

Council of Governors

MEETING
28 March 2019 14:00

PUBLISHED
22 March 2019

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Meeting Room 1, Main Entrance	28/03/19		14:00
1. Committee Management			
1.1. Apologies		Chair	14:00
1.2. Minutes of the Previous Meeting held on 29th November 2018		Chair	14:05
1.3. Minutes of the Previous Meeting held on 31st January 2019		Chair	
1.4. Matters Arising		Chair	14:10
1.5. Declarations of Interest		Chair	14:15
2. Board Reflection		All	14:20
3. Quality			
3.1. Quality Account Update and Indicators 2018/19		Trust Secretary	14:35
4. Items to Note			
4.1. Questions and Answers (Verbal)		Trust Secretary	14:50
5. Any Other Business			14:55
6. Date and Time of next meeting			
6.1. 30th May 2019 - Meeting room 1 - Public Board 11am / Council of Governors 2.30pm			

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6.1. 30th May 2019 - Meeting room 1 - Public Board 11am / Council of Governors 2.30pm	

The Robert Jones and Agnes Hunt Orthopaedic Hospital

NHS Foundation Trust

Frank Collins, Chairman ☎ 4358
Chairman

COUNCIL OF GOVERNORS 29TH NOVEMBER 2018

MINUTES OF THE MEETING

PRESENT:

Frank Collins	Chair	FC
Jan Greasley	Lead Governor/Public Governor, North Wales	JG
Colin Chapman	Public Governor, Shropshire	CC
Peter David	Governor Stakeholder, League of Friends	PD
Martin Coggon	Public Governor, North Wales	MC
Gill Pitcher	Public Governor, Shropshire	GP
Sue Nassar	Public Governor, Shropshire	SN
Russell Luckcock	Public Governor, West Midlands	RL
Allen Edwards	Staff Governor	AE

IN ATTENDANCE:

Mark Brandreth	Chief Executive	MB
Shelley Ramtuhul	Trust Secretary	SR
Nia Jones	Director of Operations	NJ
Bev Tabernacle	Director of Nursing	BT
Harry Turner	Non-Executive Director	HT
Hilary Pepler	Non-Executive Director	HP
David Gilbert	Non-Executive Director	DG
Alastair Findlay	Non-Executive Director	AF

SECRETARY:

Gayle Murphy	PA to Trust Secretary	GM
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MINUTE No	TITLE	ACTION
	COMMITTEE MANAGEMENT	
1.1	<p>WELCOME & APOLOGIES</p> <p>Apologies were received from: Katrina Morphet - Public Governor, Cheshire & Merseyside, Karina Wright - Governor Stakeholder, Keele University, Kate Chaffey - Staff Governor, Dr Julie Santy-Tomlinson – Public Governor, Rest of England and Wales, Karen Calder – Governor Stakeholder, Shropshire Council, Craig Macbeth - Director of Finance, Debbie Kadum - Interim Associate Director of Performance, Sarah Sheppard - Director of People, Kerry Robinson – Director Strategy and Planning and Steve White - Medical Director.</p> <p>FC presented RL with The Governor of the Year Award as he couldn't be in attendance at the annual Celebration of Achievements Awards held in November. RL thanked the committee for the award.</p> <p>It was noted by FC that Linda Ward would be stepping down as a Governor as she is no longer eligible to be the Governor for Powys following her house move. Appreciation was given for her contribution to the Council. FC asked the Trust Secretary to start the elections for a replacement.</p> <p>ACTION: SR to start election proceedings</p> <p>FC welcomed Dave Adams, former Staff Governor, to the public gallery.</p>	<p>TRUST SECRETARY</p>

MINUTE No	TITLE	ACTION
1.2	MINUTES FROM THE PREVIOUS MEETING The minutes from the previous meetings held on 26 July 2018 and 27 September 2018 were approved as a true record.	
1.3	MATTERS ARISING There were no matters arising from the previous meeting.	
1.4	DECLARATIONS OF INTEREST There were no declarations to be declared.	
2.0	BOARD REFLECTION	
	<p>RL commented that the End of Life presentation was fascinating; he felt that it is an important subject that is usually skated over and wanted to congratulate the Board for discussing the topic at the meeting.</p> <p>BT agreed that the Swan process was excellent. Thankfully it wasn't necessary to use it very often at RJAH as patient deaths occur infrequently. However, it is still important to maintain competency with dealing with such a situation.</p> <p>FC acknowledged the multi-disciplinal working and the strong message that came across of the personal impact of a patient death on the porters.</p> <p>BT commented that all the staff involved, including the porters, attending the training and learnt many things of the huge impact if patient deaths are handled badly.</p> <p>RL asked if there was an automatic system that would call a "person of faith" i.e. a chaplain, inclusive of all faiths at any time, as and when required.</p> <p>BT replied that there was a process in place at RJAH and regardless of faith someone can be called out at any time. The numbers and ethnicity profile is not very broad but a procedure is in place and covered by the Swan working group.</p> <p>MB commented that the faiths in the hospital work together and are covered by mutual arrangements.</p> <p>FC asked for any other observations on the Board meeting from the Governors.</p> <p>JG said that the Governors had observed and noted the excellent interaction/questioning between the Non-Executive Directors and the Executive Directors during the meeting. The room layout was good but the Governors struggled to hear the last presentation due to the choir which were performing in the lobby for the Christmas Fayre.</p> <p>NJ had agreed to share the Breaking the Cycle presentation with the Governors.</p> <p>ACTION: NJ to share the Breaking the Cycle presentation with the Governors</p> <p>FC highlighted that credit should be given to MB on the reduction of the span of issues covered in the private meeting agenda compared to 3 years ago. As a Trust the discussions in the private meetings are focussed on those which are commercially confidential or sensitive in terms of human resources or patient care and therefore should not be in the public forum. Issues such as organisational performance or organisation strategy are not discussed in the private meeting only to be repeated in public.</p> <p>Today was a good example of this. As this has been a frustration of the council for some months he now hoped these frustrations have been allayed with the new approach to agenda setting and the configuration of the Board.</p> <p>PD raised a question on the tariff and wondered whether this was a concern for the</p>	DIRECTOR OF OPERATIONS

MINUTE No	TITLE	ACTION
	<p>Board and whether the Trust was making any plans? If so, were the plans on developing alternative sources of income or cost curtailment?</p> <p>MB responded that the Trust is involved in intensive negotiations. The Trust has been working alongside the National Orthopaedic Alliance on the Orthopaedic Chapter, (in effect prices), and as soon as the tariff comes out and the Finance team have had time to digest the information, the Board will be able to move forward with assessing the impact of the new pricing structure. Cost curtailment is always difficult and at RJAH the focus is on margins as well as reducing costs.</p> <p>DG agreed with MB regarding costs and understood there are ongoing investigations on reducing agency staffing costs. Reinforcing the comments made on the strength of the Finance team, he was sought out by someone from NHSI at a recent Audit Committee Chair's meeting in London. She commented on how fantastic and outstanding the finance team is at RJAH.</p> <p>FC commented on the conversation during the Board of Directors meeting regarding the tariff as a specific issue. He reminded the Council that the executive's thoughts on the tariff and other "live matters" are on the Board Assurance Framework along with a narrative. It is a dynamic meaningful piece of work which gives a feel about how the organisation is considering issues that impact it, both internally and externally imposed. The BAF is readily available for the Council to review on the Trust Portal.</p> <p>RL asked about the rumour of the possibility of some of the land at the hospital being sold.</p> <p>MB stated categorically that no land was currently planned or earmarked to be sold. As part of the Estates Strategy there was a review of commercial opportunity of the land and if any of it was to be sold, what value it may be and how it would support the capital requirements of the Trust in the future. There are covenants on some parts of the Estate including the cricket pitch and land at the back of the hospital was used for mining in the past and so the land doesn't have high commercial value.</p> <p>He commented that he has an ambition to build an education centre which would make a massive difference to the hospital but this would require finding creative ways of funding. Unusually for an NHS trust there is land around the site but to be absolutely clear there are no plans to sell any land at the moment. However, he knew that the Council would support the Executives and the Board keeping this matter under regular review.</p> <p>FC agreed and also emphasised that the Board wouldn't be fulfilling its obligations if the sites real estate usage wasn't reviewed on occasions.</p> <p>RL stated he was delighted to hear this and said it was wise for the Board to keep a firm hold of the land for future. Regarding comments for using the land for a training centre, he would welcome this and wondered if any of the space could be used for a Trust museum.</p> <p>FC understands the passion and commitment of previous Governor, David Adams' request for a museum space but he also commented that David Adams understands the Trusts position and that such a development isn't on the agenda at present and that it's not feasible for a museum to have a slot in the capital programme as things stand. Of course, a museum might be given consideration in the future as part of another appropriate development and a future Education Centre might be the right location. However, he was anxious not to raise David's or the Council's hope by saying it will be an integral part of a training facility as this would be a false promise at this early stage in the thinking.</p> <p>FC thanked the Council for their attendance at the Board of Directors meeting.</p>	

MINUTE No	TITLE	ACTION
	The Council of Governors noted the updates in Trust Board.	
	QUALITY	
3.0	<p>UPDATE ON QUALITY ACCOUNTS AUDIT ACTIONS</p> <p>Bev Tabernacle, Director of Nursing, delivered a presentation on the Quality Accounts. The following points were made:</p> <ul style="list-style-type: none"> The Deloitte audit and assessment of the overall Quality Accounts had in previous years shown several red and amber results; this year there was only one amber that was in relation to the accuracy of the validation of the RTT pathway. No other issues were raised from the audit and the overall comments were very positive. An update was given on the priorities agreed for the year especially on the “deteriorating patient” work and the patient passport. Following the Safety Summit the WHO safety checklists are complete and new process agreed at the MDCAM meeting are now being rolled out. Behavioural characteristics have been defined but more work is underway on how these can be measured in the right way. Managing the deteriorating patient training has a target of 95% for all clinical staff to undertake, a number of clinical areas have been targeted to pilot this. <p>FC thanked BT for her presentation.</p>	
4.0	<p>MEMBERSHIP DEVELOPMENT AND ENGAGEMENT STRATEGY</p> <p>SR discussed the Membership Development and Engagement Strategy which has been updated. The amended areas are:</p> <ul style="list-style-type: none"> Detail added on the constituencies and categories of membership Membership engagement pack – so the council are aware of what being a member means Current membership numbers updated Objectives updated to two key issues <ul style="list-style-type: none"> Building and maintaining current membership - specific areas to focus on are increasing the numbers of youth/male members and members from Cheshire and Merseyside and the West Midlands Effectively engaging and communicating with members <p>SR asked for comments and input and approval subject to any changes that are requested to be made.</p> <p>PD commented that the Strategy was a good piece of work but stated that in his two years as a Governor no-one from his constituency had approached him with a question.</p> <p>FC asked the Council if that was reflected in general to which the Council agreed.</p> <p>SR stated that a workshop was planned for January specifically concentrating on membership and noted that this was an area that could be explored and how this could be addressed.</p> <p>FC asked staff governor AE if he was approached by staff members with any questions.</p> <p>AE commented that he was approached occasionally but generally with negative</p>	

MINUTE No	TITLE	ACTION
	<p>comments which might be more appropriately directed to the staff member's line manager. AE added that he tries to take membership application forms to external career meetings with younger people to try to increase numbers.</p> <p>MC said that he distributes membership forms in his constituency and is often approached with questions.</p> <p>FC commented that the membership figures have more than doubled in six years but clearly once members have signed up they aren't making a direct or proactive contribution.</p> <p>JG asked if social media could be used in any way to promote membership.</p> <p>SR acknowledge that there is an electronic link to the application form which can be sent out via the communications team to try to target the younger demographic online.</p> <p>ACTION: SR to liaise with the communications team to send out the electronic link to the application form via social media.</p> <p>JG noted that even without the dedicated membership meetings the figures are still increasing without a lot of input.</p> <p>FC and JG thanked SR for the Strategy.</p> <p>The Council of Governor approved the Membership Development and Engagement Strategy.</p>	TRUST SECRETARY
4.1	ITEMS TO NOTE	
4.1.1	<p>WORK PROGRAMME REVIEW</p> <p>SR outlined the work plan for the remainder of 2018/19 and the new dates for 2019/20. The only change was correction to the date of the annual self-assessment process.</p> <p>DG asked if the date on the second page in the last column be amended to 2020.</p> <p>The Council of Governors noted the Work Programme Review.</p>	
4.1.2	<p>QUESTION AND ANSWERS</p> <p>The Trust Secretary presented the Question and Answer paper, the following points were covered:</p> <ul style="list-style-type: none"> No items were specific for the agenda PD asked about the Governor poster being relocated The recent negative press regarding the estates backlog An update on the car parking charges An update on the refurbishment of the occupational therapy flat <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>JG asked, regarding the negative press about estates, how do the governors answer their constituents regarding this?</p> <p>MB commented that it was a PA press release, which was written once and then picked up by local journalists. In terms of the reality most of the backlog maintenance is in the Doctors residence. A business case is being presented in</p>	

MINUTE No	TITLE	ACTION
4.1.3	March to consider how a new building can be funded.	CHIEF EXECUTIVE
	Action: MB to send JG and the Council the detailed Maintenance Backlog document	
	GP commented that it was great that MB had a discussion with the reporter but asked if moving forward, if poor or inaccurate press was reported especially in the local media, was there any way of addressing it locally to counteract it?	
	FC said that the social media feeds from patients and relatives to the hospital following the bad press didn't recognise the description in the article. Not one post on social media which he had reviewed agreed with the press article. Indeed, they were universally supportive of the hospital.	CHIEF EXECUTIVE
	MB agreed that the Board could provide better information to the Council to share with their constituents if needed.	
	Action: MB to share the staff briefing information with the Council	
	AF advised Council that he supports SN and other Governors regarding the improvement work required in the occupational therapy flat.	CHIEF EXECUTIVE
	MB acknowledged the issue and confirmed the OT flat is on the list of Trust facilities where improvement is required.	
	Action: MB to share the list of areas requiring improvement at the Trust at the next Council meeting	
	RL raised the issue that it would be very useful if the press could have a contact at the hospital day or night to correct any mistakes that could result in bad publicity.	
4.1.3	FC confirmed they do.	
	MB highlighted that the Trust has a very experienced and well networked communications team and they do a great job.	
	FC stated that the system is already in place for out of hours/on call communication.	
	MB declared that the car park charges wouldn't be increasing.	
	JG asked if the press information regarding money raised from staff penalties was correct.	
	MB emphasised again that it was a nation press piece syndicated down to local press. The Trusts response is that the Trust generally has enough car parking spaces for visitors and patients and has an approach of only fining drivers as a very last resort. The Trust's charges are amongst the lowest in the country.	
	The Council of Governors noted the Question and Answer paper	
	MEMBERSHIP REPORT	
	SR introduced the Report and noted:	
	<ul style="list-style-type: none"> • Good growth since last quarter, ahead of target of 5% by the end of the financial year, currently at 2.9% • Representation shortfalls have been picked up in the membership strategy • Female membership is growing faster than male membership • Good increase in the age category of 30-39 as highlighted in the strategy • Focus should be in the younger age group 	

MINUTE No	TITLE	ACTION
	The Council of Governors noted the Membership Report.	
	ANY OTHER BUSINESS	
5.0	<p>CC commented that he attended a recent patient safety walkabout and was interested to see the time clocks had been introduced into the Theatres department but only for certain staff groups and wanted to know if this was discriminatory and how had it come about.</p> <p>MB acknowledged that the introduction wasn't well received as it wasn't given prior explanation to the staff. The system is linked to the E-Rostering system to link extra hours worked with correct pay. Going forward there is question whether it could be rolled out into other areas.</p> <p>RL drew attention to education and security; he commented that during the Board meeting BT discussed recruitment. He is aware that a nurse in HDU was leaving the Trust apparently due to being unable to attend a sepsis training course as there was no money available to pay for this.</p> <p>BT questioned whether this was correct because sepsis training is free and available internally at the Trust. There isn't as much funding available for external training courses as in previous years but The Mary Powell fund can be accessed for training and certainly within the last 3 years she isn't aware of any cases being refused.</p> <p>FC stated that this could be followed up out of the meeting and asked that the nurse be encouraged to contact BT directly.</p> <p>RL asked about security for nurses on night shifts and in particular when they are attending to non-clinical issues off the wards, should security arrangements be made?</p> <p>BT responded by stating that the Trusts site management is provided by an outreach team during the night shift and this is something that is being looked at for the future.</p> <p>RL commented that the patient safety walkabouts are very useful as staff can raise issues that may not be brought forward at other times.</p> <p>HP raised that during the Back to the Floor event on HDU, two different conversations were heard regarding the same issue and when she questioned further regarding the sepsis course the outcome was positive.</p> <p>MB stated that whilst he fully supported Governor and Non-executive director access to wards and departments, it was essential that Governors and Non Executives should be accompanied by an executive or senior manager on Patient Safety Walkabouts, even informal "pop-ins". This was to ensure compliance with the Trust's safeguarding policy and also to protect the interests of the Governor/NED.</p> <p>FC commented that to ensure consistency in the Trust, all processes for informal visits should be re-emphasised.</p> <p>AE asked about Remembrance Sunday and if in the future an executive could be present on site.</p> <p>MB responded that he is a guest of the 202 Field Hospital in Shrewsbury and cannot be on site. The staff have asked if the Oswestry parade could include the hospital in the future.</p> <p>JG thanked HP on behalf of the Council and recognised her help, support and encouragement during her time as a non-executive director.</p>	

MINUTE No	TITLE	ACTION
	<p>SR highlighted the election in January for a public governor for Powys and a staff governor.</p> <p>SR confirmed to the council that FC appraisal had been completed.</p> <p>FC commented that HP concludes her term as a non-executive director this month and will be staying with the Trust as an advisor to the Board and cultural ambassador, dealing with issues such as diversity and freedom to speak up.</p> <p>If approved by the Council FC thought it would be beneficial for HP to receive invitations to the Council meetings in the future.</p> <p>The Council agreed.</p>	
7.0	Next Meeting Thursday 28 th March 2019 at 2pm	

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress
SR to start election proceedings	Trust Secretary	Complete
NJ to share the Breaking the Cycle presentation with the Governors	Director of Operations	Complete
SR to liaise with the communications team to send out the electronic link to the application form via social media	Trust Secretary	Complete
MB to send JG and the Council the detailed Maintenance Backlog document	Chief Executive	Complete
MB to share the staff briefing information with the Council	Chief Executive	Complete
MB to share the list of areas requiring improvement at the Trust at the next Council meeting	Chief Executive	Complete

COUNCIL OF GOVERNORS (EXTRA ORDINARY MEETING) 31 JANUARY 2019

MINUTES OF THE MEETING

PRESENT:

Frank Collins	Chair	FC
Jan Greasley	Lead Governor/Public Governor, North Wales	JG
Colin Chapman	Public Governor, Shropshire	CC
Peter David	Governor Stakeholder, League of Friends	PD
Sue Nassar	Public Governor, Shropshire	SN
Gill Pitcher	Public Governor, Shropshire	GP

IN ATTENDANCE:

Bev Tabernacle	Director of Nursing	BT
David Gilburt	Non Executive Director	DG
Chris Beacock	Non Executive Director	CB
Shelley Ramtuhul	Trust Secretary	SR

MINUTE No	TITLE	ACTION
	PAIN MANAGEMENT SERVICE	
1.0	<p>Apologies were noted from Russell Luckcock, Governor for West Midlands, Karina Wright, Stakeholder Governor and Katrina Morphet, Governor for Cheshire and Merseyside.</p> <p>FC welcomed everyone to the meeting and noted that this was an extra ordinary meeting that had been called at the request of the Council of Governors due to concerns with the recent announcement regarding the decision to cease the Pain Management Service.</p> <p>FC had understood from the questions that had been raised in advance of the meeting that there were three key issues that the Council of Governors would like addressed:</p> <ul style="list-style-type: none"> • Why the decision had been taken? • What oversight there had been from the Board and specifically the Non Executive Directors? • What assurance there was regarding the efficacy of the alternative arrangements being made for the patients affected? <p>FC invited BT to explain the rationale behind the decision to stop the service.</p> <p>BT explained that the primary driver was around the sustainability of the service. This was a single consultant service and then there were commissioning changes as a result of NICE guidance regarding the treatment of certain conditions. The Trust has therefore been working with the commissioners to ensure its pathway fits the requirements of a pain management service.</p> <p>BT went on to explain that a single consultant service does not fit with NICE and Royal College guidelines and in particular there was no multi-disciplinary support for patients which meant it was a surgical intervention only service. The service currently does not focus on the wider aspects which the NICE guidelines recommend to be considered i.e psychology and nurse interventions. BT confirmed</p>	

MINUTE No	TITLE	ACTION
	<p>that the decision to review the service was taken with the Commissioners.</p> <p>BT confirmed that the service was reviewed in line with the Trust's governance processes and this was taken through the Finance Planning and Investment Committee and to the Board via the Chair's Reports. The final decision was taken to the Board in November which was attended by the Governors.</p> <p>BT added that the service was identified and assessed as not being financially viable but the main driver behind the decision was the quality and safety shortfalls identified.</p> <p>BT advised that this decision does not mean that the Trust will not ever have a pain service again going forward just that the service as it currently exists needs to cease. BT went on to advise that the Trust is already looking at links with the Walton Centre which would enable the provision of the MDT service that is required.</p> <p>CC asked if the Oswestry Pain Management Service was still in place and BT confirmed that it is.</p> <p>GP asked about the reference to the NICE guidance and the fact that the Trust treats more than chronic low back pain. BT advised that a lot of the work is low back pain. The more complex patients i.e those that are no low back pain have been looked at by the commissioners and the Trust to make sure they are accessing the right pathway and have access to psychology.</p> <p>DG advised that from the Non-Executive perspective the discussion regarding the ceasing of the service was not about the finances and he was of the view that the finances were not the significant factor. DG added that had the service been making a significant contribution the same decision would have been made from a quality perspective.</p> <p>CC asked if Dr Gaspar been involved in the decision. BT confirmed that he has been involved in both the commissioner and patient discussions. That is not to say that he is in full agreement with the decision. BT confirmed that Dr Gaspar will continue to work at the Trust as an Anaesthetist.</p> <p>FC commented that his understanding was that all staff have been redeployed and BT confirmed that this was correct. The Acute Pain Service will now have the benefit of the specialist nurse, Jan Gilcrest who takes with her a good wealth of experience of managing chronic pain.</p> <p>CC asked whether all patients will go into OPMP and BT confirmed that not all patients will and that the Trust is working with the commissioners regarding the most appropriate alternatives for patients. CC asked whether there is potential for that service to be phased out too and BT confirmed advised that the focus is now looking at what the service may look like going forward.</p> <p>SN asked about referrals back to the GP and how efficient this is i.e whether patients are going to realistically be able to regain access to a pain management service. SR advised that the work on the alternatives is being undertaken with each relevant commissioner. Where there are large cohorts of patients under the responsibility of a commissioner, alternative providers have already been sourced, the patients transferred and notified of this. There are some commissioners that have only one or two patients affected and therefore they are unlikely to make specific commissioning arrangements with an alternative provider and the best way forward will be referral back to the GP who will be familiar with the most appropriate provider for the patient.</p> <p>CB commented that this is will bring the patient pathway in to line with what is being done elsewhere with patients being see in the community setting.</p>	

MINUTE No	TITLE	ACTION
	<p>JG commented that her main concern is where the patients go and whether they will get the same level of care. CB felt that this was an issue for the commissioners and that the Trust is rightly concerned with the quality and sustainability of its service. A single consultant working on a part time basis is not sustainable.</p> <p>PD commented that this could have been highlighted to the Governors at an earlier point in time, the first they knew about the service ceasing was the letter from the Chief Executive. JG commented that prior to this she had already been approached by a couple of patients which was awkward. BT advised that there has been reflection on this and briefings will be provided through the Council of Governors going forward.</p> <p>There was a general consensus among the Governors present that the onus to read the Board Papers ahead of the Board Meeting and Council of Governors Meetings they attend was too onerous given the timeframe between receipt of the papers and the meetings. CB suggested that a 'what I need to know' summary may assist and the Governors were in agreement. FC and SR agreed to look at this going forward.</p> <p>ACTION: FC and SR to consider how the Governors can be signposted to key information within the Board Papers.</p>	
2.0	Next Meeting Thursday 28th th March 2019 2pm	

Quality Account Indicators 2018/19



Aspiring to deliver world class patient care

NHSi Requirements 2019/20 Quality Accounts

Reminder ...

- The governors have a role in agreeing the indicator for external audit to assess out of the quality indicators
- They also have a role in agreeing the indicators for the next year

NHSi Requirements 2018/19 Quality Accounts

- There is one mandated indicator for this year
 - 62 day cancer waits
- 18 Week RTT will continue as a main indicator for review by RJAH
- The RTT pathway has to be reviewed along with one of the other two indicators

NHSi Requirements 2017/18 Quality Accounts

In addition to the two mandated requirements it is stated that the governors should be involved in identifying an alternative indicator to be included within the Quality Account that is subject to our limited assurance opinion.

The indicators for last year were:

Patient Safety

- Ensuring the safe transfer both in and out of the hospital through the implementation of the Patient Passport
- 100% completion of the WHO Safety Checklist

Clinical Effectiveness

- **Implementation and monitoring of the Behavioural Characteristics**

Patient Experience

- 95% clinical staff have undertaken Managing the deteriorating patient training

Quality Account Priorities 2019/120

Patient Safety

- Ensuring the safe transfer both in and out of the hospital through the implementation of the Patient Passport*
- Monitoring and learning from upheld complaints

Clinical Effectiveness

- Implementation of the deteriorating patient education package*
- Strengthened governance and regulatory compliance in Critical Care

Patient Experience

Implementation of the SWAN end of life framework
Development of accessible questionnaires in the Meridian System

*Brought forward from 2018/19

Questions / Discussion