MINUTES OF THE
JOINT BOARD AND COUNCIL OF GOVERNORS MEETING
HELD ON 24th MARCH 2010
IN LECTURE HALL 1, THE ACADEMY, GREAT WESTERN HOSPITAL

Present:

Helen Bourner Director of Business Development
John Brown Swindon Governor
Robert Burns Non-Executive Director
Mike Carvell Staff Governor
Rowland Cobbold Trust Deputy Chairman
Liam Coleman Non-Executive Director
Andy Cresswell Thames Valley Chamber of Commerce Nominated Governor
Rachel Cross Staff Governor
Lesley Donovan Swindon & North Wilts Health and Social Care Academy
Harry Dale Swindon Governor
Oonagh Fitzgerald Director of Workforce and Education
Godfrey Fowler Wiltshire/ Lead Governor
Marcus Galea Staff Governor
Angela Gillibrand Non-Executive Director
Roger Hill Non-Executive Director
Lyn Hill-Tout Chief Executive
Janet Jarmin Wiltshire Governor
Bruce Laurie Chair of the Board of Directors and the Council of Governors
Srini Madhavan West Berkshire, Gloucestershire and Oxfordshire Governor
Maria Moore Director of Finance
Phil Prentice Swindon Governor
Kevin Small Non-Executive Director
Carole Soden Wiltshire Council Nominated Governor
David Stevens NHS Wiltshire Nominated Governor
Ros Thomson Swindon Governor
Margaret Toogood Wiltshire/ Deputy Lead Governor
Alf Troughton Medical Director
Katherine Usmar Swindon Governor

Apologies:

Graeme Chisholm West Berkshire, Gloucestershire and Oxfordshire Governor
Bill Fishlock Swindon PCT Nominated Governor
David Renard Swindon Borough Council Nominated Governor
Sue Rowley Director of Nursing

In attendance:

Karen Smith Membership Officer

One member of the public
| 17/10 | **Welcome and introductions**  
Bruce Laurie welcomed the Council of Governors and opened the meeting. |
| 18/10 | **Apologies for absence**  
There were apologies from:  
Graeme Chisholm  
Bill Fishlock  
David Renard  
Sue Rowley |
| 19/10 | **Declaration of interests**  
There were no declarations of interests. |
| 20/10 | **Minutes from the Council of Governors held on 3rd December 2009**  
The minutes from the Council of Governors meeting on 3rd December 2009 were approved.  
There were no matters arising from the minutes. |
| 21/10 | **Report on Mid-Staffordshire NHS Foundation Trust**  
Lyn Hill-Tout gave the Governors a presentation summarising the findings and implications of the Robert Francis report into the care given by Mid Staffordshire NHS Foundation Trust.  
The Trust process for complaints was questioned as a result of findings in the report. It was explained that all formal complaints are signed off by Lyn Hill-Tout before they are sent out. In the absence of the Chief Executive they are signed off by Alf Troughton, Medical Director.  
Another result of the report is that the Trust will need to consider how to operate Trust Board meetings from now on, for example will they be held in public or private.  
It was explained that Ruth McCarthy will be doing a complete review of the recommendations made in the report to see if there are any actions the Trust will need to do as a result. There will be feedback of this review given at either the full Council of Governors or the Patient Experience Working Group.  
Clinical audit was an area that was highlighted as needing improvement.  
It was noted that it is the role of the Board to get the correct resources in place to ensure that the Trust can meet standards and targets. It was added that the Board balances its time giving appropriate attention to both care and financial issues.  
There was a comment that there are certain conclusions within the report that are recognisable within this organisation. The Chief Executive and
Medical Director were asked where they think the Trust is in comparison to Mid Staffordshire NHS Foundation Trust. It was explained that there are two or three wards which the Trust is concerned about. The Trust has implemented arrangements in order to be more proactive and identify wards which may have problems at an early stage in order to intervene and support Ward Managers through these problems.

The Trust must also continue to carefully assess the figures we produce, for example, mortality rates and pressure sores, although it was noted that the Trust’s statistics in this area showed no correlation with the situation at Mid-Staffordshire.

There was a comment that it is pleasing to see the Board had ensured it was aware that there are problems on certain wards.

It was questioned whether or not the Patient Advice and Liaison Service (PALS) is operational and has a comprehensive complaints procedure. It was suggested that it may be beneficial for the Governors to have Liz Daly, Head of Patient Experience and Sue Rowley, Director of Nursing to come and speak to the Governors about the complaints procedure which the Trust operates.

It was commented that there was a feeling amongst Governors that they do not have a democratic mandate and that they are there as window dressing. It was agreed that all Governors must meet their legal responsibilities to challenge the Board and that they must feel that they are able to do so.

It was suggested that Governors want the Board to agree that Trust Board meetings will happen in public from now on. Bruce Laurie assured the Governors that he will be writing to the Primary Care Trusts in the area to explain to them that the Trust is proposing to review the current position regarding public and private Board meetings from July. It was guaranteed that the Trust will comply with the recommendations and guidance which have resulted from this report. It was added that Joint Board and Council of Governors meetings are part of the transparency process as these meetings are open to the public to attend. It was noted that the Governors do also receive a letter from the Chair each month to update them as to what happened in Trust Board that month and that these letters give the Governors more background and context then they would receive if they attended a Trust Board meeting as a member of the public. The Governors opinion will be considered whilst making a decision on future meetings.

It was questioned why it would be July before a review of the situation is undertaken. It was explained that there are a range of Board practices to consider before a decision can be made. The matter will need careful thought and consideration. The Governors were assured that there is no desire from the Trust to hide matters from them.

There was a comment that the matter is not necessarily whether or not meetings are held in public but about whether or not the Trust has got its governance structure correct. Both the Board of Directors and the Council of Governors need to look at their function and what should be being done and what is or is not being done within that function. Clear objectives need to be identified as to what the Board and Governors want from the management and what they want their meetings to achieve.
It was added that there seems to be uncertainty as to what the Governance structure is within the organisation. It was suggested that as it has now been fifteen months since the Trust was authorised, it may be an opportune time to review the structures that the Trust has.

It was suggested that Governors also start meeting on their own. This was agreed as a good idea. It was added however that meetings should be facilitated to ensure that Governors are getting the most out of their meetings.

There was a comment from the member of the public present that there were too many Governors and people around the table to have a constructive discussion and that the Governors should be split into smaller groups. It was added that the Trust must be transparent. It was explained in answer to this question that the Governors do have working groups to focus on individual topics and work streams.

Bruce Laurie stated that when the Trust was establishing its constitution, much of the content was theory. Since having been a Foundation Trust for a year, a review would be welcome. Godfrey Fowler was asked to have discussions with the Governors to see if there were any changes they would like to see. This was agreed.

The Governors were questioned as to what their rationale was for wanting to hold Board meetings in public and what it is that drives the suggestion that having meetings in public will prevent what happened in Mid-Staffordshire NHS Foundation Trust happening here. It was added that when the Trust previously held public Board meetings, it was very rare to have public attendance.

It was explained that NHS Wiltshire holds their Board meetings in public. Members of the public can write in prior to the meeting and get their questioned answered at the meeting. This opportunity did not happen at Mid-Staffordshire NHS Foundation Trust. It was suggested that the Board could have a two part meeting and reserve commercially sensitive information for the private section if this was what the Board are worried about. It was agreed that the situation in Mid-Staffordshire NHS Foundation Trust may not have been any different had they held their meetings in public, however there should be openness and transparency and a chance for the public to see actions happening.

It was commented that the public did have a chance to attend this meeting and ask the Board members questions. The public and staff members also have an opportunity to come to constituency meetings to ask questions and give their Governors feedback. It was commented however that constituency meetings did not happen frequently enough.

It was suggested that the Trust should use local GPs as a resource to find out how the Trust is performing. It was explained that the Trust does work with GPs and has recently been working with a local GP who has done an audit amongst colleagues to see how the Trust is performing and to get his feedback.

It was commented that to date there has been a disproportionate focus on financial issues however there does now seem to be a shift towards the
Great Western Hospitals NHS Foundation Trust

focus being on quality of care. The formal audit from 2011 does seem to redress the balance. It was added that whatever issues arise from the report, the Trust needs to look at them within the context of embedding them in the Trust.

Bruce Laurie concluded the discussion by saying that the findings from the Mid-Staffordshire enquiry are salutary to us all. He said that the Trust had plans in place to take forward the recommendations and that he endorsed Lyn Hill Tout's proposal to mandate Ruth McCarthy to take the recommendations forward. He said that the Board is committed to involving the Governors and that the Trust will look to review the Governance structure of both the Board of Directors and the Council of Governors.

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<th>22/10</th>
<th>Strategy and Business Plan Update</th>
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<td>Helen Bourner briefed the Governors on the current plans for the Trust strategy. The Governors were asked to comment upon whether or not they felt the strategy covered the key issues that were discussed in the Board and Governor workshops that were held in Autumn 2009.</td>
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<td>It was asked whether the workshop groups will continue. It was explained that the workshops will continue as the Governors will need to be involved in the process as the strategy develops.</td>
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<td>It was noted that membership was not mentioned in the strategy and as the Trust is a membership organisation it does need to be included. It was explained that the new membership strategy will be used to feed into the Trust strategy.</td>
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<td>Bruce Laurie asked the Governors if they would endorse the strategy. The Governors agreed to endorse the strategy.</td>
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<th>23/10</th>
<th>Chief Executive’s Update</th>
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<td>Lyn Hill-Tout, Chief Executive updated the Governors on the following issues:</td>
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<td>Finance</td>
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<td>- It has been announced in the budget that there will be £11bn savings within the public sector. £4.35bn of these savings will come from the National Health Service. These savings will be made by:</td>
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<td>o Driving down procurement</td>
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<td>o A new approach to the NHS IT programme</td>
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<td>o Reducing energy costs</td>
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<td>o More efficient use of estates</td>
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<td>o Reducing staff absence</td>
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<td>It was explained that Maria Moore will brief the Governors on the current financial position of the Trust at a future meeting. The Trust has signed off the contract for this financial year and the Trust is content with the position reached to deliver surplus. The Trust is in the process of negotiating the next contract. There is currently a £10m deficit in the contract to negotiate. It was explained that part of this deficit includes anticipated growth. This is being looked at as part of the QIPP programme. It was however reiterated that the message to Governors is that the Trust will deliver its surplus.</td>
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It was noted that there must be an agreement in the contract between the Trust and the PCTs that the Trust will be paid for the work we do.

It was noted that staff find it difficult to understand why they receive site communication updates saying that the Trust is meetings its targets but at the same pay is being frozen. It was explained that the financial position it going to be clarified to staff in the next Chief Executive’s round up.

There was a comment that there is too much time spent in Board meetings talking about being paid for the work which the Trust carries out. It was suggested that there needs to be more real time information being relayed to the PCTs so that if the Trust has over performed and knows it has over performed before the end of the financial year, enabling the Trust and PCTs to act earlier to avoid disagreements at financial year end. It was added that the contract framework is now legally binding because we are an NHS Foundation Trust but there was agreement that Trust does need to develop early warnings of over performance.

It was suggested that one way to alleviate work which is wrongly referred and could have been be done at GP surgeries or treatment centres will be to push forward the programme of GP meetings to ensure that GPs are referring patients correctly.

CQC Registration
The Trust has registered with the Care Quality Commission (CQC) with no conditions. There was one area that the Trust was concerned about; however the CQC have reviewed this and said that the Trust does not have to register with conditions.

Child and Adolescent Mental Health Service (CAMHS)
The CAHMS contract transfers from the Trust to Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust on 1st April 2010. The Trust will be leasing the building to the new service provider.

Mayra Cabrera Case
The Trust has now attended court and has pleaded guilty in this case. The Trust is now waiting for a date to appear at the Crown Court for sentencing. It is suspected that there will be big media interest in this case.

24/10 Update on Constitutional Changes
The new Company Secretary Emma Roberts will lead on the proposed constitutional changes when she starts at the Trust on 1st April 2010.

Further updates will be provided later in the year.

25/10 Impending General Election
Bruce Laurie reminded the Governors to be circumspect about what is said in their capacity as Governor ahead of the General Election on 6th May 2010. The Trust needs to ensure that it is neutral throughout the election process.
### 26/10 Update on the Cancellation of the Membership Working Group

The Membership Working Group due to be held on 24th February 2010 was cancelled due to the meeting not having a quorum of members. Godfrey Fowler will Chair the next Membership Working Group on 8th April 2010 in Bruce Laurie’s absence. A new Chair will be decided at this meeting.

### 27/10 Feedback from the Patient Experience Working Group

Margaret Toogood updated the Governors on the Patient Experience Working Group which was held on 10th March 2010. She informed that Council that the following topics were discussed:

- Food tasting and quality of food
- Concerns about certain wards
- The Patient Advice and Liaison Service
- Patient Experience Card
- Quality Accounts quarter 3 report
- Governors being able to ask the right questions in order challenge

Liz Daly, Head of Patient Experience was co-opted to this group.

The group did a hospital walk around with Mark Bagnall, Director of Estates and Facilities Management. He is going to produce an action plan for suggestions for improvement that were made by the Governors. He will discuss this plan with the Governors at the next Patient Experience Working Group.

Harry Dale informed the group that he was going to participate in a ward walk around to encourage patients to fill in the patient experience card. He explained that other Governors are welcome to take part if they wish by contacting Karen Smith.

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<th>MB</th>
<th>21/06/10</th>
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<td>Governors</td>
<td>ASAP</td>
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### 28/10 To note any questions from the Public

The member of the public in attendance was invited to ask any questions.

It was noted that papers should be available to members of the public at the meeting.

It was questioned what percentage of patients are discharged early and then have to be readmitted. It was explained that re-admission rates have a national target to be less than 4%. The Trust had a 4.3% re-admission rate in the last financial year. It was commented that not every patient is re-admitted for the same reason that they were admitted in the first instance.

It was asked why GPs are waiting up to three weeks for letters from hospital staff to arrive. It was explained that this process is currently too slow; however the Trust is currently agreeing a process with GPs to improve correspondence.

There was a question as to whether correspondence goes in electronic form or hard copy. It was explained that all documents are electronic to enable all parties involved with the patients care to see information immediately. Hard copies can also be available.
There was a report that a colleague’s son had come to the hospital after finding a lump on his chest. He received excellent service and was told that he could have his operation the same day if the lump was found to be cancerous.

There was a report of excellent service on Saturn Ward.

It was reported that a letter was received cancelling an appointment which gave no method of contacting the department to rearrange the appointment. When the department were contacted they said that this was the ‘standard letter’ to send out to patients.

It was reported that a family had been called to collect a patient and then had to wait a further five hours from arrival to actually take the patient home. There was no literature given to the patient on discharge.

It was reported that a staff member had got stuck in a lift but had not reported the incident for fear of getting into trouble. It was also said that lifts in the hospital do not work first thing in the morning because they are turned off overnight. It was explained that this is untrue; the lifts do not get switched off.

There was a report that a patient has waited nine months for an operation which has been cancelled three times.

It was said that some patients are being sent to Chippenham for recuperation, however this can cause transport issues for some elderly patients.

It was reported that a patient was discharged from hospital after an operation; however he went to see his GP as he was feeling very ill afterwards. The GP sent the patient straight back to the Emergency Department as an emergency patient, however the patient was kept waiting for nine hours for a specialist team to be called as this patient was a GP referral.

There was a question as to what happens when a patient cancels an appointment therefore making a slot available. It was explained that the details of patients who are able to attend at short notice are taken and these patients will be called allowing all slots to be utilised.

There was report of excellent service given to a patient who had a hernia operation. This patient was however, chatting to the person in the next bed who had their operation cancelled.

It was noted that it would make more sense to send one letter to a patient explaining that their operation has been cancelled and then how to rebook, rather than two separate letters being sent to explain this.

There was a report that a patient had received a call to say that if they would like to go to Devizes for their operation they could have it within three days. When this offer was refused, the response received was not pleasant and the patient was told that they will have to wait for the next slot. It was
explained that the Trust has agreed that if we can offer patients a choice we will so as to not waste valuable NHS resources. It was also explained that the Board are aware that there are possible customer service issues with the booking centre staff.

It was reported that a patient was admitted and then told to go home. This happened four times in total.

One Governor advised other Governors to exercise caution when they hear staff saying that they are not advised of Trust policies because staff are continually updated when Trust policies change.

It was reported that a patient was told they could go home once they have received their medication from the pharmacy. It took the pharmacy four hours to produce the medication. The patient and their family asked if they could go home and come back to collect the medication, thereby making the bed available for use. This request was refused and the patient was told to wait for the medication to arrive. There was however a conflicting personal account of a patient being allowed to go home and collect medication at a later date.

There was a report of fantastic service in the fracture clinic apart from the receptionist who did not look up when the patient arrived.

There was a question about when the memorial garden would be opening. It was explained that the arts committee have plans for a garden by the lake. Charitable Funds Committee have agreed that there will be money available for this and therefore it is hoped that the garden will be open by the end of the year.

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<th>30/10</th>
<th>Feedback from Pewsey Health and Social Care Forum</th>
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<td>Karen Smith updated the Council of Governors that she attended the Pewsey Health and Social Care forum on 17th February 2010 on behalf of the Wiltshire Governors. There was a request from the forum members for the Governors to lobby for an increased range of services and for the scope of services available to be widened at Savernake Hospital.</td>
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<td>This point was noted and a formal response will be sent to the forum.</td>
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<th>31/10</th>
<th>Feedback from Governor Conference in Bristol</th>
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<td>David Stevens and Katherine Usmar updated the Governors on the Joint Development Programme for Foundation Trust Governors in the South West which was held on 5th February 2010 in Bristol.</td>
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<td>It was explained that speakers at the event included the Head of Communications and Marketing at the Foundation Trust Network and the Monitor Policy Director. It became clear in the afternoon open session for Governors that many Governors feel that they are not actively involved with their Trust, however other Governors, our Governors included, felt that they were very much part of their organisations. Other Governors felt that the &quot;eyes and ears&quot; sessions that our Council of Governors have would be very helpful.</td>
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| 32/10 | **Any other urgent business**  
There was no other urgent business.  
Bruce Laurie thanked the Governors for their time and the meeting closed. |
| 33/10 | **Date of the next meeting**  
The next meeting will be on Wednesday 5\textsuperscript{th} May 2010, in Seminar Room 1, The Academy, Great Western Hospital. |