

Council of Governors

Date:	6 February 2020	Attachment item:	7																
Title of Report:	Governors' Activity, sub Committee and Working Groups update report																		
Purpose of the report and the key issues for consideration/decision:	The purpose of the report is to update the Council of Governors on Governor activities and the areas of focus from each of the Committees and Working Groups attended by Governors since the last meeting.																		
Prepared by:	Committee or Group member/representative																		
Presented by:	Committee or Group member/representative																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td>x</td> <td>Empower & Engage Staff</td> <td>x</td> </tr> <tr> <td>Quality of Care</td> <td>x</td> <td></td> <td></td> </tr> </table>			Financial Sustainability	x	Empower & Engage Staff	x	Quality of Care	x										
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Quality of Care	x																		
Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td>x</td> <td>Yes</td> <td></td> <td>If Yes, Score</td> <td></td> </tr> </table>			No	x	Yes		If Yes, Score											
No	x	Yes		If Yes, Score															
Which CQC Standards apply to this report:	Well-led domain																		
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td></td> <td>Equality & Diversity</td> <td>x</td> </tr> <tr> <td>National Policy/Legislation</td> <td></td> <td>Patient Experience</td> <td></td> </tr> <tr> <td>Human Resources</td> <td></td> <td>Terms of Authorisation</td> <td>x</td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>x</td> <td>Other:</td> <td></td> </tr> </table>			Finance Revenue & Capital		Equality & Diversity	x	National Policy/Legislation		Patient Experience		Human Resources		Terms of Authorisation	x	Governance & Risk Management (BAF)	x	Other:	
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Action Required: (please X)	<table border="1"> <tr> <td>Approve</td> <td></td> <td>Discuss</td> <td></td> <td>Receive for information</td> <td>x</td> <td>Decision</td> <td></td> </tr> </table>			Approve		Discuss		Receive for information	x	Decision									
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Previously Considered By:	<table border="1"> <tr> <td>n/a</td> <td>Date:</td> <td></td> </tr> </table>			n/a	Date:														
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Recommendations:	The Council of Governors are asked to receive and note the reports from Governors.																		

Sub-Committees Governor Reports

Olukayode Dada, Public Governor People Committee 20 November 2019

The Non-Executive Directors present were Melanie Hudson (Chair), Nadira Mirza and Andrew Dumbleton. This was a lively and well-led meeting. The focus of NED's was apparent on issues of the quality and performance of the work team. Reports were also presented on staff recruitment and retention challenges as well as development strategies. The discussions emanating from these reports were mostly reassuring.

Quite notable also was the presentation by two medical trainees, whose remarks on their choice of AGH and their experience of working at the hospital, highlighted areas of satisfaction for medical staff as well as areas where there is room for improvement.

Olukayode Dada, Public Governor Quality and Safety Committee 20 November 2019

At this Committee meeting the Non-Executives present were Dr Maggie Helliwell (Chair) and Melanie Hudson. It was a pleasure to observe another well-led meeting where the NED's focused on the aspects of 'effective', 'responsive' and 'safe' care provision at the Trust and in particular, the new 'Integrated Performance Report' which indicated marked improvement. Also noted was the planned improvement in Paediatric and neonatal care.

Concern was appropriately expressed on the increase in 'Referral to Treat' cases and its possible causes. Assurances were provided on the on-going investigations in this area.

Two matters arising from the Council of Governors meeting of 31 October 2019 were presented:

- (i) Medication administration errors particularly in relation to Integrated Division
- (ii) The Trust's adherence to the Disability Discrimination Act 2015 in relation to hearing requirements within new buildings in the Trust's estates.

Both issues have been attended to and appropriate follow-up reports to the Council of Governors were promised.

Christine Highley, Public Governor Charitable Funds Committee 12 December 2019

The Non-Executive present was Andrew Dumbleton (Chair). He chaired the meeting quietly and firmly. He asked questions of the funding applicants and also of other staff present in relation to other matters on the agenda.

The key matters discussed at the meeting were charity branding and fund-raising efforts, considering applications for funding and an overview of the financial situation.

From a personal point of view, I would appreciate clarification on the status of this group in relation to the other "sub-committees" at which Governors "observe" but do not "participate". I was under the impression involvement with this committee was in a participatory role, although obviously with no "voting rights".

Also, in view of the discussions on the various agenda items, it struck me the Trust may be missing out in "picking the brains" of Governors who have a wealth of experience and skills which they can bring to the table with, for example, suggestions for innovative development.

**Jerry Stanford, Lead Governor
Quality and Safety Committee
18 December 2019**

Non- Executive Directors present Dr Maggie Helliwell (Chair) MHe, Rhys Davies (RD) and Melanie Hudson (MHu)

The meeting began with item 6 to accommodate early departure of Victoria Pickles, Associate Director of Corporate Affairs and Group Company Secretary to a commitment elsewhere. This item assured the NEDs that the CQC 'must' and 'should' do actions are being progressed satisfactorily with most completed. A new system is being set-up to ensure actions are effected with double depth analysis; RD asked for assurance that this system would ensure there was no subsequent back-tracking This assurance was given and also that areas not inspected, that might be at fault, could be identified. MHu questioned whether a peer review system was in place and RD continued to ask if it was working. MHe stated she was reassured that the extra January meeting that CQC demands were being met.

After the approval of previous minutes and actions which were all satisfactory the agenda moved to the Patient Safety Review. MHe expressed the need for a deep review into the rise in the number of complaints, and Amanda Stanford, Associate Director of Patient Safety and Quality. commented there was a need for a flag system to elevate issues. RD asked how important issues were recognised; after discussion it was left that this area must be resolved urgently. Issues on Patient Safety Scorecard, Learning from Serious Incidents Learning from Deaths Reports were discussed. All the NEDs were assured that the systems were satisfactory and working well.

Matters concerning Strategic Safeguarding were thoroughly exercised by MHe to satisfaction and the Integrated Governance report was only available on screen but the external assessment suggested improvement.

Assurance was obtained by all the NED's on the Internal Audit reports on quality and safety and divisional patients' safety quality board report. In the latter case NEDs felt the reports were too congestive and required better drilling down to divisional level, with plans to be triangulated across finance and staffing. Governors will be aware that this follows a Governor question regarding a concerning divisional safety figure.

Items from Board of Directors were:

- i) Maternity Safety regarding Telford report – NEDs were assured that Airedale services are not at risk
- ii) Quality Improvement Workshop – agreed that the lessons need to be built into the hospital DNA
- iii) System-wide quality reporting – progressing well and on schedule for the expected CQC Inspection in the spring
- iv) Patient Story – felt to be an invaluable tool that must learn to respond quicker with better communications. NED's have identified lessons to be taken forward
- v) Emerging risks were reviewed as haematologist staffing and general bed pressures
- vi) Paediatric action plan which is in place

Governor Activity

**Jerry Stanford, Lead Governor
Discharge Lounge Patient Survey
28 January 2019**

This familiarisation visit and patient survey was conducted at the invitation of the Director of Nursing with the objective of offering Governors an opportunity to obtain feedback from in-patients without infringing the privacy of the operational wards. It is intended to supplement the Governor feedback sessions held monthly in the Outpatients Area.

Description

The Discharge lounge is a pilot project managed by a Senior Sister in Ward 2 annex; it began operations in November 2019. The unit comprises the Manager, a team of HCAs, a Pharmacist and a Doctor. When a patient is given the discharge order by their Consultant then subject to space, they will be transferred to the Discharge Lounge making their bed immediately available for occupancy. The Lounge is a “one-stop shop” where TTOs (medicines) are completed, removing that responsibility from ward doctors, and by bringing patients from various wards to one point for the discharge process, ambulance transfer can be optimised by combining movements to the same area thus reducing transport demand, whilst medications are organised and issued in the normal way but more efficiently by servicing only one place and facilitated by the pharmacist’s presence.

The operational personnel work together as a close team, with a cheerful disposition and it is clearly a very efficient unit. On the day of the visit the unit processed and discharged 19 patients, equivalent to half a ward and processed daily numbers continue to rise.

Comments

The seating and décor are spartan and uncomfortable, factors which are currently planned for improvement by Estates, but given that the seating is in longer use than anywhere else it would make sense to exchange comfy chairs from other wards to this point of high use, minimising cost. The two areas could benefit by providing daytime television to distract patients from the inevitable delays awaiting transport and/or medication. The SAFER bundle requires a forecast discharge date to be offered to patients on admission and on a similar basis it would be of benefit if a patient could be given a forecast of departure time on admission to the Lounge with updates given when delays ensue.

This Governor has in the past expressed the opinion that the preparation of discharge medications could start earlier in the care cycle for many patients, requiring only last minute prescriptions to be awaited (if any) when the discharge decision is made thus shortening the waiting time and reducing high spots in the demand cycle in Pharmacy. Experience in the Lounge reinforces his views.

It is hard to see why there has been problems in other Trusts with the setting up of such a discharge facility; the benefits, when considered over the range of ambulance service, pharmacy and ward operations, far outweigh any downsides. That is stated without knowledge of any direct cost implications, but these must be set against the overall system cost benefits.

Patient Conversations

The Governor was able to spend time talking to nine patients. The framework used is attached but conversations were open and chatty rather than formalised allowing the elements to be extracted within the discussions. Without exception they were extremely satisfied with the care they had received on the various wards, particularly referring to the high standard of nursing care experienced. They all confirmed that they had been privy to discussions about their care (“nothing for them without them”) and very grateful to Airedale.

There were no complaints about the length of time they were in. Comments were made by most of them about early starts to the day and the nightly interruptions of care to others, alarms etc. but they recognised these are inevitable and they were not a source of complaint. Concern did arise though, again without exception, about the length of time waiting for medication and/or the provision of transport, though on most parts with passive resignation. All in all and very successful outcome.