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

OPEN MEETING OF THE COUNCIL OF GOVERNORS
4th March 2014, Education Centre, Ashford Hospital

PRESENT:	Roderick Archer	Public Governor – Elmbridge	**RA**
	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**
	Richard Docketty	Public Governor – Hospital Volunteers	**RD**
	David Frank	Public Governor – Surrey Heath	**DTF**
	Godfrey Freemantle	Public Governor – Hounslow	**GF**
	Ann Gallagher	Appointed Governor – University of Surrey	**AG**
	Arun Gupta	Staff Governor – Medical and Dental	**AG**
	Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Samantha Lamb	Staff Governor – Admin and Ancillary	**SL**
	Margaret Lenton	Public Governor – Windsor and Maidenhead	**ML**
	Susan Lockwood	Public Governor – Runnymede	**SLo**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Steve McCarthy	Public Governor – Elmbridge	**SM**
	Aileen McLeish	Chairman	**AMcL**
	Hugh Meares	Appointed Governor – Runnymede BC	**HM**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Jean Pinkerton	Appointed Governor – Spelthorne BC	**JP**
	Andrew Ryland	Public Governor – Runnymede	**AR**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Paul Wills	Staff Governor – Allied Healthcare Professionals	**PW**
APOLOGIES:	Keith Goodger	Public Governor – Richmond Upon Thames	**KG**
	Michael Smith	Appointed Governor – Woking BC	**MS**
	Bhupendra Vyas	Public Governor – Hounslow	**BV**
	Tracy Ward	Public Governor – Runnymede	**TW**
IN ATTENDANCE:	Valerie Bartlett	Deputy Chief Executive	**VB**
	Sue Ells	Non Executive Director	**SE**
	David Fluck	Medical Director	**DF**
	Clive Goodwin	Non Executive Director	**CG**
	Andrew Liles	Chief Executive	**AL**
	Simon Marshall	Director of Finance & Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Terry Price	Non Executive Director	**TP**
	Suzanne Rankin	Chief Nurse	**SR**
	George Roe	Head of Corporate Affairs	**GR**
	Carolyn Simons	Non Executive Director	**CS**
SECRETARY:	Anu Sehdev	Membership Manager	**AS**

Minute **Action**

COG-1/14 **Apologies**

Keith Goodger, Michael Smith, Bhupendra Vyas and Tracy Ward.

COG-2/14 **Declarations of Interests in the Proceedings**

No declarations of interests were noted.

COG-3/14 **Minutes of the Previous Meetings**

The minutes of the meeting held on 11th December 2013 were AGREED as a correct record.

COG-4/14 **Matters arising**

The action log identified that all items were up to date in accordance with agreed time scales and complete.

David Frank highlighted that a review into the restriction in the length of service on a Group/Committee needed to be reviewed earlier than December 2014 as many terms would be coming to an end before then. It was agreed that the review would take place sooner. **GR**

FEEDBACK FROM GOVERNORS

COG-5/14 **Governor Activities**

David Frank reiterated that the objective of this paper was to provide information to the public on the full range of activities undertaken by Governors since the last Council of Governors meeting. David advised that a wide range of activities had been undertaken by the Governors since the last Council.

The Council of Governors NOTED the report.

COG-6/14 **Patient Experience Group Report**

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

Keith advised that two sets of minutes had been included in the report for the meetings taking place on 9th December 2013 and 10th February 2014. A verbal update had already been provided at the last Council on the meeting which took place on 9th December 2013, so Keith updated the Council on the meeting which took place on 10th February 2014. It was advised that it had been difficult to secure attendance from Jane Shipp from Healthwatch Surrey and a member of staff from Day Surgery. The Group had visited the Radiology Department and were taken on a tour and provided with details of the service provided and what was intended for the future.

Keith further advised that progress on the Patients Association project had proved more difficult than first envisaged as engaging with the required number of carers had not been possible. It had been realised that volunteers from the Group would need to be flexible with their time in order to be available at various times during the day in order to conduct interviews.

Finally, Keith advised that Ann Gallagher had resigned from the Group due to

additional work commitments at the University of Surrey and wanted to thank her, on behalf of the Group, for her time and commitment to the Group. It was advised that stakeholder representation was considered extremely valuable and Keith was pleased to advise that Chris Howorth would be joining the Group.

The Council NOTED the report.

COG-7/14 Membership and Community Engagement Report

Andrew Ryland, Chair of the Membership and Community Engagement Group, presented the Membership and Community Engagement Group Report.

Andrew highlighted a Drop In session he and his fellow Runnymede Governors had arranged for 18th March 2014 in the community and advised he would update the Council on how this went at the next meeting. He would also provide feedback on whether the Runnymede Governors felt it worthwhile that other Governors arranged similar sessions in their constituencies. Andrew also advised that a Members' Event on Vascular Surgery had taken place the previous week and it had been extremely well received by those attending. **AR**

The Council NOTED the report.

STATUTORY

COG-8/14 Register of Interests

The Head of Corporate Affairs advised that he had circulated the updated Register of Interests for the Governors and requested that Governors let him know if there were any further amendments to the Register.

The Council NOTED the changes.

COG-9/14 Annual Review of Nominations and Appointments Committee including Terms of Reference

The Chairman highlighted that the last few months had been very busy for the Committee with the appointment of a new Non Executive Director and the following months were anticipated to be extremely busy as the Trust had a number of Non-Executive Directors whose second term in office would be coming to an end in 2015 and early 2016. The Chairman stressed that it was important the Committee now reviewed and planned the process to be undertaken for possible appointments/re-appointments to these positions and decided how the transition would be managed.

The Council NOTED the review.

COG-10/14 Annual Review of Remuneration and Appraisal Committee including Terms of Reference

David Frank reiterated the need for the review into the restriction in service to be undertaken soon as the terms of reference for the Remuneration and Appraisal Committee stated that the Chair should be the Lead Governor and the Lead Governor's four year term would be coming to an end at the end of the year.

The Head of Corporate Affairs advised that this would be discussed at the Governor Constitution Group taking place on 3rd April 2014.

The Council NOTED the review.

STRATEGY AND PERFORMANCE

COG-11/14 **Strategic Focus: Implementation of Electronic Patient Records**

Clive Goodwin introduced a presentation on the Implementation of Electronic Patient Records (EPR) by highlighting that he was aware that Council members would have varying opinions of EPR but that both he and the Director of Finance and Information would try to define the scope of the Trust's undertaking.

Clive highlighted the importance of medical staff being able to access medical records detailing multiple treatments in one place, be this wirelessly or via a fixed terminal. Clive advised there were many good examples where EPR had worked very well, for example in GP practices and as part of medical care provision in the USA and Asia. Unfortunately, there were not enough comparable examples in the UK. There were many advantages to EPR and these included increased patient safety, shared decision making and patients being able to access their own records whilst having editing rights. Clive appreciated that EPR was likely to lead to a huge cultural shift and that EPR would not be adopted overnight. NHS England envisaged the NHS would be fully paperless by 2018.

The Council were shown a YouTube video about EPR.

The Director of Finance and Information advised that the problems with adopting EPR were around infrastructure, technical ability, differing digital capability and as mentioned before culture, custom and practice.

Organisations taking on EPR saw reduced mortality and increased activity via e-prescribing which had already shown to be beneficial to the patient experience. Staff morale was also shown to improve as a result.

The issue of holding paper patient records was untenable due to amount of space required to house them, manpower to manage the records and the safety aspects. However, currently the few records that were kept electronically required different access and different passwords. It was hoped to make the process more streamlined with one access and one password and tailor EPR to what was required by medical staff, removing what was irrelevant. This in turn would enable a more informed decision by the clinician on a patient's medical care. This would also mean the patient would not be required to repeat his/her medical history several times when details were so much easier to access.

Ashford and St Peter's vision for the next three years was:

- Integrated access across the Trust's multiple systems
- Systems which supported clinical quality and safety
- Information available anytime, anywhere
- Access across organisational boundaries
- One password
- Paperless transactions
- A secure, resilient infrastructure
- A responsive, effective informatics service to staff, partners and patients.

Brian Catt queried whether there would be a single database and whether synchronisation of data would be incorporated and it was advised that this would

be the ideal scenario but an extremely difficult one to accomplish; however it was envisaged that fewer databases would be needed and to some extent these would be synchronised.

The Director of Finance and Information advised that paper records would need to be scanned until the Trust became fully electronic. The Trust had managed to secure funding of £2 million towards the project.

It was planned that e-prescribing aka Electronic Prescribing and Medicines Administration (ePMA) systems would be in place by 2014/15 allowing to:

- close the loop around medicine management leading to increased safety, faster discharge turnaround and tighter control of drug budgets.
- enable complex regimens to be prescribed with a single click and support UK best practice – independent prescribing, supplementary prescribing and patient group directions. Drug supply requests would be instantly communicated for faster turnaround.
- be designed to follow the workflow of clinicians and nurses for prescribing and administration.
- have in-built medicines' reconciliation and support clinical screening by pharmacists.
- support the use of patient's own medication and drug administration by recording via touchscreen devices.
- provide an end-to-end integrated process with no transcription.

Furthermore, communications would be improved so that GPs could keep in touch with consultants and vice versa.

Maurice Cohen queried whether this work would lead to patients being able to access their own records and it was advised that this would and additionally patient information could be shared across other trusts.

Margaret Lenton agreed this proposal was a good idea but stressed that the execution of it would be crucial. Margaret relayed her experience of electronic records outside the Trust and that she was also aware that patients were suspicious of the process and would need it explaining to them to help persuade them that it was a good idea.

The Director of Finance and Information understood there were challenges with the implementation of EPR, not least of all being able to interact with other systems. However, technology was changing and it was important that the Trust tackled EPR now.

Jean Pinkerton queried the security aspects and financial implications. The Director of Finance and Information advised that information governance requirements would be strictly followed. Controls could be put in place with EPR that had not been possible with paper records. With regards to financial implications, it was estimated that £7 million would be required to have all the elements of EPR in place (not including the replacement of the PAS system) but these costs would be mostly relating to IT and considerably less on administration.

Steve McCarthy agreed the vision was good but that staff would need engaging with to increase EPR's profile and the Trust would need to ensure all staff members had the required skills to use EPR. The Director of Finance and Information confirmed he was confident on the IT position.

The Chief Executive highlighted that paper records were unsafe but presently the effectiveness of varying levels of recorded data could be argued. EPR was an enormous undertaking, one which the Trust had to crack to transform the patient experience. One of the main issues would be ensuring users were up to speed when using EPR. It was advised that the Trust would be working with Royal Surrey on EPR as this would be beneficial in terms of infrastructure and training staff.

Finally, Clive Goodwin thanked the Council for their comments and the discussion that had ensued. It was the Trust's aspiration to go paperless and he wanted to reassure the Council that adequate safeguards would be in place to ensure the security and the accurate recording of data.

COG-12/14 **Assurance Report**

The Chief Executive introduced the report highlighting the five sections: Internal Focus, External Outlook, Strategy, Regulation and Performance and welcomed comments from the Council.

David Frank highlighted the importance of the quality indicator being auditable and the Head of Corporate Affairs confirmed that he had spoken with the Trust's external auditors and they were aware of the recommendation that pressure ulcers should be the quality indicator for external audit testing.

The Chief Executive advised that good progress had been made in the partnership with Royal Surrey and that the Trust would be engaging much more widely with staff, governors, patients and key stakeholders. Between now and April 2014, a number of meetings would take place across the Trust. The Executive Team had attended and continued to attend local council meetings in order to talk about the partnership. A meeting for those living in the catchment area would be organised by Ashford and St Peter's and Royal Surrey once a decision on the future had been determined.

Maurice Cohen was pleased to note that the Trust was working to improve the way it managed emergency surgical patients and he hoped this would soon lead to 24/7 working. The Deputy Chief Executive agreed that working to provide better surgical consultant cover over a 7 day period was a positive step forward. A lot of work had been undertaken to ensure clinical engagement and ascertaining the pattern in demand. Rotas had been produced to ensure that surgeons had adequate rest after periods of being on call, thus strengthening attendance.

The Chairman highlighted that the mortality rate at the Trust was excellent with Ashford and St Peter's being one of only eight trusts in the country with very low mortality rates on both weekdays and weekends

The Council NOTED the report.

COG-13/14 **2013 Staff Survey**

The Director of Workforce Transformation advised that results of the survey had been received two weeks ago and had only been published by NHS England on Tuesday 25th February.

The Director of Workforce Transformation expressed her disappointment with the results and there being no real step improvement with the majority of

responses remaining static. It was highlighted that some staff did not feel supported by the organisation, especially in relation to career progression.

The Director of Workforce Transformation advised that the Trust would continue to concentrate on four key work-streams as part of its Staff Experience and Culture Plan:

1. Loyalty to organisation/citizenship
2. Habits of Leadership
3. Team work
4. Trust's offer as a good employer

The Director of Workforce Transformation highlighted three areas which had been hotspot areas in 2012 and had shown a marked improvement in 2013 and these were:

1. Health Informatics
2. Gastroenterology
3. Hotel Services

A few hotspot areas remained relatively static, namely:

- Trauma, Orthopaedics, Diagnostics and Therapeutics
- Therapists
- Pathology
- Estates

Imaging had improved upon last year, but the response rate was down from 60% to 41%. Pharmacy had become a new hotspot area.

The Director of Workforce Transformation advised that she had spoken with many therapists and asked them what changes they would like to see. As a result training development had now been added to the work-streams.

David Frank advised that the vast majority of the Governors' pre-meeting had focused on the staff survey results and concern had been raised as to why the Governors had only received the results a few days before the meeting. David expressed his concern that the Director of Workforce Transformation was surprised with the results. He considered it important that the Board did a further analysis on the results to ascertain the trends and decide whether the right programmes were in place.

Samantha Lamb highlighted that the Director of Workforce Transformation came into post in April 2013 and during the summer and the latter part of the year had put in place a number of initiatives including the Employee Promise and the Chief Executive's Sounding Board. In her opinion the results did not show a true reflection of the work underway as during her interactions with staff she had witnessed an improvement in staff morale, line management and staff feeling more engaged.

Maurice Cohen advised that he felt the survey was not formulated to obtain a true reflection of staff opinion and on the whole he considered that staff were dismayed with the number of surveys they had to complete.

The Director of Workforce Transformation responded by clarifying that her surprise was due to improvements being noted in staff morale during the recent

CQC inspection and the internal pulse survey, although access to training had featured in the exit questionnaires. It was advised that a further pulse survey with another eleven questions would be sent to staff in April.

Arun Gupta agreed that a lot of initiatives were in place to improve staff morale but not enough time had passed to allow these to make an impact.

The Director of Workforce Transformation confirmed that the surveys were anonymous but it was possible to decipher which specialty staff worked for.

Steve McCarthy highlighted the improved response rate in the Workforce and OD Division with 24 scores being significantly better than other divisions. Steve noted that the hotspots were not in the areas of the direct patient pathway, eg the wards, but in the support functions. The Deputy Chief Executive advised that indeed the hotspot areas were areas where often staff members were given tasks, were continually chased for results, work was process driven and positive feedback was lacking However, this alone did not account for poor staff morale; some issues related to leadership and a lot of work was underway to address these issues. Already some impact had been noticed in Pathology and Pharmacy.

Chris Howorth highlighted the lack of engagement in Specialist Medicine and Critical Care. Chris noted that this was the third consecutive survey with poor results and this was the survey utilised nationally across all trusts. Ashford and St Peter's featured in the bottom 27% in a lot of areas compared to other trusts. Chris queried whether the Non Executives were happy with the initiatives being followed. Ann Gallagher added that more focused, in-depth work was required with increased engagement of staff in hotspot areas.

Sue Ells advised that she was assured by the work being undertaken, but was not surprised by the results as she would not have expected to see these initiatives having an impact on the results this soon. Sue further added that there needed to be consequences of bad behaviour and good behaviour needed to be rewarded. Sue expected to see an impact of the initiatives at the next survey.

The Chief Executive expressed his regret for the poor survey results as a lot of work had been undertaken to make improvements and he realised that more time would be needed to further analyse the results and the reasons for the poor results. The Chief Executive highlighted that he would like to involve the Governors in this piece of work so they could give some consideration to whether the right actions were in place. **GR**

Finally, the Leadership Scheme was about to be launched which may provide the additional support many members of staff sought.

COG-14/14 **ANY OTHER BUSINESS**

Richard Docketty highlighted a new venture he had initiated in January 2014 to encourage volunteers to attend drop in sessions at both hospital sites to discuss any concerns or feedback they had. Richard was pleased to advise that many volunteers had shown an interest in these sessions with several attending on their days off. Richard advised that he had shared feedback with the Director of Workforce Transformation.

Finally, Richard raised his concern that the Queen's Award which had been

presented to the volunteers was not on display. The Chief Nurse advised that the Trust was currently in the process of erecting a glass cabinet in the St Peter's main entrance area as there were a number of awards that needed to be displayed and would update the Council on progress at the next meeting. **SR**

QUESTIONS FROM THE PUBLIC

None

Date of Next Meeting

The next meeting would be held on Monday 23rd June 2014 at St Peter's Hospital.

Signed……

Aileen McLeish
Chairman

23rd June 2014

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	23 June 2014 Update	Status
11 Dec 13 + 4 Mar 14	**COG-50/13 + COG-4/14**	**Patient Experience Annual Report + Matters Arising**	Restriction in length of service to be reviewed	GR	April 2014	On agenda.	✔
4 Mar 14	**COG-7/14**	**Membership and Community Engagement Report**	Update the Council on the Drop In Session	AR	23 June 14	Verbal update.	
4 Mar 14	**COG-13/14**	**2013 Staff Survey**	Set up a Governor Group workforce session to further discuss the staff survey results	GR	ASAP	Completed. 22nd April.	✔
4 Mar 14	**COG-14/14**	**Any Other Business**	Update the Council on glass display cabinet	SR	23 June 14	Verbal update.	