CHAIRMAN’S REPORT

1 INTRODUCTION

The following notes are intended to provide brief information on a range of activities and items of interest progressed since the General Meeting of the Governing Council held in January 2010. I would be pleased to take questions and comments on any points and to provide you with further information if required.

The items within this report are not given in any order of priority: every issue is equally relevant and equally important – whether it’s about Governors, patients, staff or national news.

If there are any items Governors would like to raise that are not covered in this report, I would be pleased to try to respond at the meeting.

2 GOVERNORS

2.1 I am delighted to advise that two Governors are among the nominees for the newly launched HEARTS Awards – ie staff and volunteers’ awards for Helpfulness, Excellence, Achievement, Resourcefulness and Talent:

- David Brannan, Partner Governor – nominated in the “Beyond the Call of Duty Award” category (going that extra mile to help patients or colleagues)
- Bob Ramsay, Public Governor – nominated in the “Governors’ Award” category (helping to ensure patient satisfaction and creating a better outcome for future patients)

At the time of writing it would be premature of me to announce the outcomes but to be nominated is itself a terrific recognition of their work and contribution to the hospital. I would like to take this opportunity to record my sincere congratulations to them both.

I would also like to thank all of the Governors who voted for the nominations in the Governors’ Award category, through which we were able to ensure that this category is truly the Governors’ Award. The voting was finalised at the Staff & Environment sub-group on 23rd February (as a nominee for this Award, Bob Ramsay was asked to step out during these discussions) and duly forwarded to the overall judging panel.

I am delighted to say that we received over 90 nominations across the ten Award categories altogether (not including the Chairman’s Award), which speaks volumes for the high regard in which so many of our staff and volunteers are held. The winners will be announced at the dinner and awards ceremony to be held at the Barnsley Metrodome on 23rd March. Please contact Carol Dudley, Secretary to the Board, if you would like to attend but have not yet requested a ticket.

2.2 The independent scrutineers for our Governing Council elections – Electoral Reform Services (ERS) – have provided us with two potential timelines for the impending by-election: to start in either May or June, with results due by the end of June or July respectively. This is somewhat later than we had anticipated but their advice is not to run the election too soon after the last one, to avoid confusion or
complacency amongst the voters. It is important that we fill the three vacant seats in public constituencies A, C and E, to ensure that the Governing Council remains representative of our communities. Please speak to your friends and colleagues to encourage them to stand and I would welcome any suggestions about what we can do to increase awareness, nominations and voting.

2.3 A series of meetings with public and staff governors have been scheduled to enable us to get together in smaller groups than we do at general or sub-group meetings. These are intended to be very informal and frank sessions, helping us to work together to identify issues that may be more pertinent to your constituencies or matters that have not yet been brought up through the other meetings. If you cannot make the date assigned for your constituency, please feel free to come along to one of the others – you would be most welcome. Just let me or Carol Dudley know which session you can make. It has proven more difficult to meet with Partner Governors as a group but I hope to meet with each of you shortly.

Please remember, if anyone wishes to meet with me separately at any time I would be more than happy to do so. Please contact Carol to arrange a mutually convenient date and time.

2.4 Governors will recall the previous report from Sharon Hodgson, public governor, about the opportunity to promote the hospital, membership and the role of a Governor - at a “learning at work day” at John Rideal House. Sharon explained that these events allow people to come along and set up a small stand, give out leaflets and chat about their organisation.

Sharon has now learned the date and times for the event at John Rideal House – 10-2pm on 13th May – and is also aware of similar opportunities at Joseph Locke House (11th May) and Cooper House Jobcentre (12th May). She has offered to support the stand at John Rideal House but would appreciate the help of at least one more Governor on the day. She has suggested that, if the Governing Council would like to do so, the other events could be similarly staffed by two Governors on each day.

At the meeting I will ask Sharon to tell us more about these opportunities.

3 WORKING WITH PARTNERS

3.1 This month I have attended a number of meetings linked to the One Barnsley Board, namely meetings of the Sustainability Partnership and the Economy & Culture Board. My membership of these groups is comparatively recent but I am sure the Governors will acknowledge, as do I, the import of a community-wide approach to the issues addressed under their remit. More information about these groups is available on request and I will continue to report to the Governing Council on matters of interest as they arise.

3.2 I attended the Barnsley LINks (Local Involvement Networks) website launch on 18th February and, by the time of the General Meeting, will also have met the new Chief Executive, Mr Jim Holliday, for Barnsley Arena – one of the three host organisations for the LINks. Mr Holliday has also confirmed that he will be taking on the role of nominated representative for Barnsley Arena on our Governing Council.

3.3 I continue to develop links with the Barnsley Black & Ethnic Minority Initiative (BBEMI). I have recently attended some more social events hosted by community groups under the BBEMI umbrella and will be meeting with another of their key staff in early March for further discussions about working together and encouraging membership and candidates for Governor seats from within minority ethnic groups. I hope this joint working will help the Trust to develop a more balanced and representative membership.
3.4 Mr Frank Johnston came to Trust HQ earlier this month, as Chairman of Barnsley College. Mr Johnston was previously a Non Executive Director at the hospital and clearly has our best interests still very much at the forefront of his mind. He and I share a common wish to promote better engagement between the hospital and local young people and discussed a number of ways we can do this jointly. I will be exploring this in more detail with the College Principle shortly and was pleased to accept an invitation from Mr Johnston to give a presentation to the College Board in May.

3.5 Other community invitations I have been pleased to accept over the past month have included:

- an invitation to give a presentation to a local retired workers’ club (Redfearns). This invitation came via Glyn Etherington, Public Governor; the club members were keen to hear more about the hospital generally and to tell me about their recent positive experiences at Barnsley.
- an invitation from a local Ladies’ darts team to receive a generous donation of £140. The Barnsley and District Ladies’ Darts League collects money regularly and each year two of the teams in the league make a donation to a charity of their choice – this year the team from the Royston Railway Club chose the hospital.

As mentioned before, I welcome any such invitations to liaise with community groups.

4 NATIONAL CONFERENCES

4.1 The NHS Confederation’s Conference of Chairs took place on 16th February where there was a consistent message of the difficulties the acute sector will face going forward, one of the messages was to expect around 30% of activity to be taken away from the acute sector.

We were also told that the centre would continue to hit tariffs to drive acute healthcare towards integration with community services. This really echoes the message from our Chief Executive that says we need to look at our business critically to understand what business model will sustain the hospital for the future and then work towards it. We have to work with partners to re-align the health community to this end.

As it begins to tie together the varying strands for the 2010/11 business plan, the Board of Directors is conscious that it will need to make the right decisions about the organisation’s future direction and make sure that the Trust has the right capabilities and competencies to achieve that vision.

4.2 The Foundation Trust Network hosted another national conference for Chairs and Chief Executives on 23rd February. This reflected similar messages and as it was in the wake of the Francis Report on Mid-Staffordshire Hospital, there was also considerable emphasis on good governance and Board accountability.

Governors will be aware of the extensive work led by the Chief Executive since the first report on Mid-Staffordshire was released last summer, as a result of which our governance systems have been extensively restructured. On first review it would seem that our new systems fit well to the issues highlighted in the Francis Report and will help us to identify any potential concerns quickly to eliminate the risk of letting poor practice get out of hand as it clearly did at Mid-Staffordshire. However, the Board has also requested the Executive Team to consider the Francis Report more closely and to report on any implications for this Trust.
5 GOVERNANCE

5.1 Corporate Groups

Many thanks to the Governors who have said (either through the Governors’ office or at sub-groups) they would like to continue to be or to become involved in some of the working groups across the Trust. I can confirm the nominated Governor representatives as follows:

- Car park Forum:
  - Martin Jackson, reporting to Staff & Environment sub-group

- Equality & Diversity group
  - Carol Robb

- Healthy Workplace group
  - Jill Marshall, reporting to Staff & Environment sub-group

- Privacy & Dignity steering group
  - Bruce Leabeater, reporting to Patients & Access sub-group

- Public & Patient Involvement group
  - Bill Joice (ongoing), reporting to Patients & Access sub-group
  - Glyn Etherington and Wayne Kerr, reporting to Patients & Access sub-group
    (Glyn is attending as Chair of the sub-group)

In addition, Governors are still welcome to attend the fortnightly PEAT - Patient Environment & Action Team - inspections as observers, on an ad hoc basis. Please liaise with Bob Ramsay or Carol Dudley to check on dates and availability (spaces may be restricted from time to time).

I am pleased to advise that Denis Gent has offered to stand as Audit Liaison Officer for the Governors. This role is supported through the Strategy & Performance sub-group and forms an important link with the work of the Trust’s Audit Committee. Unless anyone else wishes to be considered for this role, I would ask the Governing Council to accept and confirm Denis’s offer.

As stated previously, it is important that anyone who represents the Governing Council on a working group reports back to the rest of the Governors, ideally through the relevant sub-group. If you are nominated above and are unsure about how to report back, please speak to the respective sub-group Chair or to the Secretary to the Board outside the meeting.

5.2 MONITOR’S GUIDANCE AND THE CONSTITUTION

The Lead Governor, Joe Unsworth, will be meeting with Carol Dudley on 18th March to progress the review of the Constitution. The review will be based on comments received from Governors about any implications from Monitor’s latest guidance “Your statutory duties: a reference guide for NHS foundation trust governors” (October 2009) and other issues highlighted over the past year such as:

- the Lead Governor, as agreed following the role’s successful pilot last year
- co-opted Governors*
- input/feedback from Board meetings*
- policy for removal of Chairman and Non Executive Directors*

* may be procedural rather than Constitutional issues

I am sure they will also be giving consideration to the balance of the Governing Council. We are required to be representative of our community but there are some areas that are lacking, such as young people (the Youth Council continues to support
the Governing Council but struggles to attend meetings) and ethnic minorities. I have been in conversation recently with BBEMI (Barnsley Black & Ethnic Minority Initiative) and Barnsley College, both of whom have expressed an interest in a seat on the Council if practicable. I am aware that we used to have nine Partner Governors and reduced this to eight when the Strategic Health Authority withdrew as a partner from Foundation Trusts across Yorkshire and the Humber. At that time it was reasoned that it was useful to curtail the number of Partner Organisations to give greater weight to public and staff governors. We are, however, now in a different environment – is it timely to return to nine Partner Organisations? I would welcome Governors’ views at the meeting.

6 FINANCE & PERFORMANCE

6.1 Performance
The Trust continues to achieve all Care Quality Commission (CQC) and monitored targets with one exception. This relates to a new target monitoring patients who have symptomatic breast conditions that are required to be seen within two weeks (non-cancer referrals). Because of the inclement weather in January seven patients cancelled their appointments, which resulted in a breach of this target. The position has been recovered for February.

With regards to activity in January this was down generally against the project profile for activity due to the impact of the adverse winter weather. This resulted in patients cancelling their appointments and Ambulance Service having difficulty with transport arrangements. However, the overall position for the year to date remains ahead of target, except for elective activity. This is compensated by an over performance in day cases.

The impact of the weather also placed severe pressure on the bed capacity of the Trust, resulting in escalation procedures being invoked on two occasions. The first was an internal escalation to improve the flow of patients through the hospital (13th January). On 27th January, because of large numbers of patients presenting in the Emergency Department and the shortage of beds, the Trust went on divert; through the South Yorkshire Ambulance Service a small number of patients were diverted to Huddersfield. The action taken ensured that a safe service was provided and the Trust had sufficient beds to recommence both its emergency and elective services the following day.

The Board also considered details of the Surgical Divisional activity, which provided information regarding the volumes and types of patients treated (case mix) and the resulting income. This showed that in some surgical specialties whilst the required number of patients have been treated, the corresponding case mix has resulted in an under recovery of income.

The sickness absence rate for January increased slightly, however, there is still a downwards trend of recent months.

6.2 Finance
The Trust reported an overall surplus of £789,000 as at month 10. The plan for the year is a £600,000 surplus, and with only two months remaining the Trust seeks to achieve a position in the region of circa £800,000. There is, however, still significant financial risk pending the outcome of the current dispute with NHS Barnsley in relation to emergency admissions and payments with regard to this. Turnaround actions are in place to mitigate this risk and also offset the in year deficit of the surgery and critical care division. It is anticipated that a resolution to the contract dispute will be reached before the end of March.
As previously reported in relation to capital expenditure plans, these are progressing well with all the essential carried works from 2009/10 being completed, and the enabling works for the emerging estates strategy in place. It is likely that some modifications to the overall strategy will be required in the light of evolving new priorities as part of the business plan process and NHS Barnsley’s commissioning intentions over the medium term. These are currently being worked through and will be shared with Governors in due course.

7 BOARD OF DIRECTORS

7.1 The Board of Directors’ latest approved public minutes (January 2010) are provided separately under agenda item 10. Governors are reminded that full sets of the public papers are available on the Trust’s website regularly (with printed sets available at the meetings) and are very welcome to come along to any of these meetings.

7.2 More recently the Board has continued to oversee the development of the 2010/11 Monitor Annual Plan (three years). This process started in October 2009 and Governors have been involved since an early stage, through the Away Day (November) and discussions at sub-groups as well as general meetings. Across the Trust divisions and departments were given a template with a framework for developing their business plans. The first draft of the divisional business plans was submitted to the Executive Team on 25th January and this was followed by a joint workshop of all the divisions and corporate departments on 29th January. The draft divisional plans reflected the challenges that the Trust faces in the context of the 2010/11 Operating Framework and the plans for the NHS for the next five years but did not address the wider issue of financial shortfall. A strategic review workshop for the Executive Team and Divisional Directors was held in February. This was a preliminary visioning exercise and discussed the nature and range of services that will be provided by the services in the coming years. The Board has recently considered the first draft, based on the outputs of the divisional plans, Governors’ feedback, the strategic review, an understanding of the commissioning intentions of NHS Barnsley and the general strategic direction of the National Health Service. A lot more work lays ahead to ensure that we have a robust plan in terms of delivering high quality services for our patients within reducing financial parameters.

7.3 Work has also continued on the Trust’s Quality Account. Again, the Governors have been involved since an early stage of their development with views invited through the Away Day and sub-groups. “High Quality Care for All” (Department of Health, 2008 – the Darzi Report) placed quality at the centre of all that the NHS should be about. Quality Accounts were subsequently proposed as a mechanism by which organisations could be held to account for delivering quality improvements that had the biggest impact on patient experience. The Quality Account is a public commitment from the Trust Board to the public served. It contains “Priorities for Improvement” within the three domains of safety, effectiveness and patient experience. In addition to the Department of Health’s core requirements, Monitor has asked Foundation Trusts to provide at least three indicators within each domain. The inclusion of these priorities in our plans will confirm that the Trust has identified key improvement priorities and that the monitoring and reporting arrangements are in place to track progress.

Mrs Linter, the interim Chief Nurse and Director of Quality & Standards, will be attending the next meeting of the Governors’ Strategy & Performance sub-group on 16th March to outline the draft priorities. As stated above, Quality Accounts are intended to provide information to the public on quality – as spokespersons for our public and staff members, your views are vital to make sure that the Trust has
identified the right priorities for improvement and gives the right information that our patients and members of the public want to see. Please come along to the meeting to hear what she has to say and to give her your views on the proposals.

When agreed, the nine priorities will all be closely monitored through the monthly Clinical Dashboard (copies available on the Trust's website and on request). Additionally, they will be among the key objectives that the Governors monitor regularly through the Non Executive Directors to the Governing Council sub-groups.

7.4 The Board was pleased to formally approve the Trust’s full **Business Continuity System**. This is a comprehensive system to ensure business continuity in the face of any challenge including, but by no means limited to, pandemics, civil emergencies, major accidents, etc. The Trust’s continuity arrangements dovetail into similar work currently being undertaken by NHS Barnsley with reciprocal arrangements existing between the two Trusts’ respective business continuity leads. Governors will be aware of some elements of the system from previous reports (e.g. the flu plan) and an overview of the plan will be published on the Trust’s website shortly, to provide the public with assurance that the Trust and health community at large have the required arrangements in place and will be able to respond to the various scenarios identified.

7.5 In February the Board also approved a new 3-year strategy for **Infection Prevention & Control** (2010-2013). This will build on the Trust’s improved position on infections such as MRSA and C.Difficile and will also ensure we monitor other organisms too.

This Infection Prevention and Control Strategy builds on the previous Strategy (2008-2010) and sets out the approach that will support the Trust to sustain the improvements made in the reduction of Health Care Acquired Infections to achieve full and effective implementation of the plan and gain further improvements by promoting infection prevention and control. This will involve a range of changes in practice for professionals and these changes will impact on the patient’s experience, influence their clinical guidelines and have a positive impact on the Trust’s quality, productivity and effectiveness agenda.

Health Care Acquired Infections impact on the Trust’s ability to deliver high quality care. The Trust is committed to improvements in patient safety and maintaining a safe clean environment; this will also support the Trust’s compliance with the Care Quality Commission standards for registration requirements.

8 **RECOMMENDATION**

Governors are asked to:

a) note and receive this report and raise any comments or questions

b) endorse my congratulations to Mr Ramsay and Mr Brannan on their nomination for the HEARTS Awards

c) approve the nominated Governor representatives across a range of corporate groups, as identified in 5.1 above

d) accept Mr Gent’s offer to stand as Audit Liaison Officer

e) support the ongoing work for the review of the Constitution, and

f) support the ongoing work for the development of the Trust’s business plan and Quality Account.

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Stephen Wragg  
CHAIRMAN  
March 2010