

MINUTES OF THE COUNCIL OF GOVERNORS MEETING

5th December 2018

16:30 – 19:00

J1 Boardroom, Jevington Building, Brighton General Hospital

Present	
Peter Horn	Trust Chair
Richard Quirk	Medical Director (Item 1 – 6)
Caroline Haynes	Director of HR and OD (Item 1 – 4)
Jane Corser	Deputy Chief Nurse (Item 1 – 5)
David McGill	Lead Governor
Rachel Harrington	Appointed Governor
Richard Gorf	Staff Governor
Anita Sturdey	Staff Governor
Andrew Partington	Public Governor
David Romaine	Public Governor (from Item 6)
Edward Belsey	Public Governor
Tim Sayers	Public Governor
Lilian Bold	Public Governor
Stan Pearce	Public Governor
Martin Osment	Public Governor
Lucy Clohesy	Executive Assistant to the Director of Finance and Estates
Apologies	
Julie Warwick	Staff Governor
Ngaire Cox	Staff Governor
Paula Kersten	Appointed Governor
Hillary Flynn	Appointed Governor
Pinaki Ghoshal	Appointed Governor
Ratnam Nadarajah	Public Governor
1.	Welcome, apologies, declaration of interest
	<p>The Chair welcomed everyone to the meeting and welcomed new Governor, Rachel Harrington. Apologies were recorded as above. The Chair noted the sad passing of Margaret Godfrey, and added one of her core tasks within the Trust was working with the Governors. He stated that the funeral had been held on 23rd November, with a number of members of staff from SCFT in attendance. The Lead Governor noted that it had been the request of Margaret's family to donate to a charity in lieu of flowers.</p> <p>ACTION: SC to distribute charity to Governors for any donations on behalf of Margaret Godfrey.</p> <p>Edward Belsey declared that he was a member of the Health and Adult Social Care Select Committee at West Sussex County Council (HASC). No further declarations of interest were declared for this meeting.</p>
2.	Minutes of the Previous Meeting 170918
	The minutes of the previous meetings were agreed as a true and accurate record.

3.	Matters Arising/Actions from the Previous Meeting
	The meeting noted that all actions were complete or on the agenda.
4.	Workforce Update
	<p>CH presented an update of the current workforce issues faced by SCFT along within the context of current workforce issues faced by the wider healthcare economy. She stated that there was currently nationally a shortage of nurses, health visitors, GPs and therapists which had been further impacted by the removal of bursaries; however she noted there were conflicting statistics regarding application levels. She noted that whereas recruitment had previously been the key workforce issue within the Trust, it had now transferred to retention, with the Trust utilising innovative retention ideas. She stated that Brexit would inevitably affect workforce throughout the NHS however the rate of EU nationals employed at SCFT currently sat at 2.5%, significantly lower than national figures.</p> <p>CH highlighted the importance of workforce within the Trust and stated that the Trust had 10.5% vacancy rate, which in a context of a reducing pool of potential staff was something to be proud of as a Trust. She noted that across the Trust there were differing workforce issues which required individual focus and workforce planning, with some areas having a disproportionate level of vacancies in some staff groups. She added the Trust followed a 7 step retention programme developed by NHSI, with the Workforce Strategy actively implementing action plans for all areas within the plan and reviewing ways to better support staff throughout the Trust. She stated that the Trust had developed a benefits brochure for all staff as a consolidated place for staff.</p> <p>AP queried whether the lack of national workforce strategy would affect Trust strategy. CH explained that she attended a number of national meetings such as the national HR Directors forums, STP HR Directors meeting and noted she was the lead for collaborative bank within the STP, and thus was aware of key workforce issues and strategy at a national level.</p>
5.	Discussion of Quality Account 2018/19 Local Indicator and Improvement Priorities
	<p>JC explained that she was responsible for oversight of quality and safety within the Trust. She explained that it was a Foundation Trust's duty to publish a quality account to show quality of care for patients. She presented the Quality Improvement Priorities which had been chosen for 18/19; with a number having been nationally mandated would ensure a holistic patient centred service within SCFT. She added that NHSI stipulate requirements and assurance that they require for Quality Improvement Priorities 19/20, and stated that priorities were based upon evidence gathered within 18/19 from sources such as complaints, audits and serious incident investigations. She explained that priorities would be presented to the Board for approval following stakeholder engagement.</p> <p>RQ queried how evidence was shared within the organisation. JC stated that information was escalated up to TWGG whereby a cross section of organisation would be in attendance to discuss. She noted that an Early Warning Quality Trigger Tool had been developed to help divert resource to areas needed, as discussed as Harm Free Care meetings. She explained that information was feedback to teams through newsletters and Datix but noted that the team were always looking for innovative ways to interact with teams.</p> <p>JC confirmed that a number of mandatory indicators would be carried forward for review</p>

	<p>in 19/20 and explained that the Trust required a local indicator to include within the Quality Report which would be selected by the Council of Governors. She presented a selection of options that could be chosen by the Council of Governors as local indicators and stated that TIAA would support the Trust with auditing to provide assurance. She noted that some of the suggested options were monitored currently by the Trust in some way.</p> <p>The Chair summarised that the Council of Governors were required to select a Local Indicator in the next Governors meeting in March and requested that JC prepare a short paper explaining criteria by which the indicator should be picked including the indicators already measured within the Trust and the indicators that will make the most significant and quantifiable benefit to the safety of patients.</p> <p>ACTION: JC prepare a short paper explaining criteria by which the indicator should be picked including the indicators already measured within the Trust and the indicators that will make the most significant and quantifiable benefit to the safety of patients.</p>
<p>6.</p>	<p>Clinical Care Strategy</p>
	<p>RQ provided an progress update to the Council of Governors of the Clinical Care Strategy, and stated that it had been agreed following a number of staff engagement events that the Clinical Care Strategy would be a generic strategy containing what the Trust would like to achieve for patients. He stated it would be then for a service to translate and create an individual service level Clinical Care Strategy following a clear framework to ensure consistency.</p> <p>The Chair explained that he would open the next Governor Strategy Group to all Governors for engagement and review of the draft Clinical Care Strategy and stated Governors would be key to ensuring the documentation was understandable to all within the Trust.</p> <p>ACTION: LC to distribute Clinical Care Strategy presentation to all Governors, with Governors sending any initial feedback to RQ.</p>
<p>7.</p>	<p>Changes to the composition of the Council of Governors and Draft Revised Constitution</p>
	<p>The Chair explained that at the September joint Council of Governor/ Board of Director workshop it was agreed that the constitution required changes to allow for changes to the composition of governors. He stated that the papers have been agreed by the Trust Board .</p> <p>He noted key changes as:</p> <ul style="list-style-type: none"> • Addition of two Volunteer governors • Addition of two youth participation governors • Disestablishment of Adjacent Community seat • Addition of second seat in public constituencies covering largest geographical area <p>The Chair suggested that the options for review of Staff Governor be paused, pending wider staff engagement review.</p> <p>DECISION: CoG approved changes to composition of the Council of Governors.</p> <p>It had been suggested by Staff Governors, that HCAs move from being within the Therapists, Allied Health Professionals and HCA constituency to the Nursing constituency as it was felt that their work was more aligned.</p> <p>DECISION: CoG approved HCA move to Nursing constituency.</p> <p>The Council of Governors voted to make the constitution gender neutral.</p>

	<p>DECISION: CoG endorsed all suggested changes to the constitution. ACTION: SC to make changes to the constitution ensuring the document was gender neutral and rectifying any formatting issues.</p> <p>The Chair thanked LC for her support.</p> <p>The Lead Governor requested Bognor be transferred to his constituency. DECISION: CoG endorsed Bognor transfer to the Arun constituency. ACTION: LC to escalate changes to the constituencies including boundaries to Interim Company Secretary for review and next steps.</p>
8.	<p>Governor Elections</p> <p>The Chair stated that any Governor who wished for additional support through the re-election process, to contact LC or SC. He added that a communication and engagement plan had been developed by the Head of Communication and Engagement and requested that it be distributed to all Governors. ACTION: SC to create short document to include time commitment and description of role for use within the elections. ACTION: SC to request election communication and engagement plan from KMW and distribute to all Governors.</p>
9.	<p>Nomination and Remuneration Committee- 27th November 2018</p> <p>The Chair explained that the Council of Governors Nomination and Remuneration Committee had met on 27th November to review the re-election of Elizabeth Woodman as Non-Executive Director. He stated that the group recommended her re-appointment. DECISION: CoG endorsed the recommendation of the Council of Governors Nomination and Remuneration Committee to re-elect Elizabeth Woodman.</p> <p>The Chair stated that the Lead Governor position required re-election every two years, with DMG wanting to continue as Lead Governor. DECISION: CoG endorsed David McGill re-election as Lead Governor.</p>
10.	<p>Update from Workshop and Governor Sub- Committees</p> <p>Steering Group: The Chair noted the previously distributed notes from the Governor Steering Group. Strategy Group: LC stated that the notes from the Governor Strategy Group would be distributed to Governors post meeting. Staff Group: The Chair commented that Governor Staff Group venues had been changed as requested by the group and were now split between the Kleinwort Centre at Haywards Heath and Zachary Merton in Rustington. RH offered CCG rooms as a potential future venue for meetings. Sussex Governor Network: AS explained the meeting was very interesting and stated that Swandean was a good venue for the network meeting. She stated that key issues discussed were the pooling of membership information along with the network sharing membership strategies and potential public governor candidates. She explained that a Governor Conference in May was discussed, with the cost of £180 per delegate. The Chair confirmed that there was a budget for governor training and requested further information. ACTION: AS to provide SC with information regarding the May Governor conference. CQC Engagement Meeting: EB provided an update to the CoG regarding a CQC</p>

	<p>Engagement Meeting that he had recently attended. He stated they had discussed who the STP as a whole would engage with social services and noted concern regarding fluidity of patient pathways along with additional concerns regarding convalescent homes. He explained that the CQC endeavoured to makes visits and research for the Trust more user friendly and make it easier for Trusts to cope with inspections. He stated that the CQC required further clarification as to what they hoped to achieve from visits to Trusts, in particular community Trusts.</p> <p>ACTION: EB to distribute minutes from the CQC engagement meeting once received.</p>
11.	Lead Governor Update
	<p>The Lead Governor stated that he had recently completed the QI Crash Course training and noted that it was very good training. He explained that he had a de-brief with the Head of QI following the training and suggested all Governors complete the training. He added that if there were a number of Governors that wanted to complete the training, it may be possible to create a bespoke training session.</p> <p>ACTION: SC to distribute dates of future QI Crash Course training to Council of Governors.</p>
12.	Date of Next Meeting
	<p>Wednesday 20th March 2018 17:30 – 20:00, J1 Boardroom, Jevington Building, Brighton General Hospital, Elm Grove, Brighton, BN2 3EW.</p>