

# Council Of Governors Committee 28.11.2019

MEETING  
28 November 2019 14:00

PUBLISHED  
26 November 2019

# Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Meeting Room1, RJAH	28/11/19		14:00

## 1. Committee Management

1.1. Apologies	Chair	14:00
1.2. Minutes of the Previous Meeting held on 25th July 2019	Chair	14:05
1.3. Matters Arising	Chair	14:10
1.4. Declarations of Interest	Chair	

## 2. Board Reflection

All 14:15

## 3. Items to Note

3.1. Questions and Answers	Trust Secretary	14:30
3.2. Membership Report	Trust Secretary	14:35
3.3. Review of Work Programme	Trust Secretary	14:40

## 4. Any Other Business

14:45

## 5. Date and Time of next meeting

5.1. 27th February 2019 - Meeting room 1 - Public Board 11am /  
Board of Governors Meeting 2.30pm

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## COUNCIL OF GOVERNORS 25<sup>TH</sup> JULY 2019

### MINUTES OF THE MEETING

#### PRESENT:

Frank Collins  
Jan Greasley  
Martin Coggon  
Colin Chapman  
Gill Pitcher  
Russell Luckcock  
William Greenwood  
Peter David  
Karina Wright  
Kate Betts

Chair	FC
Lead Governor/Public Governor, North Wales	JG
Public Governor, North Wales	MC
Public Governor, Shropshire	CC
Public Governor, Shropshire	GP
Public Governor, West Midlands	RL
Public Governor, Powys	WG
Governor Stakeholder, League of Friends	PD
Governor Stakeholder, Keele University	KW
Staff Governor	KB

#### IN ATTENDANCE:

Mark Brandreth  
Shelley Ramtuhul  
Steve White  
Harry Turner  
Chris Beacock  
Paul Kingston  
Hilary Pepler  
Craig Macbeth

Chief Executive	MB
Trust Secretary	SR
Medical Director	SW
Non-Executive Director	HT
Non-Executive Director	CB
Non-Executive Director	PK
Board Advisor	HP
Director of Finance and Planning	CM

#### SECRETARY:

Gayle Murphy

PA to Trust Secretary	GM
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MINUTE No	TITLE	ACTION
	<b>COMMITTEE MANAGEMENT</b>	
1.1	<b>WELCOME &amp; APOLOGIES</b> Apologies were received from Katrina Morphet, Public Governor - Cheshire and Merseyside, Sue Nassar, Public Governor – Shropshire, Karen Calder, Governor Stakeholder - Shropshire Council, Allen Edwards, Staff Governor, Kate Chaffey, Staff Governor, Dr Julie Santy-Tomlinson, Public Governor - Rest of England and Wales, David Gilbur, Non-Executive Director, Alastair Findlay, Non-Executive Director, Nia Jones, Director of Operations, Sarah Bloomfield, Interim Director of Nursing, Kerry Robinson, Director Performance, Improvement and Organisational Development and Sarah Sheppard, Director of People.	
1.2	<b>MINUTES FROM THE PREVIOUS MEETING</b> The minutes from the previous meetings held on 30 May 2019 were approved as a true record.	
1.3	<b>MATTERS ARISING</b> There were no matters arising from the previous meeting.	
1.4	<b>DECLARATIONS OF INTEREST</b> There were no declarations to be declared.	

MINUTE No	TITLE	ACTION
2.0	<b>BOARD REFLECTION</b>	
	<p>FC invited the Council of Governors to ask questions or offer comments following the Board of Directors meeting earlier in the day.</p> <p>PD asked CM to clarify further details on the financial figures and specifically whether they are due to operational issues within the theatres department or consultant pension problems.</p> <p>CM responded that there were multi factorial issues related to theatre activity such as allocating sessions and bed capacity. The performance was not related to the pension issues. The teams are looking at multiple drivers and focusing on the month of August to stabilise the problem.</p> <p>PD asked when forecasting and planning is taking place, is a mix of tariffs taken into account. CM confirmed that there is a fixed job plan for 70% of work and the other 30% is unscheduled depending on the availability of cases.</p> <p>FC commented that the complexity of the issue has resulted in the Trust not filling as many theatre sessions as required in order to fulfil the plan. Assurance has been received through the Board's sub-committees that the Executive team recognise the importance and seriousness of the issues. The Council can be assured that the Executive, Clinical and Senior Management teams are aware of the issues and are working on a recovery plan/solution. He noted how impressed he was by the Surgical management team's recovery trajectory and that the teams are now looking forward as far as March next year to get back on track.</p> <p>GP asked how confident the Trust was with the overall recovery plan. FC acknowledged that it will be a challenge to get to the control total surplus of £2 million, but a challenge that hopefully can be achieved. He was confident that the recovery plan afforded the Trust all sensible options for recovery, but acknowledged that it would be a challenge.</p> <p>MB added that he is slightly more confident in hitting the plan for August and September but the recovery plan is for the cases lost June and July and this will present a challenge to recover later in the year.</p> <p>CM commented that the Shropshire system is in a deficit but the Trust is the only organisation within the Shropshire Health Service with a £2 million surplus control total, relatively the Trust is a good performing organisation financially.</p> <p>FC agreed with CM and added that the Trust is not complacent and is in a good place. The Trust is in the high upper quartile for performance each month and is a positive, good quality organisation with current financial difficulties that will be overcome. He pointed out that patients do not mention finances, only exemplary care.</p> <p>HP commented that he sees an organisation responding and learning from challenges, which will benefit the Trust in future years.</p> <p>GP asked if there is any impact with the commissioners at this point. CM replied that if the Trust does not hit activity or loses income the commissioners would gain. The Trust is currently underperforming on certain contracts but this is not affecting the cash flow. MB added that activity fluctuates over the course of a year so it is looked at as a 12 month cycle.</p> <p>KB observed that in October 2018 there was a peak in activity but there was also a peak in inpatient falls and asked if this could be because staff are overworked.</p> <p>FC stated that this could be coincidental but it was a good observation. MB added that there are enough resources for the original plan but if there is an increase in</p>	

MINUTE No	TITLE	ACTION
	<p>activity then the Trust would need to re-look at whether there are enough beds, staff, and consultants available to meet the demand.</p> <p>CM added that there is still 8 months of the year left and the detail would need to be worked through.</p> <p>FC advised, as the Chair of the Council, the message to give to constituents is that the Trust is not in financial crisis. The Board is providing support and oversight to the Executive team in a responsible, focused way to diagnose the issues and will then work through a recovery plan. Nothing will compromise clinical care and the quality of care provided.</p> <p>JG noted that the challenge from the Non-Executive Directors during the Board meeting was excellent. JG added that she had observed the last Risk Management Committee meeting on behalf of the Governors and recalled the excellent way the staff were encouraged to deal with their risks as a team effort. JG drew attention to the huge amount of progress made culturally by the Trust and thanked HT as Chair of the Risk Management Committee, for the opportunity to observe. HT commented that he had spoken to JG following the Risk meeting and will pass her comments back to the Committee at the next meeting. FC thanked JG for her comments.</p> <p>FC confirmed that the non-executives would be willing to allow a governor or two to attend and observe a Board Committee meeting on an annual basis. To do so more frequently would compromise the different roles of governors and non-execs.</p> <p>FC thanked the Council for their attendance at the Board of Directors meeting.</p> <p>The Council of Governors <b>noted</b> the updates in Trust Board.</p>	
3.0	GOVERNANCE	
3.1	<p><b>COUNCIL OF GOVERNORS SELF-ASSESSMENT</b></p> <p>A presentation was delivered by SR regarding the Council of Governors Survey of Effectiveness. It was noted that overall there are more “agrees/strongly agrees” than in previous years.</p> <p>The following points were made:</p> <ul style="list-style-type: none"> <li>• Statutory roles: <ul style="list-style-type: none"> <li>○ Much improved position than in previous years</li> <li>○ Training sessions will continue as they were well attended and worthwhile</li> <li>○ Board attendance for Governors is now taking place</li> </ul> </li> <li>• Meetings: <ul style="list-style-type: none"> <li>○ Good, positive results overall</li> <li>○ Questions and Answers paper is now part of the agenda</li> <li>○ Will initiate a post meeting email to cover any issues not raised within the meeting</li> </ul> </li> <li>• Membership: <ul style="list-style-type: none"> <li>○ This is the area that needs more focus</li> <li>○ The action plan from the membership meeting is mainly completed</li> </ul> </li> <li>• Governor Involvement: <ul style="list-style-type: none"> <li>○ More patient safety walkabouts to be planned</li> <li>○ Continue with involvement on interview panels for senior staff members</li> <li>○ The work undertaken over the last 2 years to improve the Governor and Non Executive Director relationship has paid off which is reflected in the improved results on challenging and questioning</li> </ul> </li> </ul>	

MINUTE No	TITLE	ACTION
	<p><b>ACTION: Initiate a post meeting email to cover any issues not raised within the meeting</b></p> <p>JG noted that there was no middle ground on the survey between agree and disagree. SR commented that this was deliberate to force a result one way or the other.</p> <p>KW asked if the new Governors would receive induction training. SR confirmed that once the current elections had come to an end, all new Governors would be offered the training. The training programme for all Governors would carry on throughout the year. JG added that the induction for KB and WG had taken place with herself and SR.</p> <p><b>ACTION: Initiate GovernWell training session for new Governors once current elections have been finalised</b></p> <p>KW declared that the Patient Safety Walkabouts were a favourite part of the role but noted that she did not receive any feedback afterwards. JG added this was also the same for the Sit and See sessions she attended. GP advised she felt the same for the Patient Panel meetings. SR confirmed that she would pass this onto the relevant departments within the Trust.</p> <p><b>ACTION: Feedback is required for any Governors attending Patient Safety Walkabouts, Sit and See sessions and Patient Panel meetings. SR to liaise with the relevant organisers within the Trust.</b></p> <p>FC thanked SR for the update.</p> <p>The Council of Governors <b>noted</b> the presentation.</p>	<p><b>TRUST SECRETARY</b></p> <p><b>TRUST SECRETARY</b></p> <p><b>TRUST SECRETARY</b></p>
3.2	<p><b>APPROVAL OF COUNCIL OF GOVERNORS ANNUAL REPORT</b></p> <p>SR presented the Annual Report to the Council. The following points were highlighted within the report:</p> <ul style="list-style-type: none"> <li>• The Council's duties</li> <li>• Governor's attendance at meetings throughout the year</li> <li>• Any elections that have taken place and outstanding vacancies – JST has not stood for election and so this will be a vacant position</li> </ul> <p>The Council were reminded that the Annual Report will be discussed at the Annual General meeting in September and if they had anything to address they would need to inform SR before the end of August.</p> <p>JG thanked SR for the report.</p> <p>The Council of Governors <b>approved</b> the report.</p>	
4.0	<b>ITEMS TO NOTE</b>	
4.1	<p><b>QUESTION AND ANSWERS</b></p> <p>SR presented the Question and Answer paper, the following points were raised:</p> <ul style="list-style-type: none"> <li>• The recent decision by the CCG to cease funding for shockwave therapy</li> <li>• Surgeons reducing their hours due to concern about taxation on Pension Contributions</li> <li>• Chaplaincy appointment</li> </ul>	

MINUTE No	TITLE	ACTION
4.2	<p>The answers to the questions raised were in the paper but SR asked the Council if they had any further questions arising from the answers given.</p> <p>CC stated that he had been actively involved in the shockwave therapy for a number of years and asked for assurance that this decision would be reviewed in greater depth. SW responded that the Trust would require persuasive information provided by the relevant Consultants for negotiations with the CCG. SR confirmed that discussions on this service continued between the Trust and other providers and the CCG.</p> <p>MB informed the Council that any feedback would be shared with the Council.</p> <p>The Council <b>noted</b> the Questions raised.</p> <p><b>MEMBERSHIP REPORT</b></p> <p>SR provided an update on the membership for the Trust. The current membership total is 6335 and the Council should note that the Trust membership target for 2019/20, set within the membership strategy, is 6447 and represents a 5% year on year increase since 2015.</p> <p>SR introduced the Report and noted:</p> <ul style="list-style-type: none"> <li>• There has been small growth in the membership figures</li> <li>• To hit the yearly target, only another 112 members are required to join</li> <li>• There are less male members than females</li> <li>• The Trust is struggling to recruit younger members</li> </ul> <p>FC queried where the Out of Trust constituency area covers. SR will investigate and feedback at the next Council meeting.</p> <p><b>ACTION: SR to investigate the area covered by the Out of Trust constituency</b></p> <p>MB queried who set the 5% growth target each year. SR confirmed that the Trust set their own targets, which has been hit each year but will be reviewed to assess whether it is still realistic. MB added that perhaps the target should cover certain areas i.e. age and ethnicity rather than an overall target.</p> <p>The Council of Governors <b>noted</b> the Membership Report.</p>	<p><b>TRUST SECRETARY</b></p>
4.3	<p><b>WORK PROGRAMME REVIEW</b></p> <p>The Trust Secretary introduced the update on the Report and noted that there were no changes to the plan but will amend the plan moving forwards to include the Sit and See feedback.</p> <p>JG commented that the Council were happy with the programme review.</p> <p>The Council of Governors <b>noted</b> the Work Programme Review.</p>	
5.0	<b>ANY OTHER BUSINESS</b>	
5.1	<p>JG acknowledged the Governors who are currently up for re-election and wished them luck in the forthcoming elections.</p> <p>KW advised the Council that this would be her last attendance at a Committee meeting as she would be starting her maternity leave in the very near future. She confirmed that Jan Kuiper would be covering her leave as the Stakeholder Governor</p>	



MINUTE No	TITLE	ACTION
	<p>for Keele university. On behalf of the Council, FC wished KW good luck for her maternity leave.</p> <p>GP thanked the Committee for her time as a Governor in case she was not re-elected.</p> <p>KB highlighted that this was her first Committee meeting and thanked the Council for their warm welcome and support.</p> <p>FC informed the Council that JG had been re-appointed as a Governor for North Wales for a final 12 month period, which will come to a conclusion at the end of July 2020. In order to ensure consistency and continuity, the Trust will appoint a Shadow Lead Governor to work alongside JG, in the view to step into the role of Lead Governor as of 1st August 2020. FC thanked RL for his suggestion in this regard.</p> <p>The Trust will seek nominations in September 2019 from Governors who are interested in becoming the Lead Governor. JG will be happy to chat to any Governors on the role and what it entails. RL added that this is not an easy role to fulfil. FC agreed and thanked JG for her professionalism when called upon.</p> <p>FC wished GP good luck in the elections and brought the meeting to a close.</p>	
7.0	<b>Next Meeting Thursday 26<sup>th</sup> September 2019 at 2.30pm</b>	

**COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS**

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress
Initiate a post meeting email to cover any issues not raised within the meeting	Trust Secretary	In progress
Initiate GovernWell training session for new Governors once current elections have been finalised.	Trust Secretary	Complete
Feedback is required for any Governors attending Patient Safety Walkabouts, Sit and See sessions and Patient Panel meetings. SR to liaise with the relevant organisers within the Trust.	Trust Secretary	Complete
SR to investigate the area covered by the Out of Trust constituency	Trust Secretary	Complete

## 0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	28 November 2019
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance
Paper Reviewed by:		Paper Ref:	
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

## 1. Purpose of Paper

### 1.1. Why is this paper going to the Council of Governors and what input is required?

The Council of Governors is asked to **note** the questions that have been raised by Council members since the last meeting and the answers provided by the Executive Team.

## 2. Executive Summary

### 2.1. Context

It was agreed that any questions and answers raised by Council members in between meetings would be collated into a paper to the Council in order that all members could benefit from the information and also to ensure there was opportunity for discussion as required.

In addition it was agreed that the Council of Governors would be proactively asked if there were any items they wished the Chairman to consider for the agenda.

### 2.2 Summary

This paper presents the questions and answers paper. In summary:

- The Council members requested no items for the agenda
- The Council members raised 1 question in relation to the following:
  - Agency Staff for theatres

### 2.3 Conclusion

The Council of Governors is asked to note the questions raised by Council members since the last meeting and the answers provided by the Executive Team.

### 3. Main Report

#### 3.1. Questions and Answers

Date Raised	Raised By	Question
11/11/2019	Peter David	"What is the current management thinking on hiring Agency Staff for theatres, its effect upon finances, implications for staff morale and how closely is this expensive resource scrutinised?"

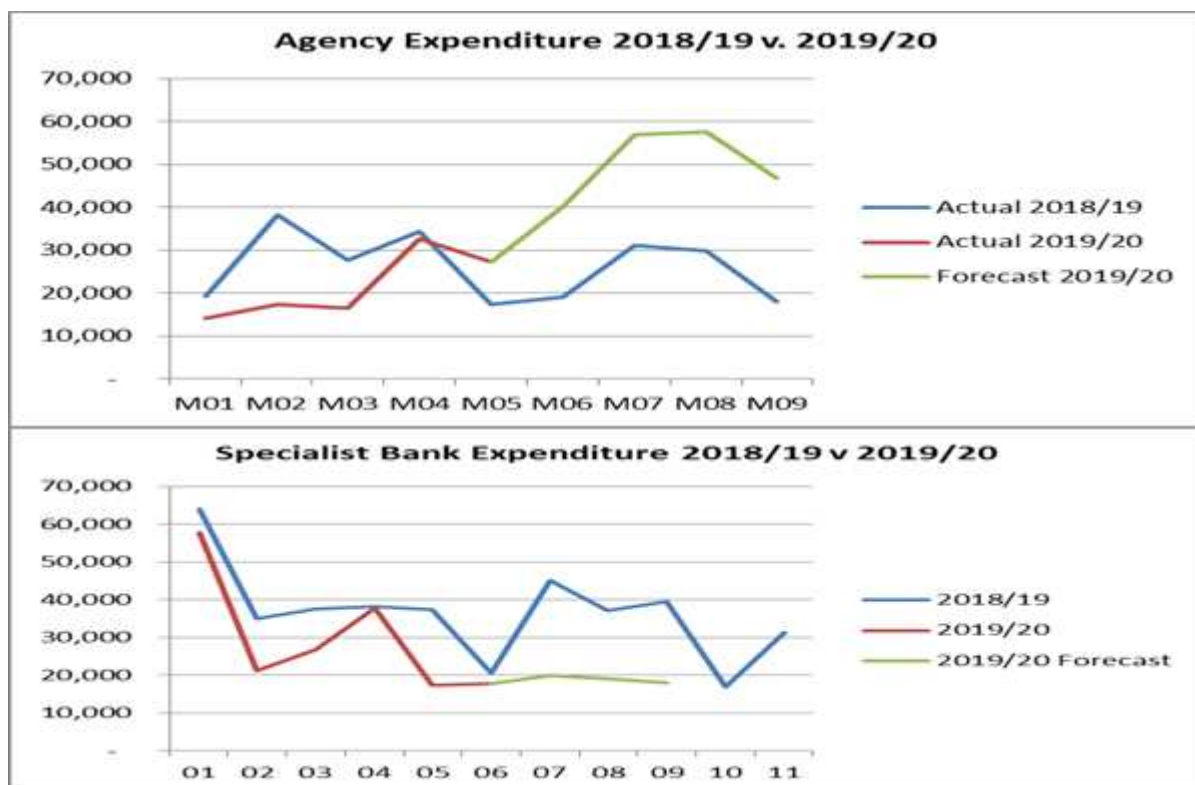
#### Response Provided By: Kerry Robinson, Director of Performance, Improvement & OD

Theatre staffing has made great improvements, in 2016 there were 15.8 wte scrub vacancies based upon 123 theatre sessions. As of October we had 1.7 wte scrub vacancies based upon 130 theatre sessions per week. However, as part of theatre recovery board, work has been completed to understand and monitor that there is appropriate theatre workforce in place to meet the activity levels that have been planned for the remainder of the year with a different phasing than originally anticipated, as demonstrated below.



As you can see from above the Trust is operating above 130 sessions per week between September and December this ranges from 134 sessions per week to 144 sessions per week and therefore operating with a range of 24% to 30% temporary staffing levels.

Even at the budgeted 130 sessions the Trust would operate in a range of 22% to 27% temporary staffing. This doesn't take into account sickness levels as previously stated at Trust sickness level currently at 4.52% and within theatres at 6.03% Highlighting the reliance on both agency and specialist bank staff to run our theatres as illustrated below;



The Theatres division are in the process of pulling together a proposal looking to convert current temporary staffing spend into substantive positions, whilst also recognising that there are recruitment challenges.

The work above has been carried out as we are very aware of the implication for staff morale and have in place a theatre improvement programme which is focused on longer term changes to improve planning which would take into account the above. Simultaneously as you can see from above we have a weekly theatre board in place to ensure continued focus.

## 0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	28 November 2019
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Equality Impact Status:	N/A
Forum submitted to:	Council of Governors	Paper FOIA Status:	Disclosable

## 1. Purpose of Paper

### 1.1. Why is this paper going to Council of Governors and what input is required?

This paper is presented to the Council of Governors to **note** the current membership position of the Trust.

## 2. Executive Summary

### 2.1. Context

As a Foundation Trust it is a constitutional requirement for the Trust to have a membership made up of public, staff and patient constituents. The aim is to ensure that the membership is sufficient in its size and make up to adequately represent the communities the Trust serves.

### 2.2. Summary

This report provides an update on Foundation Trust membership and representation in support of the membership strategy.

### 2.3 Conclusion

The Council of Governors is asked to **note** the information contained within this paper.

## 3. The Main Report

### 3.1. Background

This paper provides an update on membership numbers as at 31 October 2019 and on-going progress of the Trusts Public Membership Strategy.

### 3.2. Current Membership

The current membership total (at 31 October 2019) is 6409 which can be broken down as follows:

As at 31 October 2019	
Staff	1173
Public	5236
<b>Total</b>	<b>6409</b>

### 3.3. Membership Growth

The Council should note that the trust membership target for 2019/20, set within the membership strategy, is 6447 and represents a 5% year on year increase since 2015.

In October 2019 the Trust's membership stood at 6409 which represents a good increase compared to 6335 in Quarter 1.

### 3.4 Constituencies

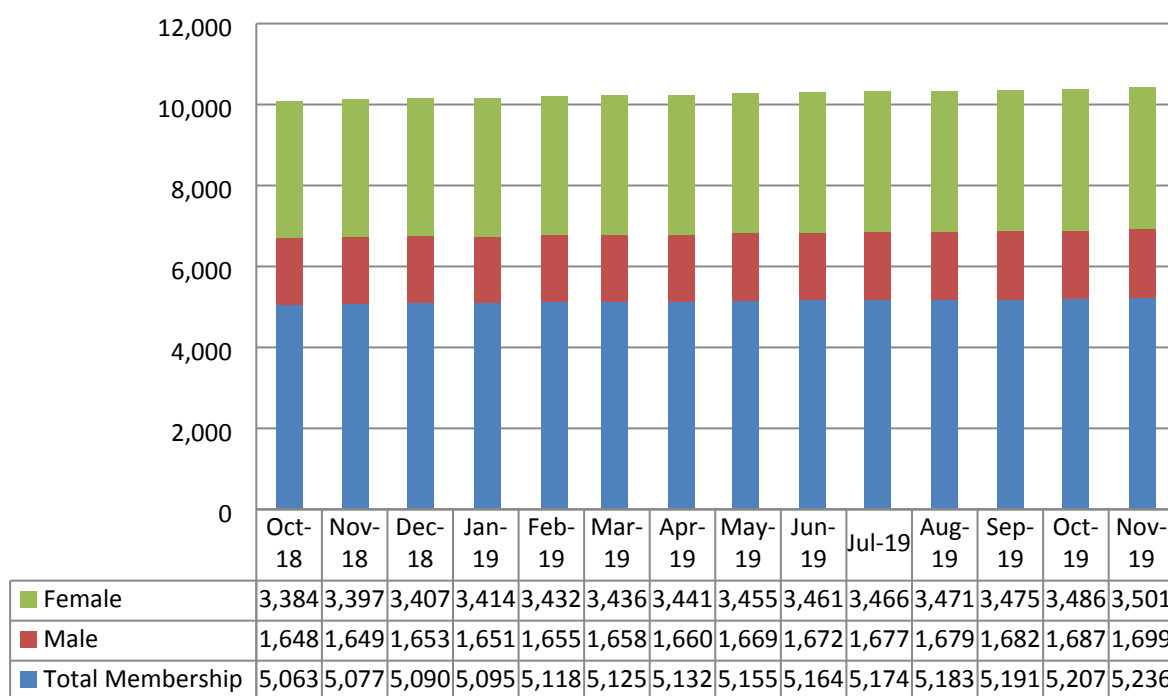
The breakdown of membership by public constituency, shows, as expected that Shropshire continues to provide the largest membership base.

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Cheshire & Merseyside	329	329	330	331	332	333	333	335	335	337	339	341	343	345
North Wales	892	892	894	891	893	893	895	896	898	899	902	904	905	913
Powys	524	524	524	524	526	525	526	528	530	532	534	536	535	535
Shropshire	2,580	2,580	2,590	2,597	2,612	2,618	2,619	2,627	2,629	2,632	2,628	2,635	2,645	2,659
West Midlands	488	488	489	489	490	490	492	495	497	496	500	503	505	510
Rest of England & Wales	226	226	225	225	226	226	227	230	231	232	234	234	236	235
Out of Trust Area	38	38	38	38	39	40	40	44	44	46	46	38	38	39
<b>Total</b>	<b>5,077</b>	<b>5,077</b>	<b>5,090</b>	<b>5,095</b>	<b>5,118</b>	<b>5,125</b>	<b>5,132</b>	<b>5,155</b>	<b>5,164</b>	<b>5,174</b>	<b>5,183</b>	<b>5,191</b>	<b>5,207</b>	<b>5,236</b>

### 3.5 Gender

The graph below shows the split between female and male members. This demonstrates that males remain under represented within the membership. As previously reported, the Trust Secretary has met with the Outpatient Manager to arrange increased availability of membership information in the Sporty Injury Clinics as there is a higher proportion of males who attend these clinics. The number of male members continues to increase.

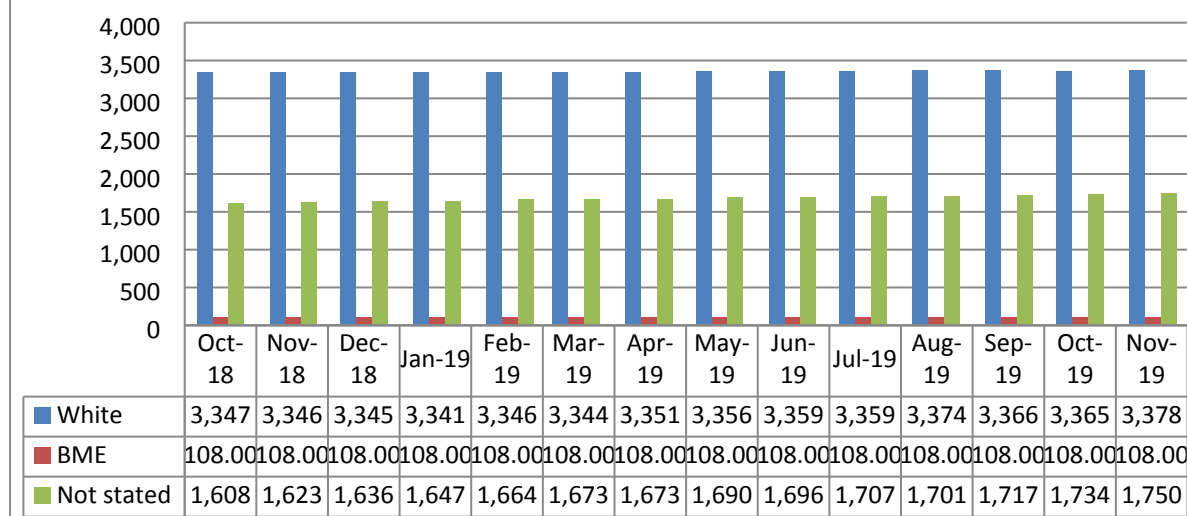
## FT Public Membership - Male/Female



### 3.6 Ethnicity

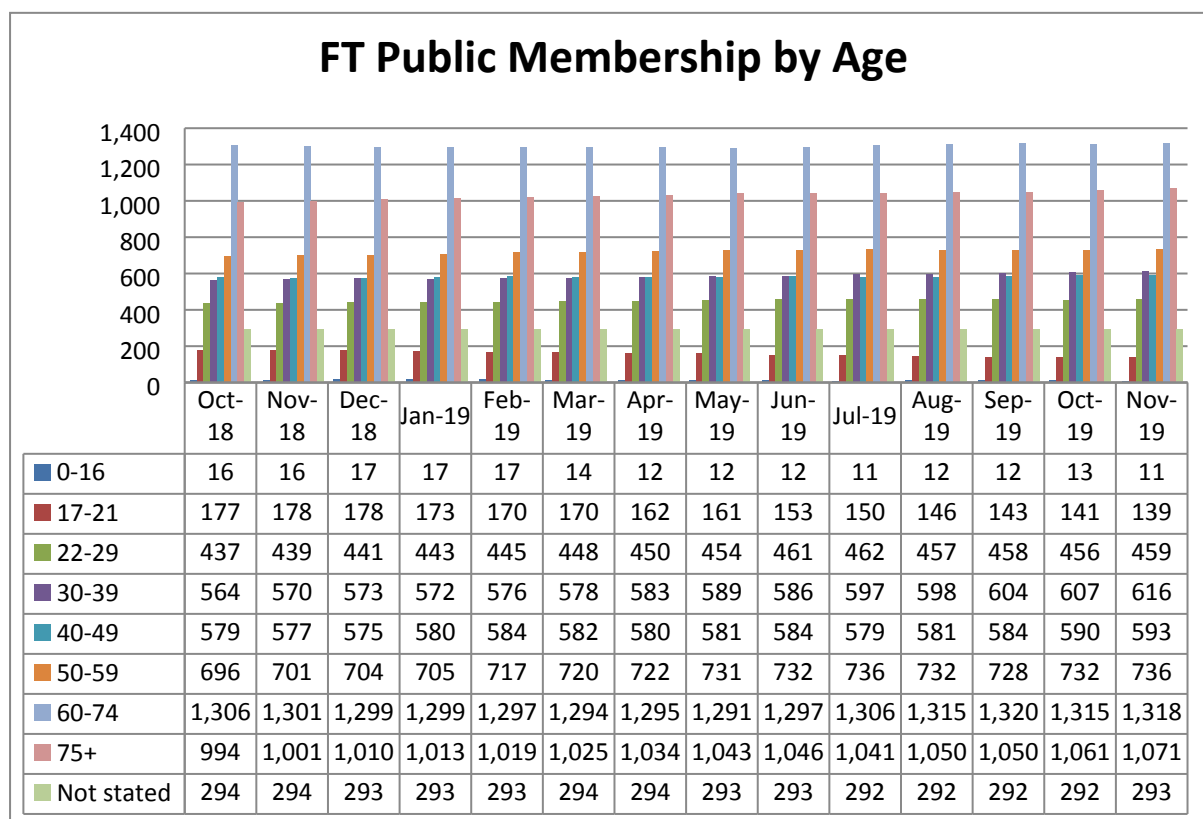
Although relatively small numbers of members are from Black and Minority Ethnic groups, compared to the local population, these groups are representative of the population and therefore the patient base.

## FT Public Membership by Ethnicity



## 3.7 Age

The profile of public membership by age looks to have remained largely the same when looking at the number of members for each category with small increases in all age categories age 22+



## 3.8 Membership Strategy Update

The Council of Governors reviewed its Membership Strategy at the meeting held in November 2018 and this was supported by an NHS Providers session on member engagement. There were a number of actions which arose from this session, all of which have now been completed.

The Trusts membership has consistently increased year on year albeit during 2017-18 and 2018-19 the increases were not quite to the level required for the annual target increase.

The members' drop-in sessions have continued to be held quarterly during the first half of 2019-20 and this enables Governors to greet patients into the Trust and encourage recruitment as well as discussing issues.

## 4. Conclusion

The Council of Governors is asked to **note** the information contained within this paper.



# Work Programme Review 19/20

The Robert Jones and Agnes Hunt  
Orthopaedic Hospital



NHS Foundation Trust

	30 <sup>th</sup> May 2019	25 <sup>th</sup> July 2019	26 <sup>th</sup> Sept 2019	28 <sup>th</sup> Nov 2019	27 <sup>th</sup> February 2020	April Meeting 2020 (TBC)
<b>Statutory Reports</b>						
Receive Annual Report and Accounts			X			
Receive Audit Reports			X			
<b>Forward plan</b>						
Consider strategic issues/priorities for Board to consider in the planning process					X	
Presentation of plan		X				
<b>Quality</b>						
2019 priorities					X	
Quality Indicators to be audited					X	
Quality accounts draft presented						X
Update on Quality Accounts Audit Actions	X	X		X	X	
<b>Trust Developments</b>						
As & When required	X	X		X	X	X
<b>COG Strategy docs</b>						
Membership & Engagement strategy						X
<b>COG Governance</b>						
COG Self-Assessment (inc review of outcomes from training)		X				
COG Annual report (for approval)		X				
COG Annual report presentation			X			
<b>Standing items</b>						
Membership report	X	X		X	X	X
Review of work programme	X	X		X	X	X
Question & Answer	X	X		X	X	X
Board Refection	X	X		X	X	X

1. Committee Management

2. Board Reflection

3. Items to Note

4. Any Other Business

5. Date and Time of next