Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

OPEN MEETING OF THE
COUNCIL OF GOVERNORS
8th September 2015, Education Centre, Ashford Hospital

PRESENT:	Roderick Archer	Public Governor – Elmbridge	**RA**
	Maureen Attewell	Appointed Governor – Surrey BC	**MA**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	Brian Catt	Public Governor – Spelthorne	**BC**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	David Frank	Public Governor – Surrey Heath	**DTF**
	Godfrey Freemantle	Public Governor – Hounslow	**GF**
	Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Samantha Lamb	Staff Governor – Admin and Ancillary	**SL**
	Aileen McLeish	Chairman	**AMcL**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Margaret Lenton	Public Governor – Windsor and Maidenhead	**ML**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Hugh Meares	Appointed Governor – Runnymede BC	**HM**
	Andrew Ryland	Public Governor – Runnymede	**AR**
	Michael Smith	Appointed Governor – Woking BC	**MS**
	Danny Sparkes	Public Governor – Runnymede	**DSp**
	Tracy Ward	Public Governor – Runnymede	**TW**
APOLOGIES:	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	Paul Darling-Wills	Staff Governor – Allied Healthcare Professionals	**PW**
	Ann Gallagher	Appointed Governor – University of Surrey	**AGa**
	Arun Gupta	Staff Governor – Medical and Dental	**AG**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
IN ATTENDANCE:	Philip Beesley	Non Executive Director	**PB**
	Heather Caudle	Chief Nurse	**HC**
	David Fluck	Medical Director	**DFl**
	Clive Goodwin	Non Executive Director	**CG**
	Terry Price	Non Executive Director	**TP**
	Simon Marshall	Director of Finance and Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Bob Peet	Chief Operating Officer	**BP**
	Suzanne Rankin	Chief Executive	**SR**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-31/15 **Apologies**

As listed on previous page.

COG-32/15 **Declarations of Interests in the Proceedings**

No declarations of interests were noted.

COG-33/15 **Minutes of the Meeting on 17th June 2015**

The minutes of the meeting held on 17th June 2015 were AGREED as a correct record apart from:

COG 28/15 Improving Outpatient Services Update – should read:
The Interim Chief Operating Officer highlighted an Appointment Centre observation whereby it was noted that during November 2013 to February *2014,* 17,295 calls had been received and this had risen steeply to 41,770 during November 2014 to February 2015.

The Chairman clarified that Alamac would be supporting the Trust to procure a contractor to establish the Urgent Care Centre.

COG-34/15 **Matters arising**

COG-25/15 Assurance Report
David Frank requested an update on Philip Beesley's discussion at IGAC around the target of admitting stroke patients to a stroke unit within four hours. Philip confirmed that this had been discussed at IGAC and Trust Board. Patient experience statistics were good and figures were improving in the admitting of stroke patients to a stroke unit within four hours with beds being ring-fenced for stroke patients. Philip provided his reassurance that the stroke team was fully aware of what it was dealing with but he was unable to guarantee that all stroke patients would eventually be moved to the stroke unit within four hours. The Medical Director advised that the Trust was now up to 75% for meeting the target, a little short of the of the 80% target. He advised that the Trust would always strive to do better. It was advised that the Trust performed well in thrombolysis. The Chairman advised that the Surrey Clinical Commissioning Groups (CCGs) are jointly undertaking a review of Stroke details of which are published on their website.

COG-35/15 **Minutes of the Special Meeting on 15th July 2015**

The minutes of the special meeting held on 15th July 2015 were AGREED as a correct record.

COG-36/15 **Matters arising**

COGS-3/15 Annual Report and Accounts
Clinical Negligence Claims – it was requested that the Director of Finance and Information provide further clarity on the minute regarding the contingent liability for claims that were mentioned in the Annual Report and Accounts. **SM**

FEEDBACK FROM GOVERNORS

COG-37/15 Governor Activities

David Frank highlighted the report and advised that it was self-explanatory. David added that the paper highlighted how busy the summer had been for Governors.

The Council of Governors NOTED the report.

COG-38/15 Patient Experience Group Report

Keith Bradley, Chair of the Patient Experience Group, presented highlights from the Patient Experience Group Report.

Keith advised that the Group had met once since the last Council meeting. Everyone had been present at the meeting and the Group also had a new member, Maureen Attewell, who brought the Group up to its full complement. Keith was pleased with the range of expertise the Group had and also advised that one of the Group's members, Margaret Lenton, sat on the Dementia Steering Group. Keith highlighted the recent Members' Event during which presenters had spoken about the progress the Trust had made in Dementia.

Keith highlighted how the Quality Report continued to be an excellent source of information to the Group. It was advised that further information on complaints which had a communication element had been provided and a full account was available in the minutes in reference to this.

Keith advised that the Group also had links with the Patient Panel as the Chair, Maurice Cohen, was also a member of the Patient Experience Group. Maurice provided a report at each meeting on what had been discussed at the previous Patient Panel meeting. During the last update the Patient Panel had expressed concern that the Trust's Cost Improvement Programme (CIP) might affect the patient experience. Keith highlighted that CIP updates were provided to the Council on a regular basis which in turn could be fed back to the Patient Panel.

Finally, Keith advised that the Group had visited Ash and Oak wards and now had a better idea of the extent of services provided on the wards.

David Frank queried the statement in the minutes that the Trust was an outlier in the reporting of never events and why this was so. The Medical Director advised that there were strict guidelines in the reporting of never events and the Trust applied these rigidly. Chris Howorth queried whether the Trust was over-reporting in this area. Philip Beesley advised that the Trust was rigorous in its reporting of never events. The Medical Director added that the Chief of Patient Safety was especially specialised in interpreting what was a never event and what was not.

Maurice Cohen queried what training Physician Associates received and how they were utilised. The Medical Director advised that these were first introduced in the USA and they received three years training before being able to take on their own lists. These posts had proved very popular and the qualifications needed were very high. Unfortunately, it was a fact that hospital trusts in the UK were short of medical personnel. Previously nurses and paramedics had been given the opportunity to increase their expertise to be able to offer increased medical care to patients. It was advised that the Trust had had four Physician

Associates and they had been on a training programme lasting two years resulting in a diploma. It is hoped that the Royal College of Physicians would, in the future, provide a faculty and statutory body to arrange for registration and oversight. The Physician Associates had been well received by clinicians due to their knowledge and dedication. Maurice queried the relationship with patients. The Chief Executive advised that there were clear guidelines of good practice and patients were not under any additional risk.

Maurice expressed the importance of updating the public and queried how patients would recognise a Physician Associate. The Chief Executive highlighted that since the Trust did not have enough doctors, alternative ways of providing medical care had to be examined. It was important all members of staff followed good practice by introducing themselves to the patient and explained their roles. The Chief Nurse added that Lord Willis's Shape of Caring Review looked at how the use of non-registered nurses as Associate Practitioners performing tasks formerly undertaken by Registered Nurses was more widespread and effective with the proposal that this be implemented more widely.

The Council NOTED the report.

COG-39/15 **Membership and Community Engagement Report**

Andrew Ryland, Chair of the Membership and Community Engagement Group, presented highlights from the report.

Andrew advised that there had been series of excellent Members' Events with many excellent presentations. These had been very well attended with many members expressing how informative the events had been. Andrew wished to congratulate the Membership and Engagement Manager on the organisation of these events.

Andrew highlighted that Danny Sparkes, one of the Group's members, had advised that she always carried membership application forms with her to be able to raise the subject of membership with people she met. Andrew advised that he also carried application forms on him and encouraged other Governors to do the same.

Andrew further highlighted how excellent he had found the Annual Members' Meeting and how video had been a useful and effective tool. Andrew congratulated the participants on their presentations. He was pleased to see that Peter Dunt, Chairman of the Royal Surrey, had also attended. The Chairman advised that Peter had taken away some ideas hoping to utilise these at the Royal Surrey's Annual Members' Meeting. The Chairman and Chief Executive advised that they would be attending the meeting.

The Council NOTED the report.

REGULATORY

COG-40/15 **Membership of the Council**

The Membership and Engagement Manager, outlined the paper which highlighted changes to the membership of the Council:

- Bhupendra Vyas', Public Governor for Hounslow, resignation on 2nd

August 2015
- Merger of Hounslow with Richmond-upon-Thames
- Maureen Attewell replacing Jean Pinkerton as Appointed Governor for Spelthorne Borough Council
- Merger of Runnymede with Windsor and Maidenhead

It was further added that a bye election in Hounslow and Richmond-upon-Thames (one seat) together with an election in Runnymede and Windsor and Maidenhead (3 seats) would take place in November 2015

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-41/15 **Assurance Report**

The Chief Executive presented her report encompassing five areas – Internal Focus, External Outlook, Strategy, Regulation and Performance.

The Chief Executive highlighted the CMA's provisional approval for Ashford and St Peter's to merge with the Royal Surrey and wished to thank Bob Peet in his previous role as Director of Strategic Development and George Roe, Associate Director – Merger PMO for their hard work. It was stressed that the final report would be published at the end of following week but provisional findings had stated that there would be no apparent material competition should the trusts merge. The Full Business Case (FBC) would be presented to both trust boards in November for approval. The trusts would now begin to engage with Monitor and a risk assessment would be conducted. It was hoped that this would be a slightly less complex process as both trusts were known to Monitor. Monitor would then have to give a risk rating on the merged trust. Re-engagement with the Royal Surrey would begin. The Chief Operating Officer added that after the Trust Board had approved the FBC it would then be presented to the Governors for comment.

In response to David Frank's query about the Trust's action plan on car parking and the timeframe for these actions to be completed, the Chief Executive advised that the Trust was continually looking at areas that could be turned into car parking spaces. The Runnymede Borough Council had now opened the car park it had taken back from the Trust, previously the woodland car park, although initially there did not appear to be much use of the facility by members of the public.

The Chief Executive advised that concerns were raised during her Sounding Board around car parking and there was the Car Park Steering Group which staff and other representatives sit on to discuss solutions. The Chief Executive provided assurance that all issues and opportunities were being looked at. Unfortunately the Trust was unable to build another multi storey car park due to the high costs involved. The Trust was working with other partners and had also considered a park and ride scheme which had not been popular when raised with staff. Staff had had some respite over the summer, but pressure on trying to find a car parking space would return.

Staff had expressed their unhappiness of the patrolling of sites, but the Trust needed to enforce regulations to allow access for emergency vehicles. Samantha Lamb advised that she was a member of the Car Park Steering Group and she was aware that there were legal obligations on the number of car

parking spaces the Trust could apply for and provide. The spaces lost in the woodland car park had now been replaced and the Trust now needed to look at more innovative solutions.

Brian Catt queried how many car parking spaces the Trust could have before it reached its limit. The Director of Finance and Information advised that the Trust now had 100 more staff spaces than before and had the option to negotiate more. Car parking had always been an issue at the Trust but the current situation was better than it had ever been in the past.

The Director of Workforce Transformation highlighted to Council how the Trust had been short listed in four categories in the national WOW! Awards and how she had just returned from presenting to the panel of judges. In one of the categories, Kirsty Addison – Midwife, had been shortlisted to one of 10 from over 13,000 applicants. Kirsty was extremely nervous in making her presentation but was asked to tell her story. She had an incredible story to tell and managed to reduce the panel to tears.

The Chief Executive advised that Bob Peet had now taken over the Chief Operating Officer role. It was advised that the Trust currently had performance issues, but offered assurance that a recovery plan was in place which was being sustained. The Referral to Treatment Time target had been met in July. The Trust was making good progress especially in comparison to its peers.

The Medical Director advised that the Trust was monitoring mortality closely and that the winter pressures would soon be upon the Trust. The Chief Nurse added that the Trust was also tracking medication errors. It was further advised that there had been some discrepancy in the analysis of performance in complaints during April showing under-performance and that this had now been rectified.

In response to Hugh Meare's query on the graph showing falls with harm, the Chief Nurse advised that this was a national requirement whereby data was collected on a given day to give a flavour of the culture of harm in the Trust and how it compared against other trusts. The Medical Director added that providing the data was helpful and good practice. The Chief Nurse further advised that the Trust had conducted a deep-dive analysis on falls.

Chris Howorth concluded that if there were 500 patients in the Trust on a given day and 1% had a fall with harm, this amounted to five patients. In response to Chris' query on reporting it was advised that there were some variations on how trusts reported this information due to differing interpretations of what constituted a fall with harm.

Steve McCarthy queried what the likelihood was of the Trust receiving payment for over-performance. The Director of Finance and Information advised that the Trust was currently performing well financially and although it would be better financially not to over-perform, the work had to be done and the Trust hoped to recover payment for the work undertaken. The Chief Executive added that the Trust was in constant communication with the commissioners around how some of the schemes introduced were not working to reduce demand on hospitals.

David Frank stated that graphs referring to harms provided in Appendix 3 did not differ much to more recent data and queried the impact of the proposed merger. The Chief Operating Officer advised that work would be undertaken on a shadow scorecard for the combined Trust.

The Council NOTED the report.

COG-42/15 A&E Performance Report

The Chief Operating Officer advised that the report provided an update on the improvement programme to achieve compliance with the four hour A&E target. It was advised that last winter had been most challenging with 91% of trusts failing to deliver the four hour target. It was advised that Monitor also included in Ashford and St Peter's performance the numbers attending the Ashford Health Centre at Ashford Hospital although this was not managed by Ashford and St Peter's. The Trust had agreed a performance trajectory with Monitor and its commissioners. This showed the Trust's performance recovering to achieve the 95% target by December 2015. The Trust was working differently with commissioners, Virgin Care and adult social care which had resulted in some reduced waiting times. The Trust was in the process of procuring an Urgent Care Centre (UCC) and establishing a Paediatric Assessment Unit. A standardised way of working had been introduced and local point of care testing is being implemented once the IT issues are resolved. Additional Clinical Nurse Practitioner posts would be introduced together with increased medical assessment capacity.

Alamac would be supporting by collating information across the whole health system and reporting on patients fit for discharge. Conversations with the commissioners on how to speed up processes are taking place.

The Chief Operating Officer finished by highlighting that there was a lot of work being undertaken and that this was just the start of the process.

Steve McCarthy welcomed the introduction of the UCC but felt that the public needed to be made aware of the change and what to expect. There was also the issue of funding. The Chief Executive advised that once a contract was awarded for the UCC then a meeting with Governors would be arranged to explain the changes and the impact on patients. Steve queried whether the NHS England's recommendations in their report: Safer, Faster, Better, were being looked at and being implemented. The Chief Operating Officer advised that they were as well as Monitor's report on lessons from last winter. **BP**

Maurice Cohen queried the GP set up in relation to finances and space. The Director of Finance and Information advised that this was a changing model of care, one which would be more affordable.

Brian Catt queried what was being done to recruit and retain talented individuals in A&E and whether more could be done. The Chief Operating Officer advised that this remained a challenge but it was one that a lot of energy was being put into. The Chief Executive advised that the Trust had recently conducted a recruitment exercise which had not been successful as there were not enough medically trained people available.

In response to Michael Smith's query the Medical Director advised that the Trust was ensuring that patients would have fewer barriers to go through to receive the treatment and care they needed by reducing negotiations and thus reducing delays. It was envisaged that the UCC would enable patients to see the right clinician as quickly as possible. The Chief Executive added that currently

patients were being seen by a junior doctor, then a more senior junior doctor before seeing a clinician. The process would avoid these "negotiations" and move the patient direct to the department for their condition. Embedding this new practice would be a challenge.

David Frank advised that it was difficult to understand what to make of the paper and whether the Trust was assured that the correct pathway was being followed. Philip Beesley advised that progress was being made and he was confident that the right things were being pursued. In relation to the quality of paperwork; this was something that had been discussed and Governors would soon see a change in the quality going forward. The Chief Executive advised that analysis was not always clear but it was worthwhile.

The Chairman reiterated that A&E faced huge pressures and discussions had taken place with Monitor. Monitor was unable to offer any further advice and had offered to provide consultants but had been unsuccessful in doing so.

The Chief Executive highlighted that the Trust could be heartened that the CCG inspected the Trust at the busiest time of the year and that the Trust had fared well and was praised for the high quality of care being delivered. If care deteriorated then this would need to be examined. The Trust was heavily reliant on social care as it had a high level of medically fit patients who could not be discharged due to the lack of care in the community.

Philip Beesley offered reassurance that the non-executive directors were keeping an eye on performance and quality. A recent Board review had resulted in IGAC having a strengthened role in looking at performance alongside quality.

The Council NOTED the report.

Any Other Business

None

Questions from the Public

None

COG-43/15 **Further Dates for 2015**

Tuesday 1st December, 4.00 – 6.00 pm, Chertsey House, St Peter's Hospital

Signed……

Aileen McLeish
Chairman

1st December 2015

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
8 Sept 2015	**COG-36/15**	**Matters Arising - COGS-3/15 Annual Report and Accounts**	Further information on clinical negligence claims mentioned in the Annual Report and accounts to be provided	SM	1 Dec 2015		
8 Sept 2015	**COG-42/15**	**A&E Performance Report**	Once contract awarded for the new UCC to arrange a meeting with Governors	BP	1 Dec 2015	On agenda	