

# Agenda

**Group Name:** Council of Governors' Meeting – Open Session  
**Date of Meeting:** 18 January 2016  
**Venue:** Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH  
**Time:** 2.00-4.00pm  
**Apologies to:** Vicky Boland, Corporate Affairs and Policy Manager - Tel: 023 8120 3763

- |      |     |   |             |
|------|-----|---|-------------|
| 2.00 | 1.  | <b>Chair's Welcome and Opening Comments</b>   |             |
|      | 2.  | <b>Apologies for Absence</b>  |             |
|      | 3.  | <b>Declarations of Interest</b>   |             |
|      | 4.  | <b>Minutes of Previous Meeting</b> held on 15 September 2015  | Enclosure 1 |
|      | 5.  | <b>Matters Arising/Summary of Agreed Actions</b>  | Enclosure 2 |
| 2.10 | 6.  | <b>Chief Executive's Performance Report</b><br><i>To update on current performance of the Trust and the position with Monitor.</i><br>(Fiona Dalton, Chief Executive)   | Enclosure 3 |
| 2.30 | 7.  | <b>External Audit Contract</b><br>(Simon Porter, Co-Chair, Audit & Assurance Committee/Paul Goddard, Acting Finance Director)   | Enclosure 4 |
| 2.50 | 8.  | <b>Quality Account Indicator External Assurance</b><br><i>Identification of a local indicator. To communicate this to the auditors to allow planning, assurance work and reporting to Monitor by 27 May 2016.</i><br>(Juliet Cox, Head of Patient Experience) | Enclosure 5 |
| 3.10 | 9.  | <b>Membership Engagement Work Plan 2016</b><br>(Ali Ayres, Director of Communications/Katherine Barnes, Membership Manager)   | Enclosure 6 |
| 3.30 | 10. | <b>Lead Governor's Report September – December 2015</b><br>(Leon Spender, Lead Governor)  | Enclosure 7 |
| 3.40 | 11. | <b>Feedback from Sub-Groups</b><br><i>Chairmen of the sub-groups to provide an overview of the recent meetings and draw to the attention of the Council any matters of particular interest</i><br>(John Trewby/Leon Spender/Bryan Bird/Anita Beer)            |             |
|      |     | <ul style="list-style-type: none"> <li>• <b>Governors' Nomination Committee</b> – To receive recommendation regarding the appointment of a Non-Executive Director (Chairman)</li> </ul>   | Oral        |
|      |     | <ul style="list-style-type: none"> <li>• <b>Strategy Sub-group</b> – 11 December 2015</li> </ul>  | Enclosure 8 |
|      |     | <ul style="list-style-type: none"> <li>• <b>Patient Experience Sub-group</b> – 16 December 2015</li> </ul>  | Enclosure 9 |
|      |     | <ul style="list-style-type: none"> <li>• <b>Staff Experience Sub-group</b> – 25 November 2015</li> </ul>  | Oral        |

- Membership & Engagement Sub-Group

Oral

3.55

12. **Any other business**

13. **Date of next meeting:** 15<sup>th</sup> March 2016, 3.30-5.30pm

**In attendance:**

Fiona Dalton, Chief Executive  
Juliet Cox, Head of Patient Experience  
Simon Porter, Co-Chair Audit & Assurance Committee / Non-Executive Director  
Paul Goddard, Acting Finance Director  
Ali Ayres, Director of Communications  
Katherine Barnes, Membership Manager  
Lynne Lockyer, Non-Executive Director

# Council of Governors' Minutes – Open Session

**Minutes of the Council of Governors' meeting on Tuesday 15 September 2015, held in the Conference Room, Heartbeat Education Centre, North Wing, University Hospital Southampton, commencing at 15.30 and concluding at 17.45**

<b>Present:</b>	Peter Hollins, Senior Independent Director/Deputy Chair (Chair)	PH
	Leon Spender, Elected, Southampton City Centre (Lead Governor)	LS
	Colin Pritchard, Elected, Southampton City Centre	CP
	Heather Parsons, Elected, New Forest, Eastleigh and Test Valley	HP
	Bryan Bird, Elected, New Forest, Eastleigh and Test Valley	BBi
	Andrew Grapes, Elected, New Forest, Eastleigh and Test Valley	AG
	Yvonne Binge, Elected, New Forest, Eastleigh and Test Valley	YB
	Rose Wiltshire, Elected, Isle of Wight	RW
	Richard Goldsmith, Elected, Rest of England and Wales	RG
	Christopher Godeseth, Elected, Rest of England and Wales	CG
	Brian Birch, Elected, Medical & Dental Staff	BB
	Annette Purkis, Elected, Other Clinical Staff (until 5pm)	AP
	Anita Beer, Elected, Non-Clinical and Support Staff (from 4:40pm)	AB
	Joan Wilson, Appointed, Southampton City CCG (from 4:15pm)	JW
	Michelle Cowen, Appointed, University of Southampton	MC
	Andrew Gibson, Appointed, Hampshire City Council	AG
	Caran Chamberlain, Appointed, Southampton City Council	CC
	Sophie Agostinelli, Under 21 Representative	SA
	Sara Babahami, Under 21 Representative	SB
<b>In attendance:</b>	Fiona Dalton, Chief Executive	FD
	Mike Murphy, Director of Strategy & Business Development	MM
	Heather Deeley, Children's Hospital Project Manager	HD
	Harry Dymond, Healthwatch Southampton	HDy
	Amanda Lowe, Associate Director of Corporate Affairs (Designate)	AL
	Mike Sadler, Non-Executive Director (until 5:10pm)	MS
	Caroline Marshall, Chief Operating Officer	CM
	Ali Ayres, Director of Communications	AA
	Katherine Barnes, Membership Manager	KB
	Vicky Boland, Corporate Affairs and Policy Manager	VB
	James Douglas, Public	
<b>Apologies:</b>	John Trewby, Chair	JT
	John Haydon, Elected, Rest of England and Wales	JH
	Kate Thompson, Appointed, Business South	KT
	Lynne Lockyer, Non-Executive Director	LL
	David Price, Non-Executive Director	DP
<b>46/15</b>	<b>Chair's Welcome and Opening Comments</b>	Action By
46.1	The Chair welcomed Caran Chamberlain to the Council of Governors.	
46.2	The Chair welcomed the Governors and Trust staff to the meeting and apologies were noted.	
<b>47/15</b>	<b>Declarations of Interest</b>	
	None	

## 48/15 Minutes of Previous Meeting

The minutes of the meetings held on 1 July 2015 were accepted as a correct record.

## 49/15 Matters Arising/Summary of Agreed Actions

- 49.1 BB queried whether there was an update on the government policy regarding the £35k pay thresholds for non-EU immigrants. FD confirmed that there has been no change to this policy despite national lobbying and approximately 100 staff could be affected by this. The Trust is considering how to mitigate this issue.

## 50/15 Performance Report

- 50.1 The Chief Executive provided an in-depth update on Trust performance, highlighting the areas in which the Trust performs within the top 10 in the country, as well as average and below average areas of performance. FD noted that some areas of performance are difficult to measure and the Trust Board tend to focus on the things that need improvement. There is however a need to give a balanced view on the overall range of performance and any views on how to achieve this balance when providing performance information were welcomed.

- 50.2 A discussion followed covering:

- CP raised the issue of ongoing care for patients following a hospital admission and the affect this can have on the patient's family in dealing with a number of bureaucratic organisations and processes. FD stated that the Trust is trying to support families to ensure ongoing care can be provided in a timely manner. AG and CC provided an update on the work being undertaken within Hampshire County Council and Southampton City Council to try to improve the situation.
- LS commented that the hospital bulletin that CM produced is a useful for the governors to receive regularly. LS also noted that seeing the data on those involved brings the information provided to life.
- BB requested clarity on trusts referred to within benchmarking i.e. all trusts or just teaching trusts. FD confirmed this depends on the data available.
- BB highlighted the readmission rate included within the Trust's monthly performance report as this is slightly higher than we would want. MS informed the council that this was discussed in detail at Quality and Performance Committee and an audit has been completed. The rate of avoidable re-admissions is reducing.
- AP commended the recent pilot for staff self referral to physio however due to the demand already received there are no appointments available until October. The service was expected to deliver this pilot without any additional funding and if the Trust wishes to continue such schemes investment will be required. FD reassured the committee that work is being undertaken with Julia Smedley to maintain the enthusiasm around this and ensure investment is made in the correct areas.
- HP expressed concern regarding staff breaks when working a 12 hour shift. FD agreed half an hour is a long break however the Trust has to fulfil its legal obligations whilst also providing staff with flexible working options. FD to look into this matter further.

- 50.3 After discussion the Council of Governors:

- **Noted** the report and update provided.

## 51/15 Children's Hospital Plans

- 51.1 MM summarised the children's hospital plans including delays and financial constraints. HD explained the Vanguard application that has been submitted with Hampshire Hospitals and Portsmouth Hospitals. 65 applications were submitted to NHS England and the Trust's application got through to the final 28. FD led a team last week to present to NHS England to become a vanguard and is currently awaiting the outcome of this.

51.2 A discussion followed covering:

- CP requested clarity on what ages are treated as children and how many are treated per annum at the Trust. FD stated that there is a children's hospital but not in the physical environment that was originally planned with every age treated and a lot of effort put into transition between child and adult services. CP expressed concern regarding the number of teens being treated for cancer which seems to be a lot more than in the past. FD was unsure if this was the case and may require us to check the epidemiology however patients get better outcomes when treated in centralised cancer centres.
- PH queried whether there was anything the governors could do to support the Trust's plans for the Children's Hospital.. MM confirmed that supporting the message that there is a children's hospital is important but emphasising the issues with the estate and supporting the staff working in these areas.
- HP questioned whether branding and signage is clear in the areas that the children's hospitals sits. HD informed the council that all wards are branded Southampton Children's Hospital but not sure of other areas. MM confirmed that there is more that could be done.
- SA noted that it is a shame that estates plans have been put on hold but things are still progressing. SA and SB did a lot of work with the Southampton Children's Youth Partnership and received a lot of positive comments from patients.

51.3 After discussion the Council of Governors:

- **Noted** the update.

#### **52/15 Healthwatch**

52.1 HDy introduced Healthwatch, its aims and involvement with healthcare and the hospital.

52.2 A discussion followed covering:

- BB stated that a number of councils of governors have a Healthwatch representative as a member of the group. CP questioned whether the CoG could invite Healthwatch to have a member on the council. PH confirmed that the constitution would need to be checked but suggested that Healthwatch might be invited to attend regularly.

52.3 After discussion the Council of Governors

- **Agreed** that Healthwatch would be invited to have a representative attend Council.
- **Asked** AL to check the constitution to establish whether Healthwatch could be invited to have a member on the Council of Governors or whether the constitution would need to be amended.

**Action: AL to check constitution.**

AL

#### **53/15 Council of Governors' Business Programme**

53.1 The business programme of items that the council of governors are required to discuss at meetings for the year was presented.

- 53.2 A discussion followed covering:
- PH noted that two items that were due to be on the agenda this month were not included. VB confirmed that this was due to there not being any member's evenings or any NHS Provider Events. AA confirmed that now that KB is in post more members' evenings will be arranged.
  - The governors were asked whether there were any other items that they would like to discuss that could be added to the programme. LS confirmed that various issues have been discussed at CoG subgroups in detail but some more dynamic topics need to be brought for discussion at CoG.
  - CP has previously requested a discussion with consultants about treating private patients within the hospital. FD agreed that a session on private income at the Trust and options for the future including consultant's views could be arranged for the October CoG study session.

53.3 After discussion the Council of Governors:

- **Agreed** that have an informal discussion to propose additional items for discussion at future CoG meetings is to be held.

**Action: Meeting to be convened.**

LS

- **Agreed** that an update on private income be provided at the October CoG study session.

**Action: FD to work on this.**

FD

- **Requested** that the monthly digest that is presented to TEC and Open Board is provided to the governors on a regular basis.

**Action: VB to add to monthly governor newsletter.**

VB

- **Requested** that the invitation to the annual members meeting is reissued to the governors.

**Action: AA to reissue invitation.**

AA

- **Agreed** the business programme.

#### 54/15 **Lead Governors' Report July – August 2015**

54.1 LS provided an oral I update on the recruitment of a new Chairman for the Trust including the timeline for this. An extraordinary CoG meeting had been arranged for 9<sup>th</sup> December 2015 for the governors to approve the Chair appointment and enable a proposal to be put forward to Trust Board.

54.2 The Council of Governors:

- **Noted** the update.

#### 55/15 **Review Membership of Sub-Groups**

55.1 The CoG are required to review their membership of subgroups annually.

55.2 A discussion followed covering:

- LS suggested that the patient experience and strategy subgroups are open to all governors and asked that the new governors consider the meetings they would wish to attend. AB confirmed that chairing two groups is manageable.

55.3 After discussion the Council of Governors

- **Requested** the new governors consider which groups they wish to attend.  
**Action: New governors to consider subgroup attendance.**
- **Agreed** that the patient experience and strategy subgroups be open to all governors.

New  
governor  
s

#### 56/15 **Feedback from Sub-Groups**

56.1 **Governors Nominations Committee**

No further update provided.

56.2 **Strategy Sub-group**

LS highlighted the themes discussed and complemented PH and Simon Hunter for their presentation.

### 56.3 Patient Experience Sub-group

BBI summarised the discussion at the meeting and noted that presentations were received regarding patient mealtime practices and the catering and cleaning contract highlighting issues with both areas. It was noted that the minutes should read that the contract ends in 2016 not 2015.

### 56.4 A discussion followed covering:

- BB requested clarity regarding relatives being in attendance for meal times to provide assistance. FD noted that there is more that can be done around visiting times and flexibility with this. HP highlighted the importance of relatives being in attendance at the point of clinical discussion as this could benefit confused patients. FD confirmed this is being considered across the hospital whilst maintaining confidentiality.

### 56.5 Staff Experience Sub-group

It was confirmed that the last meeting was cancelled but another has been booked.

### 56.5 Membership and Engagement

AB provided an update following discussions with AA regarding re-establishing this group. It is recommended that this group should work more closely with the Trust's membership and engagement strategy and that it should be the responsibility of all governors to engage with the membership. A practical plan is required to agree action to be taken over the next 12 months.

### 56.6 After discussion the Council of Governors

- **Agreed** that the membership work plan be presented to the next CoG meeting.
- **Requested** a central log be set up to record things that members say to governors.

**Actions: AA agreed to work with AL to develop this.  
AA and AB to submit a formal plan on engagement to the next CoG meeting.**

- **Noted** the updates.

VB

AA  
AA/AB

### 57/15 Any Other Business

57.1 AB informed the committee that she will be making contact with other trusts to find out the work they do in relation to staff experience and the governors' approach to this. If any governors have any specific questions then they are to contact AB.

57.2 AG queried whether there was an ideal solution to getting patients out of hospital quicker when social care is involved. FD confirmed that there are some good examples across the country and conversations continue with the local councils.

57.3 CG stated that a group of governors visited the Trust's Research and Development department on 1<sup>st</sup> September and a summary report of the visit will be shared with the governors. CG felt that there was a huge sense of enthusiasm within the service as well as comradery between colleagues. The Trust has world class facilities that it should be proud of.

57.4 RG highlighted a recent news article around Portsmouth reducing their norovirus rates. FD confirmed that the Trust is aware of this and a system has been put in place.

57.5 AG noted an article regarding the mark up in price for goods in the hospital shop compared to high street shops and queried whether there was anything the Trust could do about this.

**Action: FD to look into this further.**

FD

57.6 BBI reminded governors about the forthcoming Trust Board and Executive meetings and emphasised the importance of varied governor attendance at these.

57.7 PH wished SA and SB farewell from the council of governors and thanked them for their enthusiastic contribution over the last two years. The council of governors wished them luck in their future studies and careers in healthcare.

**58/15 Council of Governors and Trust Board Meetings 2016/17**  
The council of governors **noted** the forthcoming meeting dates.

**59/15 Date of Meetings for remainder of 2015/16**  
Thursday 29 October 2015, 3.00-5.00pm (Study Session)  
Monday 18 January 2016, 2.00-4.00pm  
Tuesday 15 March 2016, 3.30-5.30pm

DRAFT

**UHSFT – Council of Governors’ Actions Summary for 18 January 2016 Council of Governors’ meeting**

Action & Minute Reference		By whom	Target Date	Current Status
<b><i>Council of Governors – 15 September 2015</i></b>				
52.3	<b>Healthwatch</b> AL to check the constitution to establish whether Healthwatch could be invited to have a member on the Council of Governors or whether the constitution would need to be amended.	AL		Healthwatch cannot be a formal member – but can and should have a standing invitation to attend/provide feedback to the CoG.
53.3	<b>Council of Governors Business Programme</b> Informal discussion to propose additional items for discussion at future CoG meetings is to be held. Meeting to be convened.  An update on private income be provided at the October CoG study session. FD to work on this.  Monthly digest that is presented to TEC and Open Board is provided to the governors on a regular basis. VB to add to monthly governor newsletter.  Invitation to the annual members meeting is reissued to the governors.	LS  FD  VB  AA		Complete.  Complete. Update provided at October study session.  Complete. Included in monthly governor newsletter.  Complete.
55.3	<b>Review Membership of Sub-groups</b> New governors to consider which groups they wish to attend.	New governors		
56.6	<b>Membership and Engagement</b> Membership work plan to be presented to the next CoG meeting.	AA/AL/AB		Agenda item.
57.5	<b>Any Other Business</b> AG noted an article regarding the mark up in price for goods in the hospital shop compared to high street shops and queried whether there was anything the Trust could do about this. FD to look into this further.	FD		

**Council of Governors' meeting 18 January 2016**

**Title** Chief Executive's Performance Report

**Sponsoring Director** Fiona Dalton, Chief Executive

**Authors' names & Job titles** Vicky Boland, Corporate Affairs and Policy Manager  
Ben Hendy, Trust Performance Manager

**Purpose of the paper** For information  To note  Formal approval  For decision

**History** *Regular Report*

**Main issues / Executive Summary** To update the Council of Governors on a range of issues and developments affecting the Trust, including current clinical and operational performance (this is supplemented by the most recent Executive Digest and Integrated Performance Report). Governors are encouraged to direct questions on any issue raised by the report to the Non-Executive Directors present.

**Implications** N/A

**Action Required** To Note

**Next Steps** N/A

## Council of Governors 18 January 2016

### Chief Executive's Performance Report

#### 1 Purpose

The purpose of the report is to keep the Council of Governors abreast of key issues affecting the Trust, which can be supplemented by attendance at Board meetings in public.

This is the third report of the financial year 2015/16.

#### 2 Key Issues

Winter is the time of year when the Trust comes under the greatest pressure, with a higher level of demand for emergency services, particularly for those presenting with conditions of a higher acuity. A good measure of this is the number of patients admitted from the Emergency Department (ED). In 2015/16 to the end of November the number of attendances in ED has fallen by 3.2% from the same period in 2014/15. However, the average number of patients admitted from ED each day has risen from 66.8 for the 12 months to November 2014 to 68.2 for the 12 months to November 2015. This increase does not include the number of patients directly admitted through AMU. Despite this increase in more complex activity, performance in main ED is up 1.8% (86.2% to 88.0%) for the financial year to date compared to the same time in 2014/15, and there have been 1,455 fewer breaches of the 4 hour target.

As this suggests, total non-elective inpatient activity has also risen in 2015/16 compared to 2014/15. To the end of November there had been an extra 458 non-elective spells, a rise of 1.0%, with November 15 alone seeing an increase of 282 spells (+5.1%) compared to November 14. In addition, elective inpatient activity has also risen in 2015/16 and, to the end of November, is 5.8% (808 discharged spells) up compared to the same period in 2014/15.

This increase in activity, also seen in outpatient activity, has contributed to the Trust's continuing excellent performance against the 18 weeks incompletes target, having passed this target for every month since March 2014. However, this will continue to be a challenge as the number of patients with an open 18-week period has risen by 2,560 since November 2014 to 26,632, although this does represent a reduction since August 2015.

The Trust also met all of the cancer waiting times targets in October (data is reported a month in arrears). These remain very challenging targets and the achievement is a mark of the hard work being put in across the Trust. However, the winter pressures will provide another test and it is important that performance doesn't drop through this difficult time.

The increase in inpatient activity creates pressure in the Trust due to the extra beds required to accommodate patients and the nursing resources needed to care for them. Hard work across the Trust in improving patient pathways has reduced the average length of stay for elective patients by 0.14 days each in the past year. While this may seem like a small saving, for the patients discharged in November this equates to a need of approximately 8.5 fewer beds.

Unfortunately, the average length of stay for non-elective patients has increased by 0.10 days in the past year, meaning a need for approximately 19.3 more beds. A significant contributory factor in this increased length of stay is the increase in the number of complex discharge patients (sometimes called Delayed Transfers of Care, or DToCs) since November 2014. These are patients who no longer require an acute hospital bed but need a package of care (possibly including a bed in a care home) to be in place

before they can be discharged. A new system for managing, monitoring and reporting complex discharge data is currently being brought online which means that data isn't currently available beyond the end of October 2015, but this data does show an average of 33.3 more complex discharge patients requiring beds each day compared to November 2014.

The latest HSMR data shows significant improvement for the Trust as a whole (99.08) and the SGH site in general (90.03). Both of these scores have improved by a score of over 10 over the past year and are below the national standard of 100.

#### Nursing Bursaries

This will start with intakes in 2017 and brings student nurses and midwives into line with all other university students. We are in early discussion with University providers on future intakes and particularly on how this might affect intake of mature students.

A presentation can be provided to the governors after consultation and discussion takes place in February.

### 3. Board Meeting held in Public – 28 January 2016

This is a reminder to the governors that the next Board meeting in public will take place on Thursday 28 January 2016, with the standard 9am start in the Conference Room, Heartbeat Education Centre.

Future Board meeting in public dates are: 23 February 2016, 31 March 2016.

**Fiona Dalton, Chief Executive**

<b>Title:</b>	External Audit Contract
<b>Sponsoring Executive:</b>	Paul Goddard, Interim Finance Director
<b>Author's name:</b>	Huw Rees, Financial Controller
<b>Recommendation / Action Required</b>	For the council of governors to approve the extension of the external audit contract with KPMG for the 2015/16 and 2016/17 audits.
<b>Related Trust Objectives</b>	<ul style="list-style-type: none"> <li>• Objective 1. Trusted on Quality</li> <li>• Objective 2. Delivering for Tax payers</li> </ul>
<b>Related Board Assurance Framework / Risk Register Entries</b>	None
<b>Financial and resource implications</b>	Poor auditor performance could compromise Monitor compliance.
<b>Legal implications</b>	Poor auditor performance could lead to Monitor sanctions, ultimately the loss of the Trust's licence.
<b>Equality and Diversity implications</b>	None
<b>Partnership working &amp; public engagement implications</b>	Poor reputation arising from poor auditor performance.

## 1 Introduction

1.1 The external audit service was last tendered in 2012, resulting in the awarding of the contract to KPMG for 3 years from 1<sup>st</sup> November 2012, with an option to extend for an additional 2 years. It is now necessary to decide whether to retender the contract or to invoke the option to extend. The purpose of this report is to recommend to the Board of Governors which alternative to adopt.

## 2 Key Issues

2.1 The value of the contract for the 2014/15 audit (excluding VAT) was £67k and will be unchanged for 2015/16.

2.2 The Trust's Finance team have formed a good working relationship with KPMG over the duration of the contract. KPMG have provided an excellent level of service over the first 3 years of their appointment, providing a pro-active audit service efficiently and also providing useful benchmarking data and intelligence in accordance with their original proposal. Retendering the contract would potentially result in needing to go through the resource intensive process of rebuilding these relationships and data sources.

2.3 KPMG's client base and experience in the NHS (which include Lancashire Teaching Hospitals NHS Foundation Trust, Hampshire Hospitals NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, East Kent Hospitals University NHS Foundation Trust and Wirral University Teaching Hospitals NHS Foundation Trust) and its links with Monitor has enabled it to offer advice and insight that has added value for the Trust.

2.4 Management believe that it would offer better value for money to the Trust to extend the existing contract rather than seek to retender at this stage.

2.5 A paper was submitted to the Audit & Assurance Committee at its meeting on 19<sup>th</sup> October 2015. Following discussion (from which external and internal auditors were excluded) the Committee agreed to recommend to the Board of Governors that the contract be extended.

2.6 Amongst the issues the Committee discussed was the report on the performance of the external auditors that was taken to the Council of Governors in January 2015 (Appendix A) and the subsequent discussions with the lead Governor and others regarding some negative press about KPMG's wider reputation. It is believed that these discussions were resolved by a paper provided by Neil Thomas to the lead Governor in summer 2015 and Neil Thomas' presentation of his audit findings in respect of 2014/15 to the Council of Governors at a recent meeting.

### **3 Recommendation**

3.1 The Board of Governors are asked to agree that the option in the existing external audit contract with KPMG should be taken and their appointment be extended for the 2015/16 and 2016/17 audits.

### Council of Governors' Paper Cover Sheet

<b>Title</b>	<b>Report on the performance of the Trust's external auditors</b>
<b>Date</b>	19 January 2015
<b>Sponsoring Executive</b>	Alastair Matthews, Finance director and deputy CEO
<b>Authors' names &amp; Job titles</b>	Simon Porter, co-chair of the audit and assurance committee Jill Hall, Interim company secretary and head of corporate affairs
<b>Purpose of the paper</b>	To report on the performance of the external auditors in 2013/14.
<b>Recommendation / Action Required</b>	For the council of governors to note the update on the performance of the Trust's external auditors.
<b>Related Trust Objectives</b>	<ul style="list-style-type: none"> <li>• Objective 1. Trusted on Quality</li> <li>• Objective 2. Delivering for Tax payers</li> </ul>
<b>Related Board Assurance Framework / Risk Register Entries</b>	None
<b>Financial and resource implications</b>	Poor auditor performance could compromise Monitor compliance.
<b>Legal implications</b>	Poor auditor performance could lead to Monitor sanctions, ultimately the loss of the Trust's licence.
<b>Equality and Diversity implications</b>	None
<b>Partnership working &amp; public engagement implications</b>	Poor reputation arising from poor auditor performance.

## **Report on the performance of the Trust's external auditors**

### **1 Background**

- 1.1 The Council of Governors has the statutory duty to appoint and, if appropriate, remove the Trust's auditors.
- 1.2 The Council approved the appointment of KPMG as the Trust's external auditor at its meeting on 10 October 2012. This was in accordance with the recommendation of a sub-committee convened to oversee the tender and appointment of the external auditor. The sub-committee consisted of Andrew Gibson (Appointed Council Member), Simon Porter (Non-Executive Joint Chair of Audit & Assurance Committee), Iain Cameron (Non-Executive Joint Chair of Audit & Assurance Committee), Alastair Matthews (Finance Director & Deputy CEO) and Sarah Anderson (Head of Corporate Affairs). The contract was let for three years plus two optional one year extensions. 2013/14 is the second year of the three year contract.

### **2 Performance of the external auditor**

- 2.1 At its meeting on 30 October 2014 the audit and assurance committee reviewed the performance of KPMG as the Trust's external auditor.
- 2.2 The committee consider KPMG's performance has been good. It was noted that the team have demonstrated a good understanding of Trust business and key risk areas. The committee also agreed that KPMG effectively challenge the Trust at the audit planning stage and agreed they brought a focused and efficient approach to the year end audit with audit field work completed in a week.
- 2.3 The auditors attended the Council of Governors meeting on 2 July 2014, provided a summary of their findings and answered questions raised by governors on the annual report and quality account.
- 2.4 It was noted that, on appointment, a key requirement of the Council of Governors was that the company selected should provide benchmarking and comparative assessment of the Trust's performance against other Foundation Trusts and KPMG consistently provide such information.

### **3 Conclusion**

- 3.1 KPMG conducted an efficient and effective audit, providing good value for money. The intervention and contributions from the team are positive, welcome and probing, demonstrating good health sector knowledge.
- 3.2 The audit and assurance committee ask the council of governors to note the performance of the Trust's auditors in 2013/14.

**Council of Governors' meeting 18th January 2016**

<b>Title</b>	Local Quality Indicator
<b>Sponsoring Executive</b>	Gail Byrne, Director of Nursing/ Organisational Development
<b>Authors' names &amp; Job titles</b>	Juliet Cox, Head of Patient Experience
<b>Purpose of the paper</b>	<p>For information <input type="checkbox"/>      To note <input type="checkbox"/>      Formal approval <input type="checkbox"/>      For decision <input checked="" type="checkbox"/></p> <p>The Council of Governors are asked to choose from the selected local indicators; one indicator to be audited.</p>
<b>History</b>	<p>This is the first paper presented to the Council of Governors for the development of the Quality Account 2015/16</p>
<b>Main issues / Executive Summary</b>	<p>Since 2012 all NHS foundation trusts are required to have their Quality Accounts audited and to gain external audit assurance.</p> <p>The auditors are therefore required to undertake sample testing on two mandated performance indicators and one locally selected indicator</p> <p>This paper is presented for the Council of Governors to identify their chosen local indicator.</p> <p>The Council of Governors will be provided with a limited assurance report of the chosen indicator following external audit.</p>
<b>Implications</b>	
<b>Action Required</b>	The Council of Governors are asked to identify the local quality indicator that will be audited by the external auditors KPMG.
<b>Next Steps</b>	The indicator will be audited by KPMG and a limited assurance report provided to the Council of Governors.

## **1 Purpose/Context/Introduction**

- 1.1 The Health Act 2009 and associated Regulations require all providers of NHS healthcare services in England to publish a Quality Account each year about the quality of NHS services they deliver.
- 1.2 The Quality Account is a report about the quality of services by an NHS healthcare provider; they are published annually, and are available to the public.
- 1.3 Since 2012 all NHS Foundation Trusts are required to have their Quality Accounts audited and to gain external audit assurance.
- 1.4. The auditors are required to undertake sample testing on two mandated performance indicators and one locally selected indicator

## **2 Key Issues**

- 2.1 At this point in time the two mandated performance indicator have not been identified by Monitor.
- 2.2 The locally identified indicator has been selected for presentation by reviewing the indicators presented in the Quality Account 2014/15 under clinical effectiveness, patient experience and patient safety.
- 2.3 The locally selected indicators proposed for external audit are:
  - Patient discharge from hospital:
    - ❖ Achievement of the percentage of patients discharges prior to 12 o'clock midday.
    - ❖ Achievement of the internal operational standard 4 for discharge. This established standard requires, "The patient to have a discharge plan in place, an electronic discharge summary (EDS) and medication to be completed by 5pm the day prior to predicted discharge".
  - High Harm Falls
  - HSMR ( Hospital Standard Mortality Rate)
    - ❖ Accuracy of reporting
- 2.4 The auditors are required to provide a report to the Council of Governors and board of directors (the Governors' Report) of their findings and recommendations for improvements concerning the content of the quality report, the mandated indicators and the locally selected indicator.

## **3 Next Steps**

- 3.1 The chosen indicator will be audited by the external audit company and reported back to the Council of Governors on their findings.

## **4 Recommendation**

- 4.1 Note and decide on the chosen local indicator from the Quality Account 2015/16 for external audit

## Council of Governors' meeting (Insert date)

<b>Title</b>	UHS membership engagement work plan 2016			
<b>Sponsoring executive</b>	Fiona Dalton, CEO			
<b>Authors' names &amp; job titles</b>	Alison Ayres, director of communications and public engagement Sophie Daltry, head of engagement Katherine Barnes, membership manager			
<b>Purpose of the paper</b>	For information <input checked="" type="checkbox"/>	To note <input type="checkbox"/>	Formal approval <input type="checkbox"/>	For decision <input type="checkbox"/>
<b>History</b>	A copy of the UHS membership communications and engagement plan was requested at the Council of Governors September 2015 meeting.			
<b>Background</b>	<ul style="list-style-type: none"> <li>• From January to November 2015 the UHS membership manager role was vacant.</li> <li>• During this time, UHS membership communications and engagement activities were minimal.</li> <li>• New membership manager (Katherine Barnes) started in the role in November 2015.</li> <li>• Since then a membership engagement plan has been developed (see attached) and activities are in progress.</li> </ul>			
<b>Priorities for membership engagement</b>	<p>Three priority areas for engaging UHS members during 2016 have been identified:</p> <ol style="list-style-type: none"> <li><b>1. Engagement</b> Plan and deliver member activities consistently e.g. bi-monthly 'members' mail' e-newsletter, specialist member evenings and the opportunity to stand for/elect Council of Governors</li> <li><b>2. Recruitment</b> Target our recruitment activities so we increase the number of members aged 55 years and under, making sure our membership is more representative of our catchment</li> <li><b>3. Members' voice</b> Explore and develop ways to gather feedback from and hear the views of our members, including surveys and governor/member clinics</li> </ol>			
<b>Next Steps</b>	Please review the attached UHS membership communications and engagement plan and provide feedback/comments at the Council of Governors January 2016 meeting.			

## **UHS membership engagement work plan 2016**

### **Introduction**

UHS currently has a public membership of approximately 9,600 people. In the past our membership engagement activities have involved events (such as specialist member evenings and the annual hospital open day) and a regular members' newsletter. During elections we also communicate with all members in line with the statutory processes for running elections.

However, from January to November 2015 the UHS membership manager role was vacant and during this time, UHS membership engagement activities were minimal.

With a new membership manager (Katherine Barnes) now in place, we have developed this work plan that details our approach for membership engagement at UHS throughout 2016. It outlines how we will work to better engage our current members and recruit new members to ensure our membership is representative of our catchment population.

### **Key areas of work**

Three key areas have been identified in order to develop UHS membership over the next 12 months – these are outlined below.

#### **1. Engagement**

- Over the next 12 months we'll explore new ways of engaging with our members whilst delivering our action plan of activities, including our bi-monthly 'members' mail' e-newsletter, specialist members' evenings and focus groups.

#### **2. Recruitment**

- We'll clarify the benefits of being a member at UHS and promote these through our website, press and social media channels and by working with other local services, such as GPs and Healthwatch.
- To make sure our membership is more representative of our catchment population, we will target our recruitment activities to increase the number of members aged 55 years and under.
- By working closely with local schools, colleges and universities we will promote the benefits of UHS membership to younger people, encouraging them to sign up.

#### **3. Members' voice**

- We'll explore and develop different tools and channels that better allow members to share their views and ideas, including regular member surveys, focus groups and constituency drop-in clinics.

## Work plan

Focussing on the three key areas of work outlined above, this table provides an overview of how we'll deliver our main objectives.

Key area	Action	Deadline/time scale			
		2015 / 2016 Q4	2016 / 2017 Q1	2016 / 2017 Q2	2016 / 2017 Q3
Engagement	<ul style="list-style-type: none"> <li>Develop a detailed 12-month action plan of membership communication and engagement activities and consistently deliver these – including our bi-monthly 'members' mail' e-newsletter and specialist members' evenings</li> </ul>				
	<ul style="list-style-type: none"> <li>Develop members area of external website and ensure it is up to date</li> </ul>				
	<ul style="list-style-type: none"> <li>Explore new ways we can engage with our members e.g. online members forum:                             <ul style="list-style-type: none"> <li>- see what other Foundation Trusts do/offer</li> </ul> </li> </ul>				
Recruitment	<ul style="list-style-type: none"> <li>Clarify the benefits of being a member at UHS and promote via digital channels and local services/groups, charities etc</li> </ul>				
	<ul style="list-style-type: none"> <li>Work with under 21 reps to establish an under 21 council and recruit younger members via local schools, colleges and universities (promoting careers in healthcare etc)</li> </ul>				
	<ul style="list-style-type: none"> <li>Complete a detailed analysis of our current membership to identify any under-represented groups and target recruitment activities to reach these groups</li> </ul>				
	<ul style="list-style-type: none"> <li>Explore new recruitment opportunities:                             <ul style="list-style-type: none"> <li>- see what other Foundation Trusts do</li> <li>- link with partners and other local services</li> </ul> </li> </ul>				
Members' voice	<ul style="list-style-type: none"> <li>Work with the Council of Governors to develop regular member surveys and distribute these via our membership database</li> </ul>				
	<ul style="list-style-type: none"> <li>Explore potential tools that could allow members to easily provide comments, feedback and ideas</li> </ul>				
	<ul style="list-style-type: none"> <li>Plan and deliver a series of drop-in clinics by constituency to develop governor/member relationships</li> </ul>				

## Calendar of events and activities

Month	Date(s)	Activity/action	Type	Comments
Nov 2015	November – ongoing	Update UHS membership web pages	Membership recruitment; Provide information	
	November – ongoing	Update UHS Council of Governors web pages	Governor recruitment; Provide information	Waiting on remaining governor biographies and photos
Dec 2015	01.12.15	Send December members' mail	Membership update; Provide information	Including Chris Godeseth's governor blog; Sent to 3,317 members – 40% (1,328) opened email
	December – ongoing	Establish under 21 council	Membership recruitment (under 21's)	Working with two under 21 reps and Richard Taunton Sixth Form College
	December – January	Appoint two new Southampton City governors until next elections	Governor recruitment	Approach those who ran in last election to cover interim
Jan 2016	18.01.16	Meet with two under 21 reps to discuss developing under 21 council, benefits for and engaging with younger members, recruitment of younger members etc.	Membership recruitment (under 21's)	Meet before Council of Governors January meeting
	18.01.16	Council of Governors January meeting		Katherine presenting proposed membership engagement plan
	26.01.16	Cancer Research UK live podcast	Members' event	Cancer Research UK hosting – members invited via December members' mail
Feb 2016	01.02.16	Send February members' mail	Membership update; Provide information	Governor blog/theme TBC; Include John Trewby retirement from end of March
	04.02.16	Members' cancer immunotherapy specialist evening, Somers Building lecture theatre, 5.45-8.30pm	Members' event; Member/governor engagement	Invite to be sent early January; One/two governors to attend and meet members
	February	Begin to contact local services and groups to encourage membership recruitment	Membership recruitment	Services/groups include: GP surgeries, Healthwatch, Southampton Hospital Charity, patient groups etc
	February – March	Talk at Richard Taunton Sixth Form College re under 21 council	Membership recruitment (under 21's)	Highlight benefits of membership and under 21 council e.g. healthcare careers, UCAS applications
Mar 2016	15.03.16	Council of Governors March meeting		
	March – April	Formally establish under 21 council and hold first meeting	Membership recruitment (under 21's); Gather feedback on UHS services	
	March – ongoing	Begin series of member surveys by constituency (begin with Southampton City)	Gather feedback on UHS services	Member surveys by constituency; Start with simple surveys to gauge response rates etc
Apr 2015	April	Members' elderly care specialist evening (theme and details TBC)	Members' event; Member/governor engagement	One/two governors to attend and meet members
	01.04.16	Send April members' mail	Membership update; Provide information	Governor blog/theme TBC; Introduce new chairman
	April/May – ongoing	Start of election process for Council of Governors elections	Governor recruitment	Detailed plan and timescales TBC
May 2016	May	Under 21 members' specialist evening (theme and details TBC)	Members' event	
Jun 2016	June	Members' organ donation specialist evening (theme and details TBC)	Members' event; Member/governor engagement	One/two governors to attend and meet members

	01.06.16	Send June members' mail	Membership update; Provide information	Governor blog/theme TBC
	30.06.16	Council of Governors June meeting		
Jul 2016	July	Under 21 council meeting	Membership recruitment (under 21's); Gather feedback on UHS services	
	July	Proposed series of Council of Governors drop-in clinics to engage with members	Member/governor engagement; Gather feedback on UHS services	One/two clinics per constituency (details TBC)
Aug 2016	August	Member's diabetes specialist evening (theme and details TBC)	Members' event; Member/governor engagement	One/two governors to attend and meet members
	August	Publicise hospital open day		Start of publicity via social media, press release, members' mail, website, posters etc
	01.08.16	Send August members' mail	Membership update; Provide information	Governor blog/theme TBC; Hospital open day theme
Sep 2016	20.09.16	Council of Governors September meeting		
	24.09.16	Hospital open day <b>proposed date</b> (theme and details TBC)	Members' event; Membership recruitment	
Oct 2016	October	Member's breast cancer specialist evening (theme and details TBC)	Members' event; Member/governor engagement	One/two governors to attend and meet members
	03.10.16	Send October members' mail	Membership update; Provide information	Governor blog/theme TBC;
Nov 2016	November	Under 21 council meeting	Membership recruitment (under 21's); Gather feedback on UHS services	
Dec 2016	05.12.16	Send December members' mail	Membership update; Provide information	Governor blog/theme TBC;

Council of Governors meeting 18<sup>th</sup> January 2016

## Lead Governors Report

1. **22.09.2015 Annual Members Meeting.** Given that we have 10,000 public members, this meeting was poorly attended. Before the significant presentation by A&E Dept., the CEO gave an outline of the year. I had an opportunity to speak and contrasted UHS with Cambridge University hospital. Monitor had that day made public its reprimand to the Board for losing control of their finances. I proposed that their mismanagement was unlikely to happen at UHS.
2. **01.10.2015. First day for our new Company Secretary Amanda Lowe.** I would like to record my appreciation of the very positive approach Amanda has taken to her responsibilities for the role of the governors. I would like to add also the significant contribution made by Vicky Boland and Sue Diduch. Their meticulous attention to the detail of the administration of the Council is first class.
3. **07.10.2015 Medical Director Interview, 15.10. 2015 Finance Director Interview.** I had been invited to contribute to the Carousels dealing with stakeholders and I attended the medical director interview and Bryan Bird attended the Finance Director Interview. Our responsibilities only extend to NED appointments, so it was a privilege to play a part in the appointment of executive directors, where we had an opportunity to give our views of each candidate. I doubt this opportunity is afforded to all Councils and I am grateful that for the opportunity to become involved.
4. **07.10.2015 Governor Group met to identify strategy and topics.** A useful meeting from which the ideas have been incorporated into our business plan. A further meeting to be arranged.
5. **08.10.2015 Meeting with Caroline Marshall Chief Operating Officer.** Carol's office is in the heart of the hospital and the one hour visit gave a vivid impression of the pace and complexity of treatment happening non-stop. Caroline's reports to her staff teams are now available on our newsletter and well worth reading to understand the tensions and success at the front-line.
6. **13.10.2015. Visit to the New Forest Birthing Centre.** This visit was arranged for the Board, and governors were invited also. The Centre provides delightful circumstances for childbirth but is only available to those mother's without complications, who want a natural birth.
7. **19.10.2015 Under 21 governor interviews.** Taunton's put forward 4 candidates. Amanda Lowe and I led for the governors and the Principal and one of her staff represented Taunton's. All the candidates showed enthusiasm and talent. We chose Kirsten and Emily who both hope to have careers in NHS.

- 8. 03.11.2015. Meeting with Monitor Officials.** I had met the Monitor managers in London last year, that team have moved on, and this was an opportunity to meet the new officials. The only specific role of a Lead Governor is to be available should Monitor “have concerns about the leadership being provided to a Foundation Trust or in circumstances where it would be inappropriate for the Chair to contact us.” I used the occasion to demonstrate that governors do ask searching questions of the directors and believe we do know the strengths and weaknesses of the UHS present position
- 9. 05.11.2015. Meeting with Dame Fiona Caldicott, Chair Oxford University Hospital (John Radcliffe).** The GNC had approved an approach to Dame Fiona to act as our advisor at the final interview for the Chair post. (Unfortunately, on the day, she was unwell and not able to attend). Oxford have only recently been awarded FT status. Dame Fiona invited me to a meeting of her new governors to advise them from my growing experience. I have since had an extended phone conversation with her Lead governor and will attend a meeting at Oxford on 3<sup>rd</sup> March.
- 10. 07.12.2015. Four candidates interviewed for Chair appointment.** Today’s interviews were the culmination of a process that had involved the GNC members in number of meetings. In two meetings we selected the “head-hunters” through a competitive process, we met to discuss the longlist, and the shortlist and finally on the interview day. The appointment of the Chair solely by governors is a significant responsibility and the GNC team are grateful for the support of the officers and particularly to Prof Iain Cameron for his chairmanship of the task.
- 11. 14.12.2015. GNC Meeting approved new Appraisal Scheme for NEDs.** The intention was to focus more on performance and outcomes than on activity. The new approach will be introduced in the round of appraisals to be completed in this last quarter. Governors will, as usual, be asked to contribute their perceptions of each NED and I am aware that John Trewby would hope for a better response than we have provided in the past. The closed Board meetings of the Finance and Strategy Committee and the Quality and Performance Committee have been opened for governors to attend as this gives a good opportunity to see NEDs in action. Bryan Bird oversees the arrangements, but he has few takers and too often it is just him and I taking the places. The same situation also prevails, too often, at the open Board meetings. Your role as a governor would have more authority if you could attend these meetings at least twice a year.

Leon Spender Lead Governor

07.01.2016

# Notes of Meeting

**Corporate Affairs**  
Trust Management Offices, Mailpoint 18  
Southampton General Hospital  
Tremona Road  
Southampton SO16 6YD

Tel: 023 8120 3885

<b>Group name:</b>	Strategy Group of the Council of Governors	
<b>Date of meeting:</b>	11 December 2015	
<b>Present:</b>	Leon Spender, Elected Southampton City Centre (Chair)	LS
	Caroline Powell, Elected Southampton City Centre (until 15:00)	CPo
	Colin Pritchard, Elected Southampton City Centre	CPr
	Bryan Bird, Elected New Forest, Eastleigh & Test Valley	BBi
	Heather Parsons, Elected New Forest, Eastleigh & Test Valley (until 15:20)	HP
	Christopher Godeseth, Elected Rest of England & Wales	CG
	John Haydon, Elected Rest of England & Wales	JH
	Brian Birch, Elected Staff Medical & Dental (from 14:30)	BB
	Simon Hunter, Appointed, West Hampshire CCG	SHU
	Kirsten Williamson, Under 21 Representative	KW
<b>In attendance:</b>	Lynne Lockyer, Non-Executive Director	LL
	Vicky Boland, Corporate Affairs & Policy Manager	VB
	Sandra Hodgkyns, Emergency Planning & Resilience Manager / Head of Security – Local Security Management Specialist (item 4)	SHo
	Steve Court, Deputy Emergency Planning & Resilience Manager (item 4)	SC
	Carol Davis, Lead Consultant in Palliative Medicine and Clinical End of Life Care Lead (item 5)	CD
	Chrissie Guyer, End of Life Clinical Nurse Specialist – Team Leader (item 5)	CG
	Mark Cawley, Clinical Nurse Specialist (item 5)	MC
<b>Apologies:</b>	Andrew Grapes, Elected New Forest, Eastleigh & Test Valley	AGr
	Yvonne Binge, Elected New Forest, Eastleigh & Test Valley	YB
	Richard Goldsmith, Elected Rest of England & Wales	RG
	Rose Wiltshire, Elected Isle of Wight	RW
	Katie Prichard-Thomas, Elected Staff Nursing & Midwifery	KP-T
	Annette Purkis, Elected Staff Other Clinical	AP
	Anita Beer, Elected Staff Non-Clinical & Support	AB
	Michelle Cowen, Appointed University of Southampton	MC
	Joan Wilson, Appointed, Southampton City CCG	JW
	Kate Thompson, Appointed, Business South	KT
	Cllr Caran Chamberlain, Appointed, Southampton City Council	CC
	Cllr Andrew Gibson, Appointed, Hampshire County Council	AGb
	Emily Garrett, Under 21 Representative	EG

- |    |   |                  |
|----|---|------------------|
| 1. | <b>Note</b><br>This meeting was open to all Governors to attend to ensure all could develop an understanding of the topics being presented. | <b>Action By</b> |
|----|---|------------------|

**2. Chair's Welcome and Opening Comments**

The Chair welcomed everyone to the meeting.

**3. Minutes of the Previous Meeting held on 21 August 2015**

The minutes were agreed as an accurate record.

**4. Business Continuity and Emergency Planning**

SHo and SC presented on the subject. Presentation to be provided alongside minutes.

The Trust's ability to cope with the large numbers of casualties was queried. As a major trauma centre the Trust is unable to divert patients so the plan would be to triage and transfer patients to other specialist centres i.e. Salisbury for burns. The Trust has a trauma augmentation plan in place that allows us to pull in additional clinical staff to support extra capacity.

Gold command would hold ultimate responsibility for decision making during any major incident. Any disagreement between silver and gold commands would be clearly documented, as are all decisions, by a loggist. Discussions regarding additional funding would be held at gold command level.

Evacuation plans are being prepared for the whole hospital; there are currently only plans for parts of the hospital but not the entire hospital. Across the Wessex region 1400 beds have been identified and in the case of a major incident patients would be moved out to these beds so that the hospital could treat the trauma patients.

Matrons, ward leaders and nurses in charge are aware of the detailed plans in the area within which they work, however there are also action cards to tell staff what they need to do rather than them all requiring a detailed understanding of plans. It was confirmed that there are 8 areas within the hospital that do not yet have detailed plans in place and these have strict deadline in place for completion of this work.

HP highlighted the need to ensure that volunteers are given training on what to do during major incidents etc.

Chair thanked SHo and CP for their excellent and informative presentation, which has helped governors feel more confident about their understanding of the subject.

**5. Palliative and End of Life Care**

CD, CG and MC presented on the subject. Presentation to be provided alongside minutes.

The work of Countess Mountbatten House was commended and CD invited governors to visit. CD agreed to organise this. The good working relationship, including the sharing of education and training resources, with other hospices in the region was noted.

HP highlighted the difficulties with patients dying behind a curtain noting that this was not dignified or private and does not allow staff to support families.

The issue of euthanasia/assisted death was discussed. CD and MC confirmed what the team would do in this instance to resolve the situation in the best possible way for the patient involved.

CPr expressed concern regarding the need to undertake the consent process twice when his wife moved wards and the upset this caused those involved. CD and MC stated that the team are working to ensure that common sense prevails in such circumstances.

CD

CPr noted that acute consultants have not been good at recognising the dying patient in the past and asked if this is improving. CD confirmed that this has changed a lot over the last 20 years and professionals are more likely to recognise when active treatment is no longer appropriate however 21<sup>st</sup> century technology and treatment can sometimes complicate this.

Support to junior members of staff regarding legal requirements was queried. The team undertakes situational training, and are good at identifying the staff that are struggling and provide support to them. The department of clinical law provides information to staff on a regular basis and the Trust also has a clinical ethics committee.

The Trust has a bereavement care team that can support families and all staff are provided training during their induction. Out of hours ward staff would provide support to families. The end of life care team would ideally like to be involved in counselling meetings if they have been involved with the patients care but this is not always possible.

The hospital treats patients from many diverse backgrounds and religions, who do not necessarily speak English and may have different expectations toward the end of life experience therefore community faith leaders and the chaplaincy team can provide support and resources for patients and families.

Chair thanked CD, CG and MC for their interesting and informative presentation, which has helped governors understand more of the subject.

**6. Any Other Business**

None.

**7. Date of next meeting:** Friday 26 February 2016, 12noon-2pm, in the Executive Boardroom (MO1.43)

# Notes of Meeting

**Corporate Affairs**  
Trust Management Offices, Mailpoint 18  
Southampton General Hospital  
Tremona Road  
Southampton SO16 6YD

Tel: 023 8120 3885

<b>Group name:</b>	Patient Experience Group of the Council of Governors	
<b>Date of meeting:</b>	16 December 2015	
<b>Present:</b>	Bryan Bird, Elected New Forest, Eastleigh & Test Valley (Chair)	BBi
	Rose Wiltshire, Elected Isle of Wight	RW
	Andrew Grapes, Elected New Forest, Eastleigh & Test Valley	AGr
	John Haydon, Elected Rest of England & Wales	JH
	Annette Purkis, Elected Staff Other Clinical	AP
<b>In attendance:</b>	Mike Sadler, Non-Executive Director	MS
	Vicky Boland, Corporate Affairs & Policy Manager	VB
	Juliet Cox, Head of Patient Experience (briefly)	JC
	Juliet Pearce, Head of Patient Safety (item 4)	JP
	Becky Bonfield, AKI Clinical Nurse Specialist (item 4)	BBf
	Emma Hodgson, Sepsis Clinical Nurse Specialist (item 4)	EH
	Rosemary Chable, Associate Director of Nursing, Education & Workforce (item 5)	RC
<b>Apologies:</b>	Leon Spender, Elected Southampton City Centre	LS
	Caroline Powell, Elected Southampton City Centre	CPo
	Colin Pritchard, Elected Southampton City Centre	CPr
	Heather Parsons, Elected New Forest, Eastleigh & Test Valley	HP
	Yvonne Binge, Elected New Forest, Eastleigh & Test Valley	YB
	Christopher Godeseth, Elected Rest of England & Wales	CG
	Richard Goldsmith, Elected Rest of England & Wales	RG
	Brian Birch, Elected Staff Medical & Dental	BB
	Katie Prichard-Thomas, Elected Staff Nursing & Midwifery	KP-T
	Anita Beer, Elected Staff Non-Clinical & Support	AB
	Michelle Cowen, Appointed University of Southampton	MC
	Joan Wilson, Appointed, Southampton City CCG	JW
	Kate Thompson, Appointed, Business South	KT
	Simon Hunter, Appointed, West Hampshire CCG	SH
	Cllr Caran Chamberlain, Appointed, Southampton City Council	CC
	Cllr Andrew Gibson, Appointed, Hampshire County Council	AGb
	Kirsten Williamson, Under 21 Representative	KW
	Emily Garrett, Under 21 Representative	EG

**Action By**

1. **Note**  
This meeting was open to all Governors to attend to ensure all could develop an understanding of the topics being presented.
2. **Chair's Welcome and Opening Comments**  
The Chair welcomed everyone to the meeting.

**3. Minutes of the Previous Meeting held on 2 September 2015**

The minutes were agreed as an accurate record.

JC requested that the governors review the Trust's [Website](#) to provide feedback on the Trust's quality objectives for next year.

**4. Support for Junior Doctors at UHS**

MS presented on the subject. Presentation to be provided alongside minutes.

Junior doctors undertake 5 years post graduate training as a minimum and 8 years to consultant (minimum). 80% of junior doctors will do some training in community services.

BBi commented that junior doctor's salaries seem to be disproportionate to agenda for change. MS confirmed that a number of junior doctors will also have to pay for their exams if not passed on the first attempt however consultant salaries are within the top 5% in the country; although it does take time to get to that point.

AGr queried whether many junior doctors decide to leave or drop out. MS stated that not many will drop out however some will not progress for various reasons; this is low at about 1%.

Junior doctors will choose their preferred specialties but may not always get their first choice.

Chair thanked MS for his presentation, which has helped those present feel more confident about their understanding of the subject. MS noted that he was happy to present at other groups if this would be helpful.

**5. Acute Kidney Injury (AKI) and Sepsis**

JP introduced the item. BBf and EH presented on the subject. Presentation to be provided alongside minutes.

BBi commented that the Trust is leading nationally once again. JP noted that the process will take time to develop for both AKI and sepsis as well as ensuring staff across the Trust are kept up to date with changing requirements. There is a lot the Trust can do to improve but this will take time.

Chair thanked BBf and EH for their informative presentation, which has helped those present understand more of the subject.

**6. The strategies in place for monitoring and managing nurse staffing levels**

RC presented on the subject. Presentation to be provided alongside minutes.

BBi commented that London hospitals tend to be classed as centres of excellent however UHS are also at the forefront in this area.

It was confirmed that adverse incident reports are completed for any incident related to staffing issues. RC collates this information and includes analysis of this in her regular report to Trust Board.

Chair thanked RC for her presentation, which has helped those present improve their understanding of the subject.

**7. Any Other Business**

None.

8. **Date of next meeting:** Wednesday 2 March 2015, 10.00am-12.00noon, Executive Boardroom (Room MO1.43)