They directly relate to the Trusts seven vision and values the 'We Care' themes (see Table below).

2.07 Further to Trust Board approval, progress against key delivery milestones are measured and reported against quarterly. Table 1 highlights the strategic themes, associated corporate objectives and areas of note to date:

Strategic Theme	**Corporate Objectives**	**Key Areas of Note**
We Care about you, the patient	Improve the overall experience patients receive from our Trust, through: • Improving customer care programme • Improving staff satisfaction and engagement • Access to services; compliance with national targets • Implementing new technology such as the call management and appointment booking system.	The 'Western Sussex Way' customer care programme is now under way and being built upon within the Patient First programme. The utilisation of telehealth has continued to be a priority and workstream development is underway via Coastal West Sussex LHE group, which has been established to ensure system-wide benefits from telehealth are recognised. Despite undertaking significantly more elective activity than planned, the Trust waiting list has grown due to a 9% increase in

Strategic Theme	Corporate Objectives	Key Areas of Note
		demand for services. The Trust is responding by putting in place further capacity and working with our commissioners to agree appropriate system responses.
We Care about Quality	Deliver quality improvements internally and as agreed in partnership with our local CCG: • Improve and reshape our Cancer services across the Trust • Provide an improved and consistent breast cancer service across the Trust • CQUIN programme • Measures to include clinical outcomes e.g. mortality rates.	Dedicated working groups have been established to focus on cancer pathway improvement – specific areas include: lung cancer, prostate and colorectal. There is a dedicated Breast Cancer Board in place to review improve and where appropriate standardise services across the Trust. The Trust is on track for delivery of the 2013/14 CQUIN programme. As part of the NHS Quest Programme, improvement programmes for cardiac arrest and sepsis pathways are being initiated.
We Care about Safety	Deliver improvements to maintain and enhance patient safety through: • Ensure zero MRSA avoidable hospital acquired infections • Ensure hospital acquired Clostridium Difficile cases remain within the limit for 2014/15 of 56 • Implementation of the 7-day working programme • Trust response to the Francis report • Implementation of Electronic Prescribing and Medicines Administration across the Trust.	The Trust is making progress in implementing the Dementia strategy to improve inpatient and outpatient care to all our Dementia patients Health Care acquired Infections The Trust continues to deliver its successful ongoing programme to support a reduction in HCAIs. The 7-day working programme is progressing through the dedicated working group to ensure delivery of the programme.
We Care about Serving	Progress our strategic clinical service change programmes to improve access and quality for	The Trust Cancer Strategy is currently under development and the Trust is seeking to

Strategic Theme	Corporate Objectives	Key Areas of Note
Local People	local people, including: • Emergency Floor development • Southlands Hospital including improvement and relocation of ophthalmology • Strategic endoscopy development across the Trust • Cancer strategy including provision for local radiotherapy.	secure a provider of radiotherapy services. The Strategic Outline Case for Southlands Hospital is due to be completed by December 2014. Work is underway to complete the new Endoscopy suite at Worthing hospital.
We Care about Being Stronger Together	In partnership with our local CCG, develop our lead role in the local health economy for emergency ['reactive'] and planned care pathways: • Implement our long term acute medicine clinical services strategy, with a focus on: – Admission avoidance schemes – Reducing length of stay – Reducing avoidable readmissions. • Develop and redesign our MSK portfolio in collaboration with local provider partners.	There is continued engagement with Coastal West Sussex CCG and other partners to develop the prime provider model for reactive care; however, the continued rise in demand for unscheduled care raises the risk that the anticipated benefits of the acute medicine clinical services strategy may not be realised. The Trust is reviewing its strategic direction in light of the recent unsuccessful tender for MSK services undertaken by Coastal West Sussex.
We Care about Improvement	Continue to develop and deliver leadership development programmes. Deliver coordinated service improvement programmes across the Trust.	The Trust has expanded its leadership development programme and has launched its Patient First programme – a transformational programme focused on continued development.
We Care about the Future	Implement our Clinical Services Strategy: • Emergency surgery reconfiguration • Further inpatient surgical rationalisation across the Trust • Exploiting commercial opportunities, including Any Qualified Provider tenders	The reconfiguration of our Pathology services is on track for delivery. Reconfiguration of surgical services is being considered in a range of areas within the Efficiency Programme.

Strategic Theme	Corporate Objectives	Key Areas of Note
	and Private Patient activity, to support our core NHS business • Maintain an acceptable Monitor financial risk rating throughout the year • Maintain an acceptable Monitor governance rating throughout the year.	The Trust is continuing to develop its commercial strategy with a focus on private patients.

3.0 OPERATIONAL PLAN REFRESH

The Trust will be refreshing its Operational Plan for 2015/16, in the light of a range of drivers, including our Commissioner's intentions for 2015/16, national guidance and operational delivery in 2014/15. This process will be subject to change dependent on the guidance to be published by Monitor in December 2014. The refresh process will include:

- A review of the Trust's Corporate Objectives
- A review of the efficiency opportunities for 2015/16
- Capacity and demand planning work
- Review of plans at Divisional and Service line level
- Re-prioritising of key programmes of work
- Negotiation of contract terms for 2015/16 with our commissioners.

It is anticipated that over the next six months, two Governor review sessions will take place, which will review Commissioning Intentions, test the Trust's Corporate Objectives, assess the impact of national guidance and review any major changes to the Trust's refreshed Operational Plan.

4.0 RECOMMENDATION

4.01 The Council is asked to note progress to date against the Trust Operational Plan 2014–16

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors

Date of Meeting: 14 October 2014 Agenda Item: 9

Title
Trust Constitution - Amendment
Responsible Executive Director
Andy Gray, Company Secretary
Prepared by
Andy Gray, Company Secretary
Status
Disclosable
Summary of Proposal
To Agree an amendment to Annex 1 of the Trust Constitution.
Implications for Quality of Care
No direct implications
Link to Strategic Objectives/Board Assurance Framework
No direct implications
Financial Implications
No direct implications
Human Resource Implications
No direct implications

Recommendation
The Council of Governors is asked to agree the amendment
Communication and Consultation
Governors Nomination and Recruitment Committee, Chair, Monitor, Board
Appendices
A : Main Report B : Annex 1 Updated with track changes C : Annex 1 Updated, clean version

This report can be made available in other formats and in other languages. To discuss your requirements please contact, Company Secretary, on andy.gray@wsht.nhs.uk or 01903 285288.

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors Date: 14 October 2014

From : Andy Gray, Company Secretary Agenda Item: 9

FOR DECISION

AMENDMENT TO TRUST CONSTITUTION

INTRODUCTION

1.1. Following previous discussions at the Governors Nomination and Remuneration Committee and agreement in principle at the Council of Governors meeting on July 17th 2014 the Public Constituency of the Trusts Constitution is to be amended.

1.2. The amendment is being made in order to allow for the potential recruitment of a Non-Executive Director from outside of the current boundaries.

1.3. Specifically this is to support the recruitment of a Non-Executive with a clinical background, something the Trust has aspired to achieve since its Authorisation.

2. PROPOSED AMENDMENT

2.1. It is a requirement of the Constitution that a Non-Executive Director is a member of the Foundation Trust.

2.2. The Constitution sets out the various Constituencies that members are eligible to join.

2.3. The proposal is to add a new 'Class' the Public Constituency at Appendix 1 of the Trusts Constitution. This can be seen at Appendix 1 (which shows the original Annex with proposed amendments) and Appendix 2 (which would be the final updated version).

3. **RECOMMENDATION**

3.1. It is recommended that the Council of Governors approve the amendment to the Trust Constitution. Once agreed this will be presented to the Board for their agreement prior to submitting to Monitor as the Foundation Trust Regulator.

ANNEX 1 – THE PUBLIC CONSTITUENCY

(Paragraphs 7.1 and 7.3)

The areas specified for public constituency are the five local authority areas described in the table below, which also sets out the minimum numbers required in each area.

Name of Constituency	Class	Area	Minimum Number of Members per Area	Number of Governors
Public	Adur	The electoral area of Adur District Council	90	2
Public	Arun	The electoral area of Arun District Council	220	4
Public	Chichester	The electoral area of Chichester District Council	160	3
Public	Horsham	The electoral area of Horsham District Council	65	1
Public	Worthing	The electoral area of Worthing Borough Council	150	3
Public	Greater England	All other electoral areas in England save those that fall within Adur, Arun, Chichester, Horsham and Worthing Constituencies	1	0

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ANNEX 1 – THE PUBLIC CONSTITUENCY

(Paragraphs 7.1 and 7.3)

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Public	Chichester	The electoral area of Chichester District Council	160	3
Public	Horsham	The electoral area of Horsham District Council	65	1
Public	Worthing	The electoral area of Worthing Borough Council	150	3
Public	Greater England	All other electoral areas in England save those that fall within Adur, Arun, Chichester, Horsham and Worthing Constituencies	1	0

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors Date: 14 October 2014

From: Andy Gray Agenda Item: 10

FOR INFORMATION

REGISTER OF GOVERNORS' INTERESTS

1.00 INTRODUCTION

1.01 This paper presents for information the Register of Governors' Interests and outcomes of Fit and Proper Person submission which the Trust is required to hold.

2.00 REGISTER OF GOVERNORS' INTERESTS

2.01 It is essential for robust governance that there is openness and transparency in all discussions and decision making. To support this, the Constitution requires Governors to declare certain categories of interests All Governors were asked to complete a declaration and their responses have been included in the attached Register of Governors' Interests. It is not considered that any Governors have material conflicts of interests.

2.02 To date 25 of the current 28 Governors have completed the submission. We shall continue to obtain the remaining three Declaration forms.

2.03 Governors are asked at least annually to update their declarations and are responsible for informing the Company Secretary whenever there are material changes. The Register is presented to the Council annually.

2.04 It is a requirement of the Constitution (clause 38.1) that the register is made available for inspection by members of the public. Therefore the Register will be published on the Trust's website, alongside Governors' biographies and other information about the Council.

3.00 RECOMMENDATION

3.01 The Council of Governors is asked to note the Register of Governors' Interests.

WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST- October 2014

REGISTER OF GOVERNORS' INTERESTS

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
Elected									
Barbara Porter	Elected Public, Adur	None	None	None	None	None	Member of Family Bereavement Team for St Barnabas Hospice	None	Yes
John Todd	Elected Public, Adur	None	None	None	None	None	None	None	Yes
Alison Langley	Elected Public, Arun	Bank Inspector Care Quality Commission	None	None	Trustee , Costal West Sussex Mind	None	None	None	Yes
Margaret Bamford	Elected Public, Arun	None	None	None	None	None	None	Chair Bexley Healthwatch Cahir Social Perspectives Network	Yes
Margaret Boulton	Elected Public, Arun	None	None	None	None	None	None	None	Yes
Vacancy	Elected Public,								

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
	Arun								
Stuart Fleming	Elected Public, Chichester;	Manager of a care home (non nursing) approx 12 hrs pw	None	None	None	None	None	None	Yes
Abigail Rowe	Elected Public, Chichester	None	None	None	None	None	None	None	Yes
Vicki King	Elected Public, Chichester	None	None	None	None	None	None	None	Yes
John Gooderham	Elected Public, Horsham	None	None	None	None	None	None	None	Yes
David Langley	Elected Public, Worthing;	None	None	None	Patron Martlets Trading Ltd and Martlets Care Ltd	None	None	None	Yes
Shirley Hawkridge	Elected Public, Worthing	None	None	None	Worthing Hospital “Knowing Me “ Volunteer	None	None	None	Yes
Beda Oliver	Elected Public, Worthing	None	None	None	None	None	None	None	Yes

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
Richard Farmer	Elected Public, Patient;	None	None	None	None	None	None	None	Yes
Paul Benson	Elected Public, Patient	Senior Commissioning Manager, Systems Capacity NHS Southampton City Clinical Commissioning Group	None	None	None	None	None	None	Yes
Jennifer Edgell	Elected Public, Patient	None	None	None	None	None	None	Close relative now working at Worthing Hospital	Yes
Mike Rymer	Elected Staff, WSHT	Secondary Care Doctor, High Weald Lewes and Havens CCG (East Sussex) – 4 days per month	None	None	Trustee St Barnabus Hospice	None	None	None	Yes

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
David Walsh	Elected Staff, WSHT	None	None	None	None	None	None	None	Yes
Martin Harbour	Elected Staff, WSHT								
Jenny Garvey	Elected Staff, WSHT	None	Staff at WSHFT	None	None	None	None	Daughter is Senior Manager at PWC –will declare this if any discussions around that company	Yes
Helen Dobbin	Elected Staff, WSHT	Full time physiotherapist employed by WSHFT	None	None	None	None	None	None	Yes
Greg Dalilling	Elected Staff, WSHT								
Appointed									
Robert Hayes	Appointed, Chichester District Council	None	None	None	Trustee 4 Sight Parish	None	None	None	Yes

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
					Councillor, Southbourne, District Councillor Chichester School Governor Southbourne Junior				
Dr Patrick Feeney	Appointed, Coastal West Sussex Clinical Commissioning Group	GP Partner, The Orchard Surgery, Lancing (Full time) Membership Governor Costal West Sussex CCG (One day per month)	Clinical Advisor NHS England (Surrey and Sussex) One half day per week	IPC Ltd	None	None	None	None	Yes
Jane Ramage	Appointed, Friends of St.Richard's, Worthing and Southlands Hospitals	None	None	An indirect interest, held jointly with spouse, in the equity of Mevion Medical	Chairman Friends of Chichester Hospitals, Chairman, Bognor Regis	None	None	None	Yes

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
				Systesm Inc, Massachusetts, USA	and Chichester Branch, British Heart Foundation, Member, Sussex Heart Network Partnership Group				
Peter Pimblett-Dennis	Appointed, Brighton & Sussex Medical School	Secretary to Brighton and Sussex Medical School	None	None	None	None	None	None	Yes
Nigel Peters	Appointed, West Sussex County Council	None	None	None	Trustee of the Camelia Botnar Children's Centre, Worthing	Member of MIND (Arundel)			
Shirley Bach	Appointed, University of Brighton	None	None	None	None	None	None	None	Yes
Val Turner	Appointed Governor,								

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
	Worthing Borough Councillor								
Vacant	Appointed, Healthwatch West Sussex								

Last updated: 6 October 2014

APPENDIX – DEFINITIONS OF INTERESTS TO BE DECLARED

Consultancies and/or direct employment:
Any paid consultancy, employment, partnership, directorship or position in (or for) any organisation (particularly health or social care service providers) either directly or indirectly related to the work of the Trust or the NHS generally.

Fee-paid work
Any commissioned or fee-paid work for any organisation (particularly health or social care service providers) either directly or indirectly related to the work of the Trust or the NHS generally

Shareholdings
Any shareholdings or other financial or beneficial interests in a private company or body that may give rise to a conflict of interest.

Fellowships / trusteeships & membership of voluntary bodies:
Any other outside interests which may be relevant to your role as a member of staff to the Trust, e.g. un-remunerated posts, honorary positions and other connections, which may give rise to a conflict of interest or of trust.

Health or social care campaigning
Any affiliation to health or social care-related campaigning organisations or special interest groups

Non-personal interests:
Any relevant and known interests held by your spouse, a close family member, or a member of your household, which may provide a conflict of interest with your position within the Trust, including the interests described above

Interests that should be regarded as "relevant and material" are:

a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies);

b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;

d) A position of authority in a charity or voluntary organisation in the field of health and social care;

e) Any connection with a voluntary or other organisation contracting for NHS services;

f) Research funding/grants that may be received by an individual or his/her department;

g) Interests in pooled funds that are under separate management.

h) Close family relationships with any of the Trust's advisers, Directors, senior managers or suppliers.

Western Sussex Hospitals NHS
NHS Foundation Trust

To: The Council of Governors

Date: 14th October 2014

From: Margaret Bamford, Lead Governor Agenda Item: 11

TO RECEIVE

REPORT FROM LEAD GOVERNOR

1. **Introduction**
   Governors have continued to play an active part in the life of the Trust. This report gives a brief overview. Any governor would be happy to elaborate – with paperwork to support! Earlier this year we were sad to receive Tom Wye's resignation, nominated governor from Worthing Borough Council, but are delighted to welcome Val Turner whose background in Pharmacy will be especially relevant.

2. **Reports from Governors' Committees.**

2.1 Nomination and Review Committee

2.1.1 Accountability

- The first of the bi-annual accountability/assurance meetings of governors with NEDs was held last month. Governors sought information from NEDs about the steps that were taken to check the resilience of the MSK bid. Were the Executives aware of the potential areas for challenge and were they discussed/identified by NEDs beforehand? Governors were assured that NEDs were part of the process throughout. They interrogated all elements of the process and paperwork and were sufficiently satisfied to sign it off. The professional experience of the NED group in competitive tendering was noted. While it is not the role of Governors to QA the bid they do need to be assured that the NEDs have done so. This assurance was given.

  During the early part of the commissioning process, governors were assured, the emphasis was on 'absolute engagement throughout'. The Trust worked with the CCG in developing the tender specification. The focus was: 'service development through negotiation'. In the event the actual procurement process seems to have moved to a commercial, and, therefore, confidential exercise.

  Having been unsuccessful with the bid governors then sought information about next steps and were assured that a formal challenge had been made to the HASC on the grounds of:
  (i) process and governance
  (ii) no adequate impact assessment had been undertaken
  The challenge called for a review of the decision and was considered on 2nd October. A number of governors were present and groups and individuals have already made public statements regarding their concerns about the effect on the hospitals' trauma services.

The Lead Governor's letter to each individual member of the committee was noted and used by HASC members in questioning the CCG.
While Governors remain committed to supporting the Trust in their endeavours to protect trauma services there remains considerable lack of understanding about the processes which resulted in this major set-back. Governors welcome the assurances that have been given that they will be kept up to date with developments.

- Other matters of which NEDs are aware and are holding the executive to a programme of improvement have been discussed by the Board sitting in public and continue to create challenges for the organisation. These include: coding and co-morbidities especially in the area of kidney failure. They are also challenging performance in respect of COPD, cardiac and pneumonia specialities along the whole care pathway. TIA identification and stroke performance is also an area of significant of concern. The Audit Committee is aware and is pursuing.

- Out- patients' performance, constituting 50% of the Trust's activity, remains a major challenge. It is a priority for improvement. It includes: fragmented, incompatible systems; cancelled appointments, long waits, 20 different access points, and incompatible electronic information systems, all of which need radical improvement.

2.1.2 Clinical NED appointment

The paperwork in preparation for a further attempt to recruit a NED with a clinical background has been completed. The process for this appointment, agreed by the Council in January, and ratified by the N&RC in April will be followed. Revision of the Constitution to extend the catchment area for recruitment is a separate agenda item. As soon as this agreed the advertisements can be placed.

2.2 Membership Committee

This continues to be a very active committee under the chairmanship of Vicki King who will report. Key points include:

- Contact with GP surgeries claiming to have an active PPG. Many of these, however, are active fund raising committees with limited access to their patient constituency;
- An alternative approach has been to sit in the waiting room of surgeries talking to patients as they wait for the consultation. This has been an informative exercise and will be extended.
- In efforts to engage a younger membership and ethnic minority communities contact has been made with the midwifery service. Further engagement is proposed through Children and Family Centres, and social media.
- Looking to engage the business community, contact has been made with a local Chamber of Commerce. If successful it will be rolled out across the patch;
- The terms of reference have been adjusted to avoid duplication with PEEC.

Action: For CoG to Note

2.3 Patient Experience and Engagement Group

At the last meeting of the Council of Governors it was agreed to establish a governor-led amalgamation of the Stakeholder Forum with the Governors' Patient Experience Group. Draft Terms of Reference (ToR) drafted by the Executive were agreed. At an inaugural meeting of the combined group the first part followed the format of previous sessions. The second part was confined to invited statutory stakeholders. For a trial period it was agreed the meeting would be held in 2 parts – first for patients and public following the format of the previous forum – and the second involving HealthWatch, SCT and the CCG (maybe represented by the NED Chair of the Patient Participation Panel). Participants gave positive feedback so the model will be continued for a trial period. To avoid any duplication with existing processes to capture patient experience or with the membership committee VK and MB had met and agreed, with some reservations, that the model was worth running for a trial period. Further refinements/clarifications to the ToR were suggested by governors. Supporting documentation is provided under the agenda item.

Action: For CoG to Note

3. Engagement in Strategy and Forward Planning

Following the successful governor engagement/consultation events earlier this year a governors' strategy sub group is now being established. The group will be responsible for informing, consulting, collating and representing the views of all the governors in developing The Trust's strategy. Terms of reference are being drafted for consideration at the first meeting. It is proposed that one or possibly two members of the strategy sub group should be members of the Board committee. **Action: For CoG to note**

4. Work in Progress

4.1 Francis work groups: Elsewhere on the agenda the Patients First Programme initiative has been introduced. Governors are pleased to be involved in this initiative and will play a full part in membership of groups and sub groups

4.2 Governor Development: None of the elected governors has undertaken any external training through the FTN network or through any other source since February. Arrangements are now in hand to share the FTN user name and password with governors to give them direct access to what is available. Access to the Trust's intranet will also facilitate access to the hospital's own training resources. Of particular importance is the preparation of governors who will be involved in the clinical NED interviews planned for later this year.

4.3 Miscellaneous: Some governors have been trained and contributed as observers to 'sit and see' programmes organised by the Trust's Patient Experience Team; others have taken part in PLACE (Patient-led Assessments of the Care Environment) inspections, and others in mock CQC assessment meetings – preparing staff to give of their best with confidence.

5. Progress on issues raised at the last CoG meeting:

The request for prompt circulation of draft minutes following Board and Council meetings – within 14 working days – has been achieved.

6. **Future Agendas:** Matters remaining from the last Council meeting:

    - Review of 1st Year of FT status and, Council Objectives for 2014/15;
    - The patient experience – an updated presentation,(patient experience group)
    - training strategy for clinicians
    - Cancer strategy
    - Private Patients Strategy.

    In the light of the recent unsuccessful MSK bid Governors welcome a substantial item on the agenda of this meeting. This will provide an opportunity to raise any issues of concern about the commissioning/ procurement process, and to seek clarification - if necessary - of the respective roles of the Executive, the NEDs and Governors

7. **Conclusion**

    Governors are committed to supporting the Trust in their efforts to provide a high quality, comprehensive, and integrated publically provided service, and to ensuring that patients' views are represented clearly and unequivocally whether as in-patients, out -patients or prospective patients in the community.

Margaret Bamford
Lead Governor
October 2014

Western Sussex Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS - MEMBERSHIP COMMITTEE

The Membership Committee met on 22 August and has another meeting on 15th October 2014. In the light of the establishment of the Public Experience and Engagement Committee the terms of reference of this committee have been revised and are attached for agreement by the Council of Governors.

The Council of Governors is asked to endorse the current activities of the committee which are focussing on recruitment of new members from the public and patients and communication with the current membership;

- Study of the profile of membership in each of the 5 public constituency areas in terms of age, gender, ethnicity and socio-economic groupings compared to the profile of the public indicates that we need to recruit the younger age groups and certain ethnic groups. This will ensure that Trust membership is a true representation of our catchment population. Accordingly we have agreed to work with the Trust's BME Network, to focus on recruiting other minorities and the 16 to 59 years age group.

- All publically elected governors are engaged in contacting GP surgeries within our catchment area and in particular arranging to talk to Patient Participation Groups. Talking to patients individually in GP clinics about the Trust and membership is another approach that is being tried and has been met with some success in particular at a Mother and Baby clinic. The committee will be considering with the Communications team how we can assess the recruitment outcome of these activities.

- Committee members are speaking at the two Carers Events planned in the near future and at the induction days and the mandatory training days for volunteers. Contribution to the Medicine for Members events is planned as is engagement with local district and borough councils and business forums.

- The committee is also engaged in updating the Trust's Membership Strategy document the first draft of which will be provided to the next COG meeting.

- The Trust's communications team has sought comments from the committee on the outward looking Trust website and the use of social media and keeps the committee up to date with progress.

- The Membership Leaflet has been updated and a short print run produced but at the next meeting a brief brainstorming session is planned to identify the unique selling point for Trust membership which may have implications for further modification of the leaflet.

Dr Vicki King on behalf of the Membership Committee
October 2014

WESTERN SUSSEX NHS HOSPITAL FOUNDATION TRUST

COUNCIL OF GOVERNORS - MEMBERSHIP COMMITTEE

TERMS OF REFERENCE (REVISION POST SETTING UP OF PATIENT EXPERIENCE COMMITTEE)

Committee Membership

Lead Governor - Margaret Bamford

One appointed Governor – Nigel Peters

Public Governor – Shirley Hawkridge

Public Governor – Vicki King (Chair)

One patient Governor – Jennifer Edgell

One staff Governor – Jenny Garvey

Unlimited co-opted additional members as required

Trust membership/in attendance

Company secretary

Director of Organisational Development and Leadership

Head of Communications

Governor and membership officer

Terms of reference

The Membership Committee shall be accountable to the Council of Governors and have delegated authority from them to act on their behalf in the following areas;

- To develop and oversee the planning and implementation of the Membership, Recruitment and Engagement Strategy (Membership Strategy);
- In particular, in close consultation with staff, promote awareness of the role of Members and seek actively to increase numbers by recruiting additional Members to represent all sections of communities within the hospital catchment area
- Ensure that the Trust has robust arrangements for regular effective communications, to Members and the public, regarding its operational performance and any significant changes to services or to the organisation generally;

Conduct of business

A quorum is needed for any meeting of the Membership Committee of at least 4 committee members excluding co-opted members.

October 2014

Comment [V1]:

Comment [V2]:

Deleted: Engage regularly with Members such that the Membership Committee has a clear understanding of their views and is the lead forum through which they are represented to the Trust's Board.¶

Western Sussex Hospitals NHS
NHS Foundation Trust

Minutes of Stakeholder / Patient Experience Group

13th August 2014

Health Education Centre Worthing Hospital

Present:

Richard Kendal, (RK)	Volunteer Representative, HeathWatch, West Sussex
Mel McKeown, (MM)	Head of Communications and Engagement WS CCG
Cathy Stone, (CS)	Director Nursing and Patient Safety
John Gooderham, (JG)	Elected Governor, Horsham
Alison Langley, (AL)	Elected Governor Arun
Shirley Hawkridge , (SH)	Elected Governor Worthing
Beda Oliver (BO)	Elected governor Worthing
John Todd, (JT)	Elected Governor Adur
Helen Dobbin, (HD)	Elected Staff Governor
Delia Reed (DR)	PALS Manager
Margaret Bamford, (MB)	Lead Governor, (Chair)

Apologies: Jean Barclay (Chair CCG Patient Participation Group), Barbara Porter, (Governor) Marianne Griffiths, (CEO) Sussex Community Trust, Lisa Eckynsmyth (Head of Patient Experience)

1. **Purpose of meeting**
   CS introduced. At the last Council of Governors Meeting it had been proposed and agreed that, with the establishment of the Foundation Trust, it was more appropriate for the Stakeholder Forum to become the **Patient Engagement and Experience Committee**, reporting to Council, with Executive and Non-Executive attendance. For a trial period, to introduce the new process, the meeting will be split into two parts. In the first part issues raised by stakeholders would still be addressed in the same forum as before by an appropriate senior member of the Executive, and that the audience, by general invitation would be anyone who wanted to be there.

   The second part of the meeting would be for organisational stakeholders: HealthWatch, patient participation group representatives from the CCG, and SCT had been proposed. This would provide the opportunity for more detailed consideration of information, including the soft data, and ensure an integrated consistent response.

   It was agreed that The Partnership Trust should also be invited to join the group. Voluntary organisations such as AGE UK might be involved more appropriately in a different way - such as through Governor Membership programmes of community engagement.

2. **Proposed Terms of Reference**
   The document approved by the Council of Governors was tabled. Some amendments were proposed and agreed. These have been incorporated into the attached paper. This remains as a draft until approved at the next meeting. It was noted that, as an inaugural meeting, things may be a bit tentative at first. The ToR will be adjusted in the light of experience.

3. HealthWatch

RK introduced Healthwatch as the independent consumer champion for West Sussex, replacing LINks, created to gather and represent the views of the public to ensure their views and those who use services are taken into account. It was established as a national body by the Health and Social Care Act 2012 to shape and improve the services. Local implementation was not prescribed. Finance was allocated to local authorities who were mandated to let contracts in a way which was considered best suited to the communities they served. There was no template and as a consequence each is very differently organised.

HWWS was established in April 2013 through a contract let by West Sussex County Council. It is overseen by a Board (a statutory requirement) with a majority of appointed Non-Executive Directors including an independent chair. It has taken time to 'find its feet'; finance is limited and there has been limited national exposure. However, referrals and activities are on the increase. Efforts are being concentrated on raising awareness through the provider partners, the Citizens' Advice Bureaux (CABs), and Help and Care – a Dorset-based Charity with wide links across the South coast.

HWWS is not a member organisation. The majority of its work is undertaken by appropriately trained and supported volunteers. It does not deal with complaints although there is a facility to refer to the Independent Complaints s and Advisory Service (ICAS - run by the CAB)

Views and opinions are gathered in a variety of different ways Soft information – 'stories'- are gathered and collated for trends or specific areas of concern. In addition there is a statutory power to 'enter and view' health and social care establishments (ie GP surgeries, residential and nursing care homes, and hospitals). Recently volunteers have visited the A&E departments of St Richards and Princess Royal Hospitals to ask the question 'why are you here?', and, with hospital governors, have been involved in PLACE observations. Feedback is always given to Establishment managers and CS commented that it was reassuring that, although troubling, there were no surprises. The introduction of a GP presence in A&E, as a result, had been very helpful.

4. Coastal Commissioning Group

MM introduced the responsibilities of the CCG in respect of patient consultation and community engagement which, she said, were mandatorily prescribed. They went much further than had those of the predecessor organisation the PCT. The CCG took this very seriously and had invested resources to support it. It covered all commissioned services and activity.

There were 54 GP Practices in the CCG area but not all of them had PPGs. Of those that there were, not all were concerned about engagement issues. Some concentrated more on fund raising and social events to raise money for the Practice. Reliance solely, therefore, on working through PPGs had its limitations. In answer to a question from JG she estimated that there could be a 25% gap in reach. But the CCG were developing other ways of engaging with Practices without PPGs and encouraging those traditionally reluctant to come forward to do so through focus groups, and locally-based health and wellbeing groups. Efforts are also made to maximise the use of social media (Twitter and Facebook) and make the website more accessible. When new services are being planned or existing services changed members are contacted electronically for their views.

The Patient Reference Group chaired by Jean Barclay (for whom MM was standing in) meets regularly and is an excellent source of views and opinions.

5. Sussex Community Trust

Apologies

6. **The Role of Hospital Governors**

MB read in full a written message from Barbara Porter. Key points were:

Governors have a clear and specific duty to seek the views of patients and public alike and feed back the information gained be it good bad or indifferent, pleasing and supportive or critical … even damning. …. Transparency and honesty are paramount and the views of the patients must be taken into account since they provide a fund of hard and soft intelligence that is vital not only to their well-being, but to our Hospitals, the way we work and the quality of the service we give. Not everything that we need to consider can be measured – soft intelligence is also needed and without it, how can we know if care is safe?

……It is often the case that simple and innovative ideas can result simply through being a patient and seeing the 'experience' through their eyes

Given the existence of the other organisations also dealing with … the patient experience, … by pooling our findings and increasing our knowledge and understanding must work to and for the benefit of all…. A Governors' patient experience group, which collaborates with other representative Health organisations is vital.

[MB's additional note: Governors also have an inward looking responsibility - to hold the Non Executives to account]

7. PALS

DR reminded the group of the critical role of PALS to ensure that the hospital listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.

PALS also helps the NHS to improve services by listening to what matters to patients and their loved ones and making changes, when appropriate. Picking up 'noises' and taking pre-emptive action before any one single issue comes to a head is an equally important role. [Apologies to Delia for the time available being peremptorily curtailed by security requirements]

8. Fitting it all Together

Throughout the discussions the importance of an integrated approach to community engagement and consultation was emphasised. There is clearly overlap between all the organisations involved and in everyone's interest – not least the patients' – that as far as possible there should be liaison and integration. Perhaps the most important issue to emerge, however, is the cadre of patients and public whose views would not routinely be sought. It was agreed that this forum was a useful forum for sharing and avoiding unnecessary duplication

9. **Date of next meeting**

17 November 11am – 2.0pm Bateman Room, CMEC, St Richard's Hospital