MINUTES OF THE ELEVENTH MEETING OF THE COUNCIL OF GOVERNORS OF THE ROYAL DEVON & EXETER NHS FOUNDATION TRUST

Held on Tuesday 10 October 2006 at 1400 in
The FlyBe Suite, St James’ Centre, Exeter City AFC

Present: Angela Ballatti (Chairman)

Public & Staff Governors
East Devon, Dorset & Somerset
Margaret Green
Linda Fryer
Gail Nunan
Christopher D’Oyly
Bob Doy

Exeter & South Devon
Andrew Webber
Rachel Jackson
Margaret Read
Miles Kinchin
Terry Roberts
Brian Perriss

Mid North West Devon & Cornwall
Ivor Watts
Roger Smith
Gordon Davies
Martin Perry
Reuben Miles

Staff
AHP - Tony Cox
Nursing & Midwifery - Monica Overy
Admin, Clerical & Managers - Sue Greenall
Hotel & Estates - Brian Croft
Medical & Dental – Paul Marshall

Appointed Governors
Sally Morgan – Devon County Council
Alan Griffiths – Mid-Devon District Council

In Attendance:
Chief Executive – Angela Pedder
Director of Finance - Mike Stevens
Director of Operations - Elaine Hobson
Head of Corporate Affairs – Pauline McCluskey
Director of Facilities – Linda Hall
Joint Medical Director – Vaughan Pearce
Minutes – Hazel Poppleton

Apologies
Trish McKenzie, East Devon, Dorset & Somerset
Stanley White, East Devon, Dorset & Somerset
Janice Kay - PMS

Apologies
David Cox - East Devon DC
John Shepherd Exeter City Council

133.06 APOLOGIES AND QUORUM CHECK
Apologies were as noted above. The meeting was confirmed as quorate

137.06 MINUTES OF PREVIOUS MEETING
The minutes of the meeting held on 11th July were approved following the agreed revised wording from Roger Smith (Min 124.06) and Brian Perriss (Min 129.06) respectively:

Min 124.06 - new second para:
In reply Mr Smith (Mid Devon) welcomed the Chairman on behalf of the Governors saying how much they were looking forward to working with her and wished her every success in the post.
Min 129.06 - new final para:
Dr Perriss (Other Parts) voiced concern that members in the outer areas of the new constituencies might (and in time probably will) become disenfranchised as the greater numbers of members in the Exeter, East Devon and Mid-Devon areas will firstly more likely to put themselves forward as candidates for Governor and secondly are more likely to vote for their own. He suggested that one Governor in each new constituency should represent these outer areas and actually live in that area. It was felt that this was not realistic as any constituency must accord with a local authority boundary. These would not necessarily match the rural areas and would in effect create three new ‘other parts’ constituencies. There also remained the distinct possibility that no one would stand from these areas and thereby the members therein would not be represented at all.

Min 127.06 – Delete ‘Margaret Reid’, and insert ‘Miles Kinchin’

Further comments were made as follows:

Min 127.06 Nominations Committee Terms of Reference: Margaret Green (ED, Dorset & Somerset) pointed out that although the number of public governors on the Committee would be reduced from 4 to 3 on 1st October 2006, this should also include the Deputy Chair, therefore making a total number of 4 on the Committee. This was agreed.

Terms of Reference/COG Committees. Roger Smith (Mid North West Devon & Cornwall) commented that as the Nominations Committee Terms of Reference were not being formally reviewed following the formation of the new public constituencies, other Terms of References should also remain the same. Miss McCluskey suggested that this issue could be discussed at the next development day.

Min 126.06 Annual Plan & Service Development Strategy Update - last para. The spelling of Mr Griffiths was amended.

Min 125.06 Finance Update/Capital Schemes - first para: ‘Diabetes’ referred to the new ‘Diabetes Centre’.

MATTERS ARISING
There were no matters arising.

138.06 NOTIFICATION OF INTERESTS
Mr Martin Perry declared his Notification of Interests as follows;

Director – Martin Perry CBE, Political Consultants Ltd
Chairman – Friends of Okehampton Community Hospital
Member – South Western Ambulance Trust PPIF (resigning)

139.06 SECRETARY’S NOTES
In the absence of Mr Taylor, Miss McCluskey confirmed that there were no specific notes for this meeting.

140.06 CHAIRMAN’S REMARKS
Ms Ballatti welcomed Martin Perry (Mid North West Devon & Cornwall) who had replaced Victor Bloom. She pointed out that John Dowell (formerly Exeter PCT) had agreed to be the new Devon PCT governor until the new Chairman of Devon PCT had considered their nomination.

Mr Taylor sent apologies as he was attending a seminar by Monitor to launch the New Code of Governance in London. David Bishop, Non-Executive Director and Paul Smith, Governance Manager, also attended as Trust representatives.
Ms Ballatti confirmed that the Constitution changes had been approved by Monitor and all governors had been issued with a hard copy of the revised Constitution.

A joint Board/Governor Development Day has been arranged for 30th October at the Buckerell Lodge, Exeter, commencing at 12.30 pm. The event, to discuss strategic development, would be facilitated by Bruce Finnamore of Finnamore Consultants.

All Governors have been provided with the results of the FTN survey on the National Governors Forum which showed a majority in favour of setting up with the King’s Fund as host organisation. The FTN had therefore written to the King’s Fund asking for their firm proposals on how the Forum should be administered and for a reconsideration of their costs. A response had not yet been received but Ms Ballatti agreed to circulate the response following receipt.

Ms Ballatti proposed that a brief discussion would take place on the development day on 22 November to discuss the composition of the COG sub-committees in the wake of the new public constituencies, but proposed that they remain as stated until then.

A meeting of the Attendance Committee will take place at 11.30 am on 30th October in the Small Meeting Room at Noy Scott House prior to the Board/Governors Development day at the Buckerell Lodge.

141.06 PERFORMANCE UPDATE

Miss Hobson gave a report on the Trust’s performance to date on key targets. She commenced by saying that cancer targets remained extremely challenging, particularly the 62-day referral to treatment target. Since April six referrals had not met the target, and in some circumstances the referral was not received within the 62 day period. Following the recent Cancer Peer Review, when a visiting body of clinicians looked at the Trust’s systems, feedback was very positive. An action plan has been drawn up with areas to work upon which are currently taking place. A formal report will be received by the Trust within the next 4 weeks. The report and action plan will be published in 6 months and shared with the Healthcare Commission.

**Key Target 6/Outpatient & Elective Booking.** The Trust is achieving all key milestones.

**Key Target 8/Elective patients waiting longer than standard.** The Trust is confident it will achieve a maximum waiting time target of 20 weeks by March 2007.

**Key Target 9/Outpatients waiting longer than standard.** The Trust is confident of reaching agreed target.

**Key Target 12/Accident & Emergency Department.** Ms Hobson reported good performance, achieving 98.5% of patients maintaining the 4 hour maximum wait from arrival at A&E to admission, transfer of discharge.

**Key Target 20/MRSA Bacteraemia.** There has been a large reduction in MRSA with only 6 patients reported in the last month due to excellent engagement with clinicians and the Control of Infection team.

**Key Target 25/Waiting times for MRI & CT scans.** Work is in progress with management and clinicians to reduce waiting times to 13 weeks by March 2007. This is a difficult target due to clinical demands and the complexity of managing patient events. Simple scans are currently being dealt with from a mobile scanning facility based at Tiverton Hospital. The new Picture Archiving and Communication System (PACS) system recently implemented in the RD&E, allowing digital scans, will hopefully speed the process and be beneficial in addressing the issues. Ms Hobson commented that target would remain a challenge.

Linda Fryer (ED, Dorset & Somerset) asked what the current MRI waiting time was and Miss Hobson replied that this varied according to clinical urgency. She agreed to provide Mrs Fryer with further information.

**Action: Director of Operations**

Mrs Read (Exeter & South Devon) asked if patients with non-cancer conditions were being disadvantaged in order for the Trust to meet the cancer referral targets. Miss Hobson confirmed that this was not the case, as there had been an expansion in resources to ensure that all patients were
seen appropriately.

Terry Roberts (Exeter & South Devon) asked if the Trust were aware of improvements in the breast screening figures since the service was privatised and how the public could be informed of details. Miss Hobson replied that information could be obtained from Exeter PCT.

Roger Smith (Mid North West Devon & Cornwall) asked whether PCT financial difficulties had impacted on the RD&E achieving its targets, as they were working with a finite income. Miss Hobson confirmed that the RD&E continued to work closely with the PCTs to make best use of resources and to date PCTs had not refused finance for waiting times initiatives.

FINANCE UPDATE

Mr Stevens reported that the overall half-year position for the end of August was still in the process of being compiled. Contracts had been signed with all PCTs with the exception of North Devon. Discussions were continuing to resolve the issue and would be addressed with the new Devon PCT.

At the end of August he reported an income and expenditure surplus of £0.5m against a planned surplus of £2.5m. This was lower than anticipated. Good progress had been made with savings targets which had increased to 42%, although there was still some way to go to achieve year-end targets. Forecast outturn showed a surplus of £1.5m against planned £2.4m. This showed a shortfall to year-end, but Mr Stevens was optimistic about achieving year-end figures. He pointed out that contingency plans were in place if the existing savings plans remain a challenge. He said that an assumed forecast cash surplus of £8.5m against plan of £9.2m must be achieved.

Capital Schemes.

Mr Stevens reported that Phase 4 would be complete at the end of February 2007. The exterior was complete and complex engineering services had commenced in the interior. Work on the Intensive Care Unit was scheduled to be completed in early 2007. The new Endocrine, Diabetes and Vascular Health Centre had been completed and is now operational. There was a delayed start in the provision of the linear accelerator due to changes in regulations in radiation facilities, and this has to be formalised before work can commence, but is due to be completed in 2007.

Andrew Webber (Exeter & South Devon) questioned why the Trust was slightly off-course financially. Mr Stevens replied that RD&E spending was as per budget target, as was income from commissioners. However, he commented that the Trust had a range of saving schemes which were reported on at the last COG meeting, but were taking longer to implement before year-end, due to the complexity of some schemes. The process may be accelerated to achieve planned targets but if this proved difficult alternative arrangements would be made. Gordon Davies (Mid NW Devon & Cornwall) asked if there were factors outside the Trust's control, and Mr Stevens replied that the Trust worked closely with the rest of the SW/PCTs and would need to find ways of saving if difficulties arose with them, but would not disadvantage itself.

The Council of Governors noted the quarterly Finance and Performance updates.

142.06 STRATEGIC PLANNING PROCESS

Mr Stevens gave a presentation on the development of the Trust's Strategy. He commenced by saying that the Trust needed a new strategic direction and process. The existing process was out of date and needed reviewing due to a radically changed environment over the past 2 years. Mr Stevens said that the Trust must think about long-term service planning as there was a risk of possible poor investments if strategic direction was not revised. The vision and values of the RD&E must be explored as an organisation, and he would be bringing the issue to the joint development session of the board and CoG for debate. He explained the purpose of the whole process would be to set a new strategic direction for the Trust, to establish goals and objectives, create milestones and prioritise service improvement, and establish long term planning for finance, estates, workforce and ICT. National and local influences must be taken into consideration with key stakeholders engaged in order to set out and assist in the vision
and direction.

Mr Stevens said that staff would receive regular communications about the process and that a questionnaire would give the opportunity to express views and give feedback. Governors would receive regular updates via joint development sessions and COG meetings, and members by newsletters and constituency meetings. The Board would ultimately approve the final strategy.

Mr Stevens discussed the timescale which he felt was realistic and would culminate in publication in April/May 2007. The strategy would require approval from Monitor. He said that the new strategy would not remain static and would require annual review in order for the Trust to remain focused for the future.

Margaret Green (ED, Dorset & Somerset) asked for a reminder on proposed new constituency meetings. Miss McCluskey confirmed that the next round of meetings would commence in December and additional ones would be held to take account of members’ involvement in the proposed new strategy.

Ms Ballatti welcomed the proposed new Trust strategy which she said would evolve over time and be subject to regular review. She looked forward to the joint development session with Board and Governors in which to discuss the issues.

The COG noted the presentation from Mr Stevens, Director of Finance & Information.

143.06 ANNUAL CLINICAL SERVICES OVERVIEW

Dr Pearce gave an overview of the clinical services for the past year. He said that in spite of huge challenges faced, significant improvements had been made in the Trust. These included improved facilities in the Emergency Department, implementation of PACS which had successfully taken place, a review of office space to relocate areas appropriately, improvements in infection control, improved laboratory facilities and numerous clinical appointments. He drew attention to the Infection Control service following its successful handling of an outbreak of Clostridium difficile and resulted in the Trust being recognised as an example of excellent collaborative working.

Dr Pearce referred to research and innovation in the RD&E/PMS, and the recruitment of medical students and ongoing development of doctors in training. He said that the Trust was rich as a learning environment and pointed out that the first set of new graduates would be working in the Trust from next year.

Dr Pearce drew attention to the Trust’s significant contributions in many areas, including cancer studies, stroke, genetics, diabetes, interventional radiology, surgery and primary angioplasty for myocardial infarction (heart attack). He focused on changes to stroke services, particularly the provision of a one-stop ‘every working day’ emergency stroke and TIA (transient ischaemic attack) clinic. Since the appointment of a new stroke consultant (the Trust now has a total of 3 stroke consultants) the average wait for a clinic appointment has fallen from 7 weeks to 1 day when many patients are seen and scanned on the day of onset of symptoms. The RD&E is one of only a small number of Trusts running such clinics in the UK. Similarly significant changes for emergency stroke thrombolysis have taken place in relation to a protocol which has been piloted since April 2003 and has treated 32 patients to date, rating the hospital among the top 10 in the UK. Specialist community stroke units have been established following significant investment by East Devon PCTs, thus reducing length of stay for stroke patients at the RD&E.

Dr Pearce discussed the new system in place for doctors in training which would replace the previous system. He said it was not possible to say how this would evolve with practice but was cautious of its implementation.

Margaret Read (Exeter & South Devon) asked if the Trust was likely to obtain a PET scanner. Mrs Pedder replied that the first PET scanner would be made available to Plymouth and this was
appropriate as the Neurosurgery Centre was located there. She said there would eventually be links with Exeter in order to expand the service locally, but pointed out that there might not be enough demand for Exeter to have a scanner as well.

The COG noted the presentation on the overview of clinical services from Dr Pearce.

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<th>144.06 FACILITIES DIRECTORATE ANNUAL REPORT</th>
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<td>Mrs Hall gave an overview of the Facilities Directorate from April 2005 to March 2006. She reported on the financial savings programme which required the Directorate to save £1m toward the overall Trust savings programme over 2005/06. This had been achieved through various initiatives including minor increases in catering charges, a revised system for staff car-parking and restriction of 1st class postage. Other initiatives included better waste segregation at ward level, water recycling in the laundry, reduction in water temperature by 1 degree and a reduction of some posts within Facilities services. Mrs Hall pointed out that the changes occurred with minimal impact with staff changes facilitated by natural wastage and general staff turnover. The Facilities Directorate is compliant in all areas of meeting the Healthcare standards.</td>
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**Housekeeping Services.** The Housekeeping Department conducts an ongoing audit of all areas against national standards with information fed back to all departments and relevant areas. Any areas failing to reach the required standard are addressed when housekeeping supervisors check these areas before signing off. Mrs Hall reported on the external audit of hospital cleanliness, conducted by a team from Torbay Hospital which scored 89.6%, closely related to the internal audit score. The Trust also scored at a high level in the national in-patient survey.

**PEAT** results following internal assessment for both Heavitree and Wonford sites were rated by the overall NPSA weighted scores for cleanliness as acceptable. Mrs Hall pointed out that assessment carried out by the RD&E was frank and honest.

**Catering Services.** The Trust scored at a high level in the rolling patient survey conducted by the catering Department. The PEAT scores for both sites in catering were also rated as good.

**Laundry.** The laundry had become more profitable following the downsizing of external services and negotiation of smaller contracts with local PCTs and Derriford Hospital. The consequence of reduction in staff resulted in successful redeployment within the Trust.

**HSDU.** The HSDU has introduced a 7-day shift system in order to maintain demand. This has proved popular with staff who are now rostered in advance and not based on voluntary overtime at weekends.

**Estates.** An external audit of the Direct Labour workforce in Estates rated the service as ‘best buy’ with the performance rated in the top 10% of large acute hospitals. Mrs Hall pointed out that the replacement of carpets on wards with vinyl floor covering has been completed reducing the risk of infection and improving cleaning standards. The Environmental Action Team (EAT) was established in 2005 in order to make Improvements for recycling and environment protection across the Trust.

**Security.** Crime figures in the Trust are reported as low. The Trust now has an in-house team of 7 security officers and a security manager. Thefts of personal and Trust property remain of concern but regular communications are e-mailed to staff reminding them of personal security.

**Plans for 2006/07**
- Expansion to Fine Fillings was completed and re-opened.
- Preparation for the opening of the Centre for Women’s Health (Phase 4)
- Housekeeping services to be refined to provide better evening cover.
- Park & Ride services to be expanded for shift workers
- New cook-freeze meal services for patients
- Replace corridor street carpeting with vinyl flooring.
Margaret Read (Exeter & South Devon) asked what provisions were in place for patients unable to feed themselves. Mrs Hall replied that improvements will be made on the introduction of cook-freeze meals for patients when food will be provided from hot counters on the ward, together with a focus of staff within protected mealtimes to assist with patients.

Gordon Davies (Mid, NW Devon & Cornwall) congratulated Mrs Hall on the success of the Directorate savings programme. Mrs Hall thanked him and said that there were further new schemes underway, particularly looking at improvements in the use of the pneumatic tube.

Margaret Green (ED, Dorset & Somerset) questioned whether the new vinyl flooring would be noisy on foot and if there had been any complaints from patients. Mrs Hall replied that there had been no complaints as vinyl flooring was relatively cushioned and quiet, and patients preferred floors which were easily cleaned.

The COG noted the Facilities Directorate’s Annual Report.

145.06 REVISED SCHEDULE OF COG ROUTINE AGENDA ITEMS

Miss McCluskey presented the revised schedule of routine COG agenda items for approval. The schedule has been adapted as a rationalisation exercise in order to provide governors sufficient information on Trust performance and progress. It was noted that 6-monthly progress reports on strategic planning will be included.

The COG approved the revised schedule of COG routine agenda items.

146.06 ATTENDANCE COMMITTEE TERMS OF REFERENCE

Brian Perris (Chairman of Attendance Committee) presented the Terms of Reference for the Attendance Committee for approval. He said it was intended to monitor attendance by governors at the 4 COG meetings, development days and constituency meetings, and report to the COG any governor who has missed two or more meetings in any financial year without reasonable cause. The individual governor would be advised in advance in order to comment prior to the COG meeting.

Mr Perris proposed that the membership as outlined remains until the COG decide how they wish to realign the COG sub-committees in view of the new public constituencies, which will be discussed at the development day on 22nd November.

The COG approved the Attendance Committee Terms of Reference as laid out.

147.06 DATE OF NEXT MEETINGS

Tuesday 9th January, Quarterly CoG meeting 1400 – 1600 in the St James’ Centre.

148.06 EXCLUSION OF PRESS AND PUBLIC

The press and public were excluded from the remainder of the meeting in order to approve the minutes of the Part 2 Confidential meeting held on 11th July 2006.