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

OPEN MEETING OF THE
COUNCIL OF GOVERNORS
9h March 2015, Education Centre, Ashford, St Peter's Hospital

PRESENT:	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	Staff Governor – Hospital Volunteers	**RD**
	David Frank	Public Governor – Surrey Heath	**DTF**
	Godfrey Freemantle	Public Governor – Hounslow	**GF**
	Ann Gallagher	Appointed Governor – University of Surrey	**AGa**
	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**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Aileen McLeish	Chairman	**AMcL**
	Hugh Meares	Appointed Governor – Runnymede BC	**HM**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Andrew Ryland	Public Governor – Runnymede	**AR**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Michael Smith	Appointed Governor – Woking BC	**MS**
	Danny Sparkes	Public Governor – Runnymede	**DSp**
	Tracy Ward	Public Governor – Runnymede	**TW**
APOLOGIES:	Roderick Archer	Public Governor – Elmbridge	**RA**
	Jean Pinkerton	Appointed Governor – Spelthorne BC	**JP**
	Bhupendra Vyas	Public Governor – Hounslow	**BV**
	Paul Darling-Wills	Staff Governor – Allied Healthcare Professionals	**PW**
IN ATTENDANCE:	Nadeem Aziz	Non Executive Director	**NA**
	Valerie Bartlett	Deputy Chief Executive	**VB**
	Heather Caudle	Chief Nurse	**HC**
	Sue Ells	Non Executive Director	**SE**
	Erica Heppleston	Associate Director Regulatory Assurance, Interim	**EH**
	Simon Marshall	Director of Finance and Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LM**
	Suzanne Rankin	Chief Executive	**SR**
	Carolyn Simons	Non Executive Director	**CS**
	Peter Taylor	Non Executive Director	**PT**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-01/15 **Apologies**

Roderick Archer, Jean Pinkerton, Bhupendra Vyas and Paul Wills.

COG-02/15 **Declarations of Interests in the Proceedings**

No declarations of interests were noted.

COG-03/15 **Minutes of the Previous Meeting**

The minutes of the meeting held on 11th December 2014 were AGREED as a correct record.

COG-04/15 **Matters arising**

COG 51/14 - Ask a team member to speak with Dr Gabe at St Marks re electronic patient records

The Director of Finance and Information advised that wider consultations continued including discussions with SECAMB (South East Coast Ambulance Service) and feedback had been passed to the electronic records project lead. Internal consultations with around 10% of staff had also been undertaken. The Trust was waiting to hear back from the Treasury on whether funding of £3.6million had been secured.

Changes in the proposed Constitution for the merged Trust

The Membership and Engagement Manager advised that there had been slight changes to two areas of the constitution:

- A change to align with the Royal Surrey's current Constitution so that Healthcare Assistants are part of the Nursing and Midwifery staff constituency rather that the Allied Health Care Professionals staff constituency as they are presently within the Ashford and St Peter's Constitution;

- A change to the number of Governors on the Council, ie Guildford and Spelthorne would each increase by one Governor, thus increasing the number of Council members by two.

FEEDBACK FROM GOVERNORS

COG-05/15 **Governor Activities**

David Frank highlighted that the report evidenced again how busy the Governors had been over the last three months. It was pointed out that two of the meetings had not taken place and had been cancelled. These were:

24th February – Informal meeting with the Chair and Chief Executive
2nd March – Governor Remuneration

It was requested that these items be deleted from the paper.

The Council of Governors NOTED the report.

Minute **Action**

COG-06/15 **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. The Group had welcomed two visitors to the meeting:

- Jane Shipp from Healthwatch Surrey
- David Sills, Dementia and Admiral Nurse Lead

Keith advised that a detailed account of discussions was included in the minutes.

David Sills had been in post for one month when the Group met him and it was evident that his role highlighted the Trust's commitment to Dementia care.

Keith further advised how the regular Quality Report featured prominently in the Group's papers as it enabled Group members to increase their knowledge in issues relating to patient experience.

The Council NOTED the report.

COG-07/15 **Membership and Community Engagement Report**

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

Andrew advised that membership had continued to increase and was in line with meeting the 5% increase by the end of March 2015.

Discussion around the content for this year's Annual Members' Meeting had taken place and Governors were asked to forward any ideas they had to the Membership and Engagement Manager. **All**

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-08/15 **Assurance Report**

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

David Frank advised that the issue of locums not being able to access patient information had been highlighted by an A&E locum at the recent eMR (electronic records) presentation. Comments were that accessibility at the Trust was not as good as at other trusts the locum had worked for. The Deputy Chief Executive advised that systems required updating as currently when a clinician ordered a diagnostic test, provision of information was not complete. It was agreed that intuitive data might be better at other hospitals. The Director of Finance and Information advised that the Trust's desired system was Symphony which provided a high level of clinical data.

Steve McCarthy advised that he, too, attended the eMR presentation and the locum had mentioned that locums were not provided with login details. The

Chief Executive advised that she had spent a great deal of time in A&E over the last few months and no one had brought this to her attention. However, it had been advised that generic accounts had been set up whereby locums could access patient information. The Deputy Chief Executive highlighted the importance of ensuring locums had what they needed and that more effort was needed to make this a reality.

The Director of Workforce Transformation advised that locum induction at the Trust was good. However, the Trust did not always ensure induction continued to encompass housekeeping issues. It was agreed that the Deputy Chief Executive would further investigate this matter and report back to the Council. **VB**

The Chief Executive advised that she was now in a position to update the Council on the tariff the Trust had decided to select and this was the enhanced tariff. The Director of Finance and Information advised that the Trust would be paid 70% for emergency work above the set threshold. The rate on the old tariff had been 30%. It did mean that the Trust would be paid a marginal rate for extra activity in specialist areas such as bariatric, cardiology and vascular surgery and this would be 70% when the previous proposal had been 30% (the Trust is currently paid 100% of the tariff for all specialist work). However, overall the enhanced tariff was a better rate for the Trust and many similar sized acute trusts had opted for this tariff. Nadeem Aziz confirmed that after a lengthy discussion at board level, it had been agreed that this was the preferred option.

Finally, the Chief Executive advised that Monitor had rated the Trust green at Quarter 3 for governance with a financial rating of 3.

The Council NOTED the report.

COG-09/15 **National Staff Survey Results and Cultural Programme**

The Director of Workforce Transformation presented her paper and slides on the National Staff Survey Results for 2014 and Cultural Programme.

The Director of Workforce Transformation advised that the staff survey results had been published by NHS England on 24th February 2015 and that now was a period of reflection to see what had been achieved, how initiatives had impacted on the staff survey results and how to move forward.

It was advised that the staff survey results had been below par over the past 5-6 years. There was some improvement when the Trust became a Foundation Trust, but results had shifted back after this. There was external evidence of a strong link between staff experience and patient outcome.

The Director of Workforce Transformation highlighted a slide which showed behaviours connected to Trust values:

- Experience
- Citizenship
- Growth (a new addition)
- Leadership
- Collaboration

The next slide highlighted culture change would be aligned with individuals, managers, teams and the organisation.

A further slide presented what had been done over the last 18 months to break down barriers and this included:

- Use of social media
- Schwartz Rounds
- A day in their shoes
- Chief Executive's Sounding Board
- The Virtual Wall

This slide also presented further initiatives building on behaviours which included:

- Team ASPH – Team coaching programme
- HayGroup – Clinical leadership
- Values based appraisals
- Staff recognition awards

Staff results were correlated against values-based behaviours and the following was found:

Behaviour	Change from last year	Relative to benchmark
Experience	Better	Better
Citizenship	Better	On par
Growth	n/a	On par
Leadership	Better	On par
Collaboration	Better	Better

On the whole staff survey results had improved for each behaviour and against the benchmark, the results being better in two behaviours and on par in the other three. Good progress had been made to improve upon results from the previous year. It was highlighted that further work needed to be undertaken in relation to the Growth behaviour, namely in the appraisal process. The appraisal process had been refreshed recently with almost 600 staff attending either the appraisee or appraiser training sessions.

The last two slides highlighted a comparison against other acute trusts in the region. It was clear there was still a long way to go to meet the top performing trusts, but it was also evident that the London trusts were not doing so well in the staff survey. Ashford and St Peter's showed a step improvement in engagement when compared nationally.

The Director of Workforce Transformation advised that the Workforce and Organisation Development Committee would be meeting the next day to discuss turnover of staff and retention. What worked well in the departments that had fared well in the staff survey would be shared with departments that had not fared so well. It was highlighted that corporate department staff were the least content. It was advised that engagement with staff would continue. Although results were positive, it was important not to slow down the pace in continuing to improve the working experience for staff.

Simon Bhadye highlighted that Frimley Park had the best staff survey results and this had been the same for the last three years. Simon queried what was so different there that this was so. Denise Saligopoulos wondered whether it was due to the army influence at the Trust. The Chairman advised that this was possible but one of the important factors was that Frimley Park's Chief Executive

had been in post for the last 20 years and the trust had worked really hard to improve the staff experience.

David Frank highlighted that the staff survey was a key area that Governors had targeted from the very beginning and that the Trust should be congratulated on a huge improvement in the results. David also highlighted that should Heatherwood and Wexham staff survey results be added to Frimley Park's then overall results would not be so good. It was clear that some trusts had improved upon their results whilst some had worsened. Chris Howorth advised to undertake careful learning from other trusts, but more importantly maintain the momentum so that Ashford and St Peter's continued to improve. The Chairman added that the Trust had learnt that it was extremely difficult to shift your position when staff survey results were poor.

Barbara Mogensen highlighted Appendix 2 in the paper where the Trust was recorded as being in the bottom 20% nationally with staff experiencing discrimination at work and queried whether the Trust was robust in its equality and diversity training. The Director of Workforce Transformation advised that this question included being discriminated against by staff colleagues as well as patients/visitors to the Trust. It was added that there were a few work-streams on equality and diversity and these work-streams examined compassion and care in a cultural context. Staff were required to undergo equality and diversity every three years whereby the survey had asked whether staff had undergone training in the last 12 months.

The Council congratulated the Director of Workforce Transformation on the results and the Chairman added that the favourable results had been received well internally.

COG-10/15 **Complaints Update**

The Chief Nurse presented the update on Complaints and advised that some progress had been made in the complaints process. The next area to tackle would involve analysing the issues raised. It was advised that Elly Bittleston, Chief Nurse Project Lead, was leading on this project. The Chief Nurse turned to the Wordell diagram which highlighted how staff being interviewed (39 members) felt when they received a complaint. Words like the following featured repeatedly:

- time
- oh no
- gone wrong

During the ongoing review of behaviours, practices and processes, it had become evident training in complaints handling was required and a one day training course had recently been held for central and divisional Patient Experience Teams.

The Chief Nurse highlighted the appendices at the back of the report which described the new processes followed for complaints and follow-ups. Weekly complaints review meetings were now taking place where complaints were discussed before investigations begun to ensure which areas needed to be targeted. Since the Chief Nurse attended these weekly meetings, the draft responses could be sent to the Chief Executive sooner and required less revision before sign off and posting out.

The Chief Nurse advised that the CQC Inspection did not raise any major concerns with the complaints process although there was an issue relating to why there was a long delay before the response letter was signed off. The Chief Nurse was pleased to advise that in February the Trust achieved a 100% response rate within the target time.

David Frank highlighted that those that found it difficult to write a letter of response would not be able to learn how to in one day. The Chief Nurse agreed with this observation and advised that a member of staff had developed a high level of expertise in responding to complaints and was leading on the teaching. Learning needed to continue, however, and packs were provided including aid memoires. It remained important that patient facing staff had the opportunity to respond and learn from complaints. A result of the new processes was that follow-ups had declined, which meant that complainants were happy with the initial response received and felt their concerns had been responded to satisfactorily.

The Chief Nurse reiterated that there were opportunities built into the process that allowed for the monitoring of responses and responses were only signed off when the tone was right and grammar correct. The Chief Executive advised that during the month of February she had not found it necessary to make many changes to letters. This highlighted that the Chief Nurse's weekly complaints review meetings were working, especially since follow-up complaints had reduced. The Chief Executive advised that recently she had received an email thanking her for a response received outlining how the letter had been a pleasure to read and that staff appeared to understand what had happened. The Chief Executive advised that such feedback had not been received previously.

Judith Moore felt the flow chart was somewhat cumbersome with excessive time being spent on some of the processes, causing unnecessary delays. The Chief Nurse agreed that the length of time each part of the process took would be examined. However, some complaints were very complex and the Chief Nurse gave an example of a grieving husband who felt nothing had been done right in relation to his wife's care. Considerable time had to be spent speaking with the family whilst respecting their wishes.

David Frank queried why Grade 1 complaints could potentially take up to 25 days to respond to when a quick response was all that was needed. The Chief Nurse advised that some Grade 1 and 2 complaints covered many areas and required time to investigate; although many were turned around in a week.

Judith Moore queried whether complainants were advised on the length of time the process would take. The Chief Nurse advised that the complainant received a phone call on receipt of their complaint and an acknowledgement letter was sent within three days to advise of when to expect a response, who would be leading on their complaint and whether their complaint would be discussed with a third party.

Simon Bhadye highlighted actions on days 15, 18 and 19 in the complaints process which he felt could be covered in one day. The Chief Executive advised that some complaints were raised years after the incident took place and just tracing the people involved was a lengthy and complicated process. The Chief Executive added that the staff responding to the complaints were front-line staff that were required to meet their patient care obligations and it was only after their shifts ended were they able to begin investigating complaints.

Hugh Meares queried whether the 25 days deadline was 25 working days and it was clarified that it was.

Andrew Ryland queried what started the clock ticking and it was advised the clock began ticking upon receipt of the complaint. Andrew was pleased that complainants were receiving a phone call and felt this was crucial in the process.

Brian Catt queried how the Trust was learning from complaints. The Chief Nurse advised that every quarter a Patient Experience Monitoring Group meeting took place and complaints were discussed there with learning evidenced. It was anticipated that going forward a few complaints would be anonymised and placed on the intranet so that staff could learn from them. It was felt important that the procedure included the review process.

The Chief Executive clarified that the follow-up process was similar to the original complaints process and was dealt with in-house. Around 95% of complaints were resolved satisfactorily and within the agreed timescales. Around 5% of complaints needed to be reopened as the complainant was not satisfied with the response. This could be due to the real issue not being understood originally.

The Chairman highlighted the importance of building upon the good work that had been undertaken.

COG-11/15 **Improving Outpatient Services Summary**

The Deputy Chief Executive presented the report on Improving Outpatient Services and advised that this followed on from the large stakeholder workshop which took place in November 2014. The Improving Outpatient Services project had been initiated and would run for the duration of 2015/16.

The Deputy Chief Executive highlighted that outpatients was a very important service to the Trust with the vast majority of patients, around 300,000 per annum, experiencing contact with the Trust in this way. Hence it had the biggest impact on how people felt about the Trust. It was a very complex service with many different ways of working. Issues included letters not being received in a timely way and appointments being cancelled.

The Deputy Chief Executive advised the Trust's aim was to run the outpatient service in a more sequential way with tests being conducted first and then the patient seeing the consultant to discuss results and preferably all on the same day. It was an aim to reduce the number of visits to hospital. It was advised that the paper highlighted outcomes from the workshop. During the project it was the intention to bring together stakeholders and develop a number of work-streams.

Denise Saligopoulos queried what progress had been made with training GPs on appropriate referrals and the referral process. The Deputy Chief Executive advised that the quality of GP referrals varied. Incorporating better feedback to GPs would be necessary. Some areas had good systems in place and these needed to be developed in other specialties.

Hugh Meares queried whether workflow software was utilised to avoid referrals being missed. The Deputy Chief Executive advised that the Trust utilised a referral tracker system but there were several workflows. It was necessary to develop one system to track the whole pathway.

The Deputy Chief Executive advised that she would update the Council on progress in six months' time. **VB**

David Frank expressed his exasperation on the delay in moving forward with actions. The Deputy Chief Executive advised that teams had experienced huge pressures over the past months including the merger, winter pressures and the CQC inspection. There was a limit to the number of projects that could be undertaken by individuals. It was important to spend time to understand the problem before making decisions on what to do as this would save considerable time in the long run. The Chief Nurse advised that customer service training had already begun with administrative and clinical staff.

Steve McCarthy advised that he had attended the workshop in November and understood that there was a lack of consistency across the Trust and that this was not included in the report. It was clear that systems and how work was undertaken needed to be streamlined. The Deputy Chief Executive advised that one of the aims was to standardise processes wherever possible but it was necessary to accept a few differentials.

Brian Catt suggested the tracker should be made available to patients so that they could see whether their referral was received and appointment was booked as this was important to the patient.

Andrew Ryland was astonished that so much communication was by letter when texting would be a better option and relayed an experience when letters arrived advising of an appointment, then cancelling the appointment and then two further letters arriving stating two different appointment times. Another experience whilst waiting for a blood test was relayed and how staff were not being best utilised.

The Chief Executive advised that this was unique example and that outpatients had fared well in the CQC inspection. The Chief Executive had expressed in the strongest terms to staff that they had the power to make changes in their departments to improve systems.

It was agreed that this is an important topic for Governors and there would be reports on progress at future Council meetings.

COG-12/15 **Catering Provision at Ashford Hospital**

The Deputy Chief Executive advised that the utilisation of catering facilities at Ashford Hospital had continually declined over the past few years and it was proposed to reduce the number of outlets currently in operation at Ashford Hospital. It was proposed to shut the Foodhouse Restaurant and convert the area into a clinical space. Consultation was underway with Staff Side.

Sue Harris queried whether hot food such as breakfast and jacket potatoes would still be made available. The Director of Workforce Transformation advised that although these items were currently provided, people were not purchasing them in sufficient numbers. However, the proposal included the increased provision of hot food choices in the Outpatients Café and Retreat outlet in the front entrance.

The Council NOTED the proposal.

Minute **Action**

COG-13/15 **Quality Report Engagement Schedule**

The Interim Associate Director Regulatory Assurance highlighted that every year Governors were able to select any measure from the quality report as their local indicator and outlined in the paper were two measures for consideration and these were:

- Sepsis (local quality report priority)
- Stroke patients admitted to a stroke unit within 4 hours (national indicator)

David Frank queried capacity issues in relation to being able to meet the stroke target. The Chief Nurse advised that there continued to be capacity issues and with the additional winter pressures, capacity was further reduced. With sepsis, capacity was not an issue; it was more about changing working behaviours.

The Chief Executive stressed the importance of choosing a measure which had the biggest impact on patients and advocated the sepsis measure. With regards to stroke, it was more important for patients to be investigated promptly for thrombolysis.

Brian Catt queried whether it was more difficult to diagnose sepsis. The Chief Executive advised that a competent clinician would see the signs straight away. Difficulties arose when a young person had sepsis but outwardly continued to maintain a healthy disposition.

The Council APPROVED Sepsis as the Trust's local audit indicator as the Governors' measure.

The Interim Associate Director Regulatory Assurance then requested:

- Feedback on the engagement process for quality priority setting and monitoring;
- Feedback on the draft quality report 2014/15 which would be issued to Governors on 24th April;
- Input into the draft quality report priorities for 2015/16 (Governors would receive draft measures in the three key areas – safety, patient experience and clinical effectiveness, on or around 10th March). **EH**

David Frank raised an issue with the timescale of two days for providing feedback on the draft quality report. It was advised that KPMG had clarified that this was the national timescale. Keith Bradley advised that he did not recall timescales being so tight previously and the Chief Executive advised that a new framework was now in place with the Trust having to provide more information than previously.

The Council APPROVED the Quality Report Engagement Schedule.

COG-14/15 **Any Other Business**

Maurice Cohen sought further clarification on the item in Matters Arising:

<u>COG 51/14 - Ask a team member to speak with Dr Gabe at St Marks re personal records</u>

Maurice informed the Council that he had spoken with Dr Gabe recently and had been advised that North West London Hospitals NHS Trust would be using his

plan for patients having their own personal records. Maurice had also been informed that no one had yet approached him from Ashford and St Peter's. The Director of Finance and Information advised that he would check this with his team on this. **SM**

Brian Catt queried who else from the Governors was a member of a PPG. Maurice Cohen and Steve McCarthy advised that they were.

Hugh Meares wished to put on record how his partner had had a very positive experience at the Trust as a patient.

Questions from the Public

None

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

Wednesday 17th June, 4.00 – 6.30 pm, Chertsey House, St Peter's Hospital
Tuesday 8th September, 6.00 – 8.30 pm, Education Centre, Ashford Hospital
Tuesday 1st December, 4.00 – 6.30 pm, Chertsey House, St Peter's Hospital (please note change of date)

Signed……

Aileen McLeish
Chairman

17th June 2015

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
9 Mar 2015	**COG 07/15**	**Membership and Community Engagement Report**	Forward any ideas for the Annual Members' Meeting to the Membership and Engagement Manager	All	27 Mar 2015	Completed	✔
9 Mar 2015	**COG 08/15**	**Assurance Report**	Locum access to electronic patient information	VB	17 Jun 2015	Verbal update at Council	
9 Mar 2015	**COG 11/15**	**Improving Outpatient Services Summary**	Update the Council of progress on the Improving Outpatient Services Project	VB	8 Sept 2015		**ND**
9 Mar 2015	**COG 13/15**	**Quality Report Engagement Schedule**	Draft Quality Report Priorities – send Governors draft measures for feedback	EH	10 Mar 2015	Sent 11 Mar 2015	✔
9 Mar 2015	**COG 14/15**	**Any Other Business**	Check with team that Dr Gabe has been spoken with	SM	17 Jun 2015	Team member has made contact with Dr Gabe. Verbal update at Council	✔