

**GOVERNING COUNCIL – APRIL 2012****REF: GC/12/04/04**

**MINUTES OF A GENERAL MEETING OF THE GOVERNING COUNCIL  
HELD ON 8<sup>TH</sup> FEBRUARY 2012  
IN THE EDUCATION CENTRE, BARNSLEY HOSPITAL**

<b>Present:</b>	Mr A Alcock	Public Governor, Constituency B
	Mr D Brannan	Partner Governor, Voluntary Action Barnsley
	Mrs P Buttlng	Public Governor, Constituency B
	Mr D Carpenter	Public Governor, Constituency D
	Mr D Gent	Public Governor, Constituency E
	Mr K Hinchliffe	Public Governor, Constituency A
	Mrs S Hodgson	Public Governor, Constituency C
	Mrs D Horbury	Staff Governor, Nursing & Midwifery Constituency
	Mr M Jackson	Partner Governor, Joint Trade Unions Council
	Mr W Kerr	Public Governor, Constituency E
	Mr B Leabeater	Public Governor, Constituency A
	Mrs J Marshall	Staff Governor, Non Clinical Support Constituency
	Mrs V Mills	Staff Governor, Clinical Support Constituency
	Ms G Morritt	Staff Governor, Nursing & Midwifery Constituency
	Mrs K Phillips	Partner Governor, Sheffield Hallam University
	Cllr J Platts	Partner Governor, Barnsley MBC
	Mr R Ramsay	Public Governor, Constituency C
	Mr R Raychaudhuri	Staff Governor, Medical & Dental Constituency
	Mrs M Richardson	Public Governor, Constituency B
	Mr T Smith	Public Governor, Constituency E
	Mr D Sykes	Public Governor, Constituency D
	Mr D Thomas	Public Governor, Constituency D
	Mr J Unsworth	Public Governor, Constituency A & Lead Governor
	Mr S Wragg	Trust Chairman (Chair)
<b>In Attendance:</b>	Mrs H Brearley	Director of HR&OD
	Ms C Dudley	Secretary to the Board
	Mr R Kirton	Head of Business Change
	Mr P O'Connor	Chief Executive
	Mrs V Peverelle	Head of Corporate Governance
<b>Apologies:</b>	Mrs P Acklam MBE	Partner Governor, NHS Barnsley
	Professor N Bax	Partner Governor, University of Sheffield
	Mr M Dunlavy	Public Governor, Constituency D
	Mr G Etherington	Public Governor, Constituency D
	Mrs A Frost	Public Governor, Constituency C
	Mrs J Rhodes	Staff Governor, Volunteers Constituency
	Mrs C Robb	Public Governor, Constituency A
	Mr A Whitely	Partner Governor, Barnsley College

GC 12/01 **APOLOGIES & WELCOME**

Governors were welcomed to the meeting and apologies noted from those unable to attend, as listed above. Several directors and managers of the Trust (as listed) and members of the public were also welcomed.

The Chairman advised that it was the first meeting attended by Mr Carpenter, Ms Morritt, Mrs Richardson and Mr Sykes since being elected as Governors. They were given a warm welcome and assured that they could approach any of their colleagues on the Governing Council for support or guidance at any time.

GC 12/02 **COMMENTS FROM MEMBERS OF THE PUBLIC**

No comments received at this point.

GC 12/03 **DECLARATIONS OF INTEREST** *(ENC 3)*

The Register of Governors' Interests was received and reviewed. It was noted that the entries for Mr Carpenter and Mr Sykes would be amended to refer to Constituency D (not Constituency C as presented). Governors were reminded of their responsibility to ensure their entries were accurate and updated in a timely manner. Any amendments should be declared at a general meeting or to the Chairman or Ms Dudley, Secretary to the Board, as soon as possible.

With regard to the agenda of the meeting, no declarations of interest were received.

GC 12/04 **MINUTES OF LAST MEETING** *(ENC 4)*

The Minutes of the Governing Council's General Meeting held on 8<sup>th</sup> February 2012 were received and accepted as a true record.

GC 12/05 **MATTERS ARISING**

- GC 11/80(a) – Chaplaincy  
It was noted that the selected candidate had changed his plans and opted not to take up this post. The vacancy would be re-advertised shortly. In the meantime services would continue to be covered with the support of the Rural Dean and local clergy.
- GC 11/81 – Visiting Hours on Children's Wards  
The agreed changes would be implemented as soon as information leaflets were available from the printers. Signage and a press release/communications briefing were held in readiness.
- GC 11/82 – External Auditors, additional services (VAT recovery)  
This proposal had not yet been progressed as the Finance Team had become aware of other providers of similar systems and needed to explore these further to ensure that the best option was progressed for the Trust. Some form of early trial was expected to be implemented shortly, with savings to be monitored closely.
- GC 11/83 – Regional Governors' Event  
Work on the feedback from the Regional Governors event would be progressed shortly via a meeting led by the sub-group Chairs and Lead Governor. Other governors would be welcome to attend.
- GC 11/85 – Constitutional Review  
This continued to be deferred, pending the outcome of the proposed Health & Social Care Bill. A working group would be established as soon

as the outcome and implications of the Bill became clearer if/when enacted. There had been clear feedback that the Department of Health expected the Bill to be passed.

GC 12/06      **PROGRESS ON THE 2012/13 BUSINESS PLAN**      *(Presentation)*

Mr Kirton, Head of Business Change, provided a comprehensive overview of the progress and key aims of the 2012/13 business plan. This had been developed following wide consultation across the Trust and with stakeholders, including the Governing Council, and also demonstrated links to the Operating Framework, quality agenda (National Outcomes Framework), current financial and operational pressures, and proposed service improvements. The presentation outlined the plans from a corporate and divisional perspective, both of which would be key elements to the successful delivery of the plan. The Chairman highlighted the impact of new initiatives such as the reinvestment of funding into community-wide schemes to support reduction in readmissions and the need to secure around 7% savings year on year overall.

In discussion some specific issues were raised including:

- the Heart Re-ablement Service; this was based in the hospital, with direct links to social care and local authority services. Councillor Platt enquired about current usage and capacity.

Based on latest reports, the Chief Executive believed that about 130 patients were currently using this system, which had been set up to help patients in whom early signs of heart problems had been identified – with the emphasis on intervention rather than admission. There was capacity for more growth and development and this was a good example of partnership working (social services and the hospital) to reduce readmissions and promote more self-awareness and care in the community;

- the need for more clarity around the impact of initiatives such as the redirection of funding to reduce readmissions, to be able to identify opportunities to deliver tangible reductions through investment in other health services to support this;
- the importance of delivering CQIN (Commissioning for Quality & Innovation) targets, to ensure service improvements and protect against financial penalties;
- the impact of the emerging role of “any qualified provider”, which could present both opportunities and threats to many NHS trusts;
- the changing focus in the plan on efficiencies and better services for patients through service redesign and new ways of working (eg the introduction of “virtual wards”, reduction of inpatient stays, expansion of the telehealth initiative);

It was emphasised that the plan was still in development and was scheduled to be presented to the Board for final review and approval at its meeting in March. Any further comments on the draft plan prior to this would be welcomed.

Mr Kirton was thanked for attending the meeting and for providing an interesting and informative presentation. He left the meeting at 6.15pm.

GC 12/07      **QUALITY ACCOUNT/QUALITY REPORT**      *(Presentation)*

Mrs Peverelle, Head of Corporate Governance, gave a presentation to outline the progress of the 2011/12 Quality Account and proposals for 2012/13.

Governors were reminded of the agreed priorities for 2011/12 and noted the reported progress against each one. It was noted that there had been good progress in most areas but further benefits could still be achieved and Governors agreed it was also important that the improvements achieved to date were sustained. These aims had been the main drivers behind the Governing Council's agreement for the priorities being carried forward for 2012/13. The priorities would be refined to ensure greater focus and clarity on some aspects, for instance the priority for "weighing of all eligible patients on admission" was important as part of being able to assess a patient's overall wellbeing and nutritional needs but feedback demonstrated that it was open to different interpretation in terms of "eligible" (some patients were too sick to be weighed; it did not apply to daycase patients) and "admission" (different criteria on certain wards, for example the Medical Assessment Unit vs an elective surgical ward).

The value of the Quality Accounts was acknowledged as a means of demonstrating improvements of services to patients in qualitative terms rather than quantitatively or by national targets. The concept had only been introduced four years ago and the format had continued to develop over that time. This year's accounts would include the audit of two nationally identified indicators and also required Governors to identify a local indicator for audit. Following discussion it was agreed that "weighing on admission" would be a useful indicator for audit.

*Post meeting note:*

As "weighing" had been a new indicator launched in 2011/12, it was subsequently found that auditable data was not available for the full 12 months as required. Following further consultation, the Governing Council agreed that a second audit of "repeated falls" would be valuable as it would enable scrutiny of progress and continuity of processes year on year. It was, however, also agreed that the part-year (10-11 months) data available in relation to "weighing" should be presented to one of the sub-group meetings for review.

GC 12/08

**CHAIRMAN'S REPORT**

(ENC 8)

The Chairman's report was received and noted. As usual it provided commentary on a range of activities, items of interest and Board actions since the last general meeting. The following were highlighted in discussion:

a) Policy reviews

Sections 4.4 and 4.5 reported on a large number of policies recently reviewed or introduced. This reflected the ongoing work to ensure that all policies across the Trust were updated and in line with good governance and NHSLA (NHS Litigation Authority) requirements. This work was supported through the improved governance structure introduced in 2010.

Mr Ramsay drew attention to the DNA (did not attend) Policy. He was aware that, whilst the Trust worked hard to monitor and reduce appointment cancellations of any form, there had been national reporting on the high level of DNAs, where patients were unable or had chosen not to attend but, for various reasons, did not advise the hospitals. This had considerable implications in terms of lost opportunities and costs. Whilst it was acknowledged that sometimes cancellations – by the hospital or patients – were unavoidable, Governors agreed it was important to raise awareness within their constituencies regarding the impact of DNAs and encourage patients to give notice when possible. Mrs Peverelle undertook to provide a summary of the DNA policy for Governors' ease of reference.

b) Senior Independent Director (SID)

It was noted that Miss Arnold, the current SID, had indicated a wish to step down from the role of SID prior to her retirement from office later in the year. The recommendation to appoint Mr Patton to this role with immediate effect was unanimously approved.

c) BRILLIANT Staff Awards

Governors were reminded about the aim of these monthly staff awards, which enabled staff to be nominated and recognised for their commitment and dedication to the Trust. The Chairman and Chief Executive were among the people who made the presentation to the winners each month.

December's winners of the Team and Individual awards respectively had been the Bed Management Team and Ms Emma Lavery (from HR) and Switchboard and Ms Pat Rockcliffe (from Sterile Services) in January. From feedback received to date, the awards seemed to be very well received and appreciated across the Trust.

d) Contact sheets

With the advent of several new Governors, the contact sheet had been updated and copies were available to all governors on request.

GC 12/09 **LEAD GOVERNORS' REPORT**

(ENC 9)

The Lead Governor's report on recent activities and issues of interest led by himself or other Governors was received and noted, including Governors' involvement with the Board of Trustees' consultation on fundraising and the recent workshop aimed at developing a Trust statement of values. He also highlighted the recent meeting of the editorial board for Barnsley Hospital News, which comprised of the Associate Director of Communications & Marketing, the Lead Governor and the sub-group Chairs. Any articles or ideas from anyone on the Governing Council for inclusion in the next issue of the Barnsley Hospital news would be welcomed.

In addition, the Lead Governor advised that it was still possible for Governors to book places on the Foundation Trust Governors Association's Spring Development day. Based on his own previous attendance, he would recommend the event as a good opportunity to hear about current events and news and meet fellow governors from Trusts across the country.

GC 12/10 **CHIEF EXECUTIVE'S REPORT**

Mr O'Connor, the Chief Executive, reported on three main issues:

a) Latest quarterly declaration to Monitor

Following careful consideration at its meeting in January, the Board had submitted its quarterly self-declaration (for quarter 3, October-December 2011) to Monitor, the Independent Regulator for Foundation Trusts (FTs). The declaration had been "green" for governance and quality, and "3" for the financial risk rating (FRR). The Chief Executive explained the rationale for this submission, which reflected the performance to date and the Board's view of the Trust's continuing performance for the next 12 months (further details set out in the Board's public report available on request and on the Trust's website).

He also referred to the Quarter 2 risk ratings, which had been approved by Monitor as "green" for governance and an FRR of 3. Set in the national context, these showed the Trust as being in the top 46% of FTs for governance and within the majority for FRR.

Mr Alcock referred to the Trust's earlier FRR of "4" and enquired if the current FRR of "3" was an issue of concern. The Chief Executive was, however, pleased to be able to assure the meeting that the FRR throughout the year had been in accordance with the annual plan submitted for 2011/12, showing planned expenditure. If the rating were to drop to a "2", which was not envisaged, this would give concern and would trigger closer scrutiny and possibly even intervention from Monitor.

b) Barnsley Health & Wellbeing Board (in shadow form)

As reported previously, the Trust had welcomed the invitation to take up two seats on the Health & Wellbeing Board (H&WB). As a major forum for partner organisations involved in every aspect of health and social care across Barnsley, this Board would become increasingly important with the enactment of the Health & Social Care Bill. The Chief Executive believed Barnsley was in an unusual position as one of the few Boards nationally with provider bodies amongst its member. The Board was currently focussed on identifying the main priorities for commissioning, based on safety, quality and transformational change. Councillor Platt affirmed that funding for local NHS services would be based on the needs assessments of the H&WBs, who were in effect a committee to Local Authorities. It was clarified that any decisions of the local Clinical Commissioning Groups would have to be in the context of the H&WBs' agreed needs assessments.

c) Service Development

The Chief Executive outlined the continuing work in two areas of service development, around the Barnsley Urgent Care Centre (BUCC) and Women's & Children's services. The BUCC was intended to improve urgent care, creating a cohesive service from entry (at emergency department), through diagnostics, to discharge or admission (via the medical admissions unit), with the support of a newly planned element of an observation ward (for patients who needed care beyond the "4 hours" process but equally did not need long term admission). The proposals had received a lot of engagement with and support from commissioners, management, clinicians and other stakeholders. The initial plans had been reviewed and were now being revised, with the intention of bringing monthly updates to the Board before presenting a final proposal for approval in April.

Work on service developments for the Women's & Children's services (either jointly or separately) had been similarly progressed and reviewed, but further engagement both internally and externally was required. The requirements were more complex and plans would necessarily be progressed more slowly to ensure that all options were explored and the best proposal(s) presented to the Board later in the year.

It was acknowledged that this pace would be disappointing to many people, including staff. However, as mentioned, all options were being considered (including refurbishment, although this would probably not be a cost effective or value for money solution) to ensure that long term projections and changing patterns in service use were taken into consideration as well as immediate demands. It was also important that plans were developed in response to the community-wide strategy for Children's Services. This was not yet in place, although the Trust and Local Authority were working closely together to ensure engagement and development.

The latest (unapproved) Minutes of the three sub-groups of the Governing Council were received and reviewed.

In the absence of Mr Etherington, sub-group Chair, the Chairman drew attention to the work of the Patients & Access sub-group around the development of “governors’ visits”. This had been based on a suggestion raised by Mr Ramsay and developed through the Patients & Access group, to establish a programme of independent inspections, led by governors. The main purpose would be to enable governors to speak to and engage with patients (and visitors) on wards and clinical areas, to ask them about their views on the services and care provided to them, and give useful feedback to the Trust on patients’ experience. The idea had been welcomed by the sub-group, several of whom would be meeting the Chief Nurse again shortly to develop firmer proposals before launching the programme in the Spring. The proposal was also welcomed and supported by the wider Governing Council. Further information would be available at the next meeting.

Mr Ramsay, Chair of the Staff & Environment sub-group, briefly highlighted some of the continuing work of this group – including the continuing involvement with the PEAT (patient environment & action team) programme and monitoring of the Trust’s objectives around workforce and estate issues. With regard to the latter, whilst most objectives were progressing well (as detailed in the Minutes), the group had appreciated the Board of Directors’ continued close monitoring around training and appraisals. Mr Ramsay reminded governors that the group’s first meeting of the year would be on 28<sup>th</sup> February – at the new time of 4pm. This change to the meeting time was a 12 months pilot, to assess whether the earlier start time might enable more governors, and in particular staff governors, to attend more frequently throughout the year.

Mr Brannan, Chair of the Strategy & Performance sub-group, highlighted the notes of this sub-group’s latest meeting, at which it had considered and discussed the early development of the 2012/13 business plan. With the assistance of Mrs Peverelle, the group had also reviewed and updated the Membership Strategy – which was included with the report, for approval. As part of the revised Strategy, Governors would be committed to recruiting at least 10 new members each, per annum. This was noted and widely supported. Mr Alcock suggested, and it was agreed, that it would be helpful if copies of the membership forms were distributed to all Governors to support this aim. On behalf of the Trust, the Chairman expressed sincere appreciation of the Governors’ work around membership recruitment and engagement, which had been particularly active last year. He was also pleased to highlight some of the work already undertaken by several of the new governors: Mrs Richardson had recruited over 30+ new members since joining the Governing Council in January and Mr Carpenter had requested some information packs (newsletters and posters etc), which he planned to put in his local GP surgery, to help raise awareness of the work of the Governing Council. Similar packs could be made available to all governors on request.

Governors were reminded that the Strategy & Performance group also regularly reviewed the Board’s quarterly declarations to Monitor. More recently the group had asked to receive information and a better understanding of the Hospital Standardisation Mortality Ratios; a presentation on this was due at the next meeting in March, from the Medical Director.

Following discussion of the work of each of the sub-groups, the Minutes were noted and the revised Membership Strategy recommended by the Strategy & Performance sub-group was approved.

GC 12/12      **BOARD OF DIRECTORS**      (ENC 12)

The Governors received and noted the latest public agenda (January 2012) of the Board of Directors. The meeting also received the Integrated Performance Report , as presented to the Board in January. Governors were reminded that full copies of the meeting's papers were available on the Trust's website or on request. The date of the next public Board meeting was noted.

GC 12/13      **ANY OTHER BUSINESS & DATE OF NEXT MEETING**

a) Parkinson's Disease

Councillor Platt advised that she had recently been speaking with the Chair of the local Parkinson's Society, who had asked her to raise the issue of medicines management in hospital for people suffering from Parkinson's Disease. She outlined the severe side effects for these patients if, for any reason, they were not able to take their medication in the requisite patterns they could go completely rigid. The Society would like to be able to host an awareness raising presentation in the hospital at some point.

Ms Morritt, who was both a staff governor and a matron in the Trust, advised that the Trust welcomed any such requests. It was important that patients, public and staff were aware of the risk (known as "locked in syndrome") for sufferers of Parkinson's Disease. The Trust had run previous awareness raising campaigns, the most recent of which had included a series of posters highlighting the need to "Get It On Time!". Ms Morritt confirmed that she and her colleagues would be pleased to hear from the Society again if they wished to run another campaign at any time. Mrs Marshall also advised that the needs of these patients had been supported by the Friends of Barnsley, who had helped to purchase some equipment last year.

b) FTGA Experienced Governors' Network

Mr Brannan provided a brief verbal update on the FTGA Network event he and Mr Ramsay had recently attended. It had been very interesting, with discussions and presentations around relationships between Governors and Non Executive Directors, and the developing role of the GPs with the introduction of the Clinical Commissioning Groups. He would encourage other governors to attend these events if possible, as a useful source of information and exchange of views.

c) Revalidation

Mr Brannan referred to the impending changes for revalidation and registration of doctors, included in the Business Plan presentation. The Chairman acknowledged that these changes would be valuable and would help to give greater assurance to both patients and employers. He did, however, also confirm that the Trust's own employment procedures for clinicians, whilst always compliant with regulatory requirements, had been improved over recent years to ensure even closer scrutiny and help to alleviate the previous dependence on references and (current) registration checks etc. This work had been driven forward by Ms Wildon during her final term of office as a Non Executive Director.

There being no further business the meeting closed at 7.40pm. The next General Meeting of the Governing Council was scheduled for 5.30pm on 11<sup>th</sup> April 2012.