Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE
COUNCIL OF GOVERNORS
6th September 2017, Ashford Hospital

PRESENT:	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	Brian Catt	Public Governor – Spelthorne	**BC**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	John Collins	Public Governor – Surrey Heath	**JC**
	Melaine Coward	Appointed Governor – University of Surrey	**MCo**
	Lilly Evans	Public Governor – Runnymede, Windsor & Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Godfrey Freemantle	Public Governor – Hounslow, Kingston & Richmond	**GF**
	Arun Gupta	Staff Governor – Medical and Dental	**AG**
	Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Bhagat Singh Rupal	Public Governor – Hounslow, Kingston & Richmond	**BSR**
	Andrew Ryland	Public Governor – Runnymede, Windsor & Maidenhead	**AR**
	John Sermon	Staff Governor – Ancillary, Admin, Clerical & Managerial	**JS**
	Danny Sparkes	Public Governor – Runnymede, Windsor & Maidenhead	**DSp**
	Matt Stevenson	Staff Governor – Allied Health Professionals	**MS**
	Bertie Swan	Public Governor - Elmbridge	**BS**
APOLOGIES	Maureen Attewell	Appointed Governor – Spelthorne Borough Council	**MA**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	David Bittleston	Appointed Governor – Woking Borough Council	**DB**
	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Mark Maddox	Appointed Governor – Runnymede Borough Council	**MM**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
IN ATTENDANCE			
	Heather Caudle	Chief Nurse	**HC**
	David Fluck	Medical Director	**DF**
	Neil Hayward	Non-Executive Director	**NH**
	Keith Malcouronne	Non-Executive Director	**KM**
	Simon Marshall	Director of Finance and Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Terry Price	Non-Executive Director	**TP**
	Suzanne Rankin	Chief Executive	**SR**
	James Thomas	Director of Operations, Planned Care	**JT**
	Meyrick Vevers	Non-Executive Director	**MV**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-27/17 **Apologies and Welcome**

Apologies as listed on previous page. The Chairman welcomed Isabelle Tingle, HR Graduate Trainee, who was shadowing the Director of Workforce Transformation.

Andrew Ryland welcomed Andy Field, the Trust's new Chairman, to his first Council of Governors' meeting.

COG-28/17 **Declarations of Interests in the Proceedings**

The Chairman advised that he was also a Non-Executive Director at Surrey and Borders Partnership NHS Foundation Trust till the end of September 2017 but did not see any conflict of interest with the items on the agenda.

COG-29/17 **Minutes of the Meeting on 14th June 2017**

The minutes of the meeting held on 14th June 2017 were AGREED as a correct record. The updated Action Log was noted.

COG-30/17 **Minutes of the Meeting on 11th July 2017**

The minutes of the special meeting held on 11th July 2017 were AGREED as a correct record.

FEEDBACK FROM GOVERNORS

COG-31/17 **Governor Activities**

Andrew Ryland stated that the paper outlined activities the Governors had undertaken since the last Council meeting and wished to thank Governors for their time and commitment to these activities.

The Council of Governors NOTED the report.

COG-32/17 **Patient Experience Group Report**

Keith Bradley, Chair of the Patient Experience Group, advised that the Group had met once since the last Council meeting on 3rd July 2017 and the Chief Nurse had attended the meeting on that occasion. It had been interesting to gain her perspective and Keith wished her well for the future.

Keith advised that the Group had visited the Stephanie Marks Centre which had been most enlightening. Keith added that the Group would be visiting the Pharmacy Department during their meeting the following week.

Keith advised that many of the members of the Group were also members of other committees/groups and were able to share discussions with the Group.

Andrew Ryland recognised that issues with discharges were experienced at many trusts nationally and the challenges faced included delays with To Take Out (TTOs) medications and patient transport.

The Council NOTED the report.

COG-33/17 **Membership and Community Engagement Group Report**

Danny Sparkes presented minutes from the last meeting which took place on 26th July 2017. Danny advised that conversations around how to recruit and engage with members had taken place. Danny highlighted the members' event due to take place the next day on end of life entitled "Let's Talk About It – your end of life wishes".

The Chairman queried whether volunteers were members of the Trust and it was advised that volunteers, as staff, were automatically enrolled as members unless they wished to opt out. It was added that members often went onto become volunteers when they learned more about the Trust.

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-34/17 **Assurance Report**

The Chief Executive presented her report highlighting that she had realised whilst reading it through again the sheer volume of activity that had taken place at the Trust over the past couple of months.

The Chief Executive reminded Council members of the devastating fire at Weybridge Hospital and how the Trust had supported both during the tragedy and in the aftermath.

The Chief Executive highlighted the visit from Professor Tim Briggs from the Get It Right First Time (GIRFT) programme and Lord Carter who led a recent review on hospital efficiency resulting in recommendations on how to become a model hospital. The Medical Director and a few of his colleagues had presented and both Professor Briggs and Lord Carter were very impressed by what they heard and wished to present the Trust as a "pin-up hospital". It had been a great visit and a boost to morale.

The Chief Executive advised there was an update on the Blanche Heriot Unit in her report. Maurice Cohen considered that Stephen Fash, a member and past Chief Executive of the Trust, should have been advised that the Council of Governors was unable to help with his concerns as the decision to close the unit could not be reversed. The Chief Executive advised that Stephen would have been advised prior to the meeting of its scope and would have been aware already due to his experience as Chief Executive. She knew that other stakeholders had been approached as well. It was added that she appreciated it was difficult for patients but the reality was that the decision had been made. It was added that the Director of Operations for Unplanned Care and his team were working hard to facilitate the change in service. The Trust continued to provide some of the service and support patients.

The Medical Director advised that he knew Stephen Fash well and he would have been aware of the limits of the Council. Danny Sparkes advised that she had attended a meeting with Blanche Heriot Unit staff and it was clear that emotions ran high and that staff felt unsure of what was happening. In response to Danny it was advised that Dr Pritchard had been involved from the outset, but clearly there were things that could have been done better.

The Chief Executive drew the Council's attention to the section on the Trust's

provision of its Parkinson's Disease Service.

Judith Moore asked for an update on the Stroke Service and the Chief Executive advised that the public consultation had concluded and the Committees in Common would be taking forward the recommendations to work towards delivering the model in a sustainable way. The Trust had not been involved in this meeting and there was to be a public meeting on 7th September which would advise the outcome of public consultation.

Andrew Ryland considered the public consultation should have been undertaken much sooner as views were now being considered when decisions had already been made. The Chief Executive advised the purpose of public consultations was to gather feedback and whilst it may not alter the Trust's position, if required, the Trust would be seeking assurance against any risk. In response to the Chairman, it was advised that a business case would follow.

Steve McCarthy raised his concern on behalf of Elmbridge residents who utilised the Weybridge Walk-in Centre and the effect the closure had on St Peter's A&E. The Chief Executive advised that the impact on St Peter's A&E had been minimal with only around an extra five patients per day being seen in A&E although many who utilised Weybridge were now going to the Woking Walk-in Centre. The CCG would not be rebuilding Weybridge Hospital and there was a real opportunity for the CCG to take some time to consider how best to provide services in the future.

Maurice Cohen sought clarification on item 1.3, the section on the *Launch of Better Births Programme* and the Chief Executive advised that this was around working in partnership across the Surrey Heartlands patch to provide a single point of access. Patient information would be shared and the patient would be able to have their antenatal care and give birth where they chose. The Director of Finance and Information added that by October maternity patients would have access to their patient records electronically and it was anticipated that all new patients in every specialty would have electronic records by 1st November 2017. The Chief Nurse added that NHS England was very interested and supported the Better Births Programme.

In response to John Collins it was confirmed the Trust had purchased the Patient Knows Best software and it was anticipated the integration of records and implementation would take around 6-12 months.

Danny Sparkes considered the STP work on maternity was a positive move.

The Director of Finance and Information covered the financials in the Assurance Report and advised that month 4 data would be more challenging compared to month 3 and although there was still a surplus, it was much reduced.

Andrew summarised that there was a lot of positive information contained within the report and queried whether the Governors could contribute to the GIRFT model. The Chief Nurse advised that the Trust would welcome support from the Governors.

The Council NOTED the report.

COG-35/17 **Performance Report (including A&E)**

The Director of Operations (Planned Care) presented the Performance Report highlighting the following statistics for July 2017:

- A&E 4 hour target = 93.6% (not compliant)
- 18 week referral to treat = 93.2% (compliant)
- Cancer 62 day wait for first treatment = 88.5% (compliant)

It was added that the cancer target had been compliant for 8 months and was the best compliance rate nationally although two patients had missed their subsequent treatment for surgery under the specialty of colorectal.

The Director of Operations (Planned Care) advised that there had been significant improvement in cancer targets for Urology.

Lilly Evans referred back to the Quality Performance Dashboard in the Assurance Report and queried why there was a low percentage of dementia case finding. The Chief Executive advised that the Trust was under-delivering due to limited staff capacity being available to manually collect the data and it was planned to use Vitalpac (a mobile clinical system that monitors and analyses patients' vital signs providing clinicians with accurate, real-time information for the safest possible patient care) to collect the data in future. The dementia lead was managing this process and it was important for Governors to ensure the Trust was keeping an eye on the situation.

Maurice Cohen queried whether the GP presence in the A&E was helping to alleviate pressures and it was advised that it was. Maurice advised he was under the impression that patients were being referred back to their GP. The Medical Director advised that GPs and hospital doctors had different skill-sets and it was considered that most conditions could be resolved in the GP setting.

Maurice considered that since senior nurses triaged patients in A&E, patients were often sent away when they needed care. He had been most impressed by the virtual triage in Orthopaedics by senior doctors. The Medical Director advised that even doctors could make the wrong decisions but more often triage practices at the Trust, whether conducted by a nurse or doctor, ensured that patients ended up in the right place. The Chief Nurse added that junior staff were even less likely to send a patient home due to their lack of experience and complete belief in their judgement. In response to Maurice's further query it was advised that clinical negligence claims were not driven by triage data and that a number of factors played a part. For example:

- Demand
- Experience
- Substantive staff
- Ability to pursue claims

The Chief Executive reminded Governors about the Get It Right First Time (GIRFT) model and how the Director of Operations (Planned Care) had undertaken an internal analysis. The Director of Finance and Information advised that since two weeks ago 90% of fracture patients were now dealt with virtually which included the review of fractures and provision of advice.

In response to John Collins' further examination of the dementia case finding target it was advised that every patient was screened for dementia.

The Council NOTED the report.

Minute **Action**

COG-36/17 **Mortality Report**

The Chairman advised that there were no findings as of yet although work was continuing. As a clearer picture emerged further detail would be provided to the Council.

The Medical Director advised that he and his team had looked at the national picture and had found that Ashford and St Peter's July 2016 to January 2017 increase of 102% was much higher than the national, regional or local levels seen at 47-63%. However, Ashford and St Peter's December 2016 to January 2017 increase at 17% was much lower than national, regional or local levels seen of 26-30%. His team had looked at trends in relation to day of the week, operational difficulties for example, but no link had been found.

The Medical Director advised the Summary Hospital-level Mortality Indicator (SHMI) was the ratio between the actual number of patients who died following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The Trust's SHMI did rise and the decision was taken to review 70% of patients and guidance from NHS England had been sought as the system was not as robust as it could be.

Lilly Evans queried what proportion were from care homes and the Medical Director advised that often when patients reached their end of life many chose to die at home or a hospice. He was aware that some hospice beds had been unavailable during the period of time in question. It was important that robust reviews were undertaken. The Chief Executive added that local alliances and the new leadership team for the STP were coming together well and would have joint commitment and accountability, with a focus on what patients needed.

John Collins considered that comorbidities needed to be looked at and that an analysis into causation would be beneficial. The Medical Director stressed the importance of not using data to explain away the results. The Chief Executive added that the Trust needed to aware of how many patients died whilst under its care and any variance should make staff stop and examine why.

COG-37/17 **Maternity Deep Dive**

It was advised that Hilary McCallion, Non-Executive Director, had received the report outlining actions as she was Chairman of the Quality and Performance Committee. Hilary was not able to make the Council meeting but if further information was needed, Hilary could provide a report.

COG-38/17 **Strategic Objective Review – Skilled, motivated workforce**

Neil Hayward, Non-Executive Director, introduced the presentation which the Director of Workforce Transformation had put together. Neil advised the presentation mentioned the shortages in trained staff, areas where posts could not be filled and what the Trust was doing to keep staff since agency staffing was expensive. Neil wished to commend the Director of Workforce Transformation and her team for their efforts to improve retention of staff. Neil encouraged Governors to look through the data, reflect and come back with any queries after the presentation or at the next Council meeting.

The Director of Workforce Transformation advised that the presentation was a live document and that a two hour workshop had taken place with nursing staff

only yesterday.

The Director of Workforce Transformation advised that recruitment and retention was not a new issue and her team were constantly working through how to improve the situation. Analysis of data and looking at neighbouring trusts had taken place as well as discussing at Workforce Committee meetings. It had been recognised that retention mainly covered career entry level roles, either Band 2 HCAs or registered nurses at Band 5.

The Director of Workforce Transformation realised the issues with recruitment and retention in the area when for only a short travel distance people were able to work for London trusts which had additional London weighting on offer. There were issues related to Brexit and how this may change EU rights to travel and work in UK. Apprenticeship level posts were in the early stages of implementation and if the 1% cap on pay was removed, this would also be beneficial.

The Director of Workforce Transformation advised that the Trust had a turnover of 16.7% compared to the national average for acute trusts of 12.6%. NHS Improvement had shown the Trust to be second highest in turnover rate in its peer group. Other trusts that had similar turnover rates also had poor engagement scores and this was not the case with ASPH. Voluntary turnover rates were 13.5% and these excluded dismissals, retirements and death in service. The Trust had set itself a target turnover of 15.5%. From the data highlighted in a graph it was clear that there was a significant number of leavers during the first 5 years of service. In response to Maurice Cohen it was advised that junior medical staff were not included in the data.

The Director of Workforce Transformation then moved on to address why people were leaving and it had been discovered that many were leaving to work elsewhere in the NHS. Work to improve retention included talking to staff and nine focus groups had taken place and 140 questionnaire sent out. Conversations had been open and not moderated. Many staff joining the focus group expressed being grateful for the focus sessions. The previous day a session with the clinical nurse leaders had taken place.

The Director of Workforce Transformation highlighted the slide which showed voluntary leavers over a 12 month period. Of the 22, 8 registered nurses had left with just 3 months' service. Questions being asked were whether the Trust was recruiting the right people or that it was not equipping staff to do the job.

The Director of Workforce Transformation was aware that nursing staff had stressful jobs looking after busy wards and often this de-sensitised staff so they did not support junior staff as adequately as they should. These staff did not require disciplining but needed support to see how they came across to their junior team members.

Neil advised that the Trust was receiving support from NHS Improvement and a retention visit was due to take place on 7th September and a detailed project plan would need to be submitted by 6th October.

The Director of Workforce Transformation advised that the Trust would be concentrating on staff that left with less than 12 months' service and feedback would be gathered from the newly developed exit interviews.

The Chief Nurse commended the Director of Workforce Transformation on the

work undertaken with focus groups, recruitment and resilience.

In response to John Collins, the Chief Nurse advised that two nurses from overseas had been spoken with and both had felt over qualified for the positions they had been offered and under-valued. It was added that the majority of EU or overseas nurses moved to other NHS organisations and did not return home.

The Medical Director stressed the importance of understanding what the data was saying. It was clear that nurses were happiest and retention was much better in the busiest areas. Maurice Cohen was concerned that nurses from overseas used the Trust as a stepping stone and queried whether the right people were being selected. The Director of Workforce Transformation advised that not a lot of training was provided in three months and since there were many that were leaving with less than three months service, how staff were inducted and supported was being examined. John Collins relayed his experience at Frimley Park when he had been impressed by the morale of staff. He had noticed that at the end of each shift all ward staff met at reception at changeover when the new team was updated and this was everyone from ward manager to cleaner.

The Chief Executive commended the Director of Workforce Transformation on this piece of work. This was the beginning of the journey to understand why the Trust had a high turnaround of staff and it was important to continue this work without bias.

The Chairman, on behalf of the Council, thanked Neil Hayward, the Director of Workforce Transformation and her team for their presentation and the work being undertaken.

Any Other Business

Isabelle Tingle considered the Director of Workforce Transformation's presentation very interesting and it gave a good overview of the challenges being faced by the Trust.

Questions from the Public

None

Further Date for 2017

Wednesday 6th December, 4 – 6 pm, Chertsey House, St Peter's Hospital

Signed……

Andy Field
Chairman
6th December 2017

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
8.3.17	**COG-11/17**	**Local Audit Indicator for Testing 2016/17**	Discuss the local indicator at PEG	AS	20.11.17	KPMG representatives attended PEG.	✔
8.3.17	**COG-11/17**	**Local Audit Indicator for Testing 2016/17**	Update/discuss the dementia pathway at PEG	RW/AS	3.7.17	Postponed to 20 November 2017. Dave Sills, Lead Dementia Nurse updated PEG members on 20 November.	✔