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

OPEN MEETING OF THE COUNCIL OF GOVERNORS
9th March 2016, Education Centre, Ashford Hospital

PRESENT:	Roderick Archer	Public Governor – Elmbridge	**RA**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	Brian Catt	Public Governor – Spelthorne	**BC**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	Lilly Evans	Public Governor – Runnymede, Windsor & Maidenhead	**LE**
	David Frank	Public Governor – Surrey Heath	**DTF**
	Godfrey Freemantle	Public Governor – Hounslow & Richmond-upon-Thames	**GF**
	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**
	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**
	Bhagat Singh Rupal	Public Governor – Hounslow & Richmond-upon-Thames	**BSR**
	Andrew Ryland	Public Governor – Runnymede, Windsor & Maidenhead	**AR**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Michael Smith	Appointed Governor – Woking BC	**MS**
	Danny Sparkes	Public Governor – Runnymede, Windsor & Maidenhead	**DSp**
APOLOGIES	Maureen Attewell	Appointed Governor – Spelthorne BC	**MA**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	Paul Darling-Wills	Staff Governor – Allied Healthcare Professionals	**PW**
	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	Ann Gallagher	Appointed Governor – University of Surrey	**AGa**
IN ATTENDANCE			
	Nadeem Aziz	Non-Executive Director	**NA**
	Valerie Bartlett	Deputy Chief Executive	**VB**
	Philip Beesley	Non Executive Director	**PB**
	Heather Caudle	Chief Nurse	**HC**
	David Fluck	Medical Director	**DFl**
For minute COG-09/16	Charlotte Goodrich	Manager, External Audit, KPMG	**CG**
	Neil Hewitson	Director, External Audit, KPMG	**NH**
	Bob Peet	Chief Operating Officer	**BP**
	Terry Price	Non Executive Director	**TP**
	Simon Marshall	Director of Finance and Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Suzanne Rankin	Chief Executive	**SR**
	George Roe	Associate Director, Merger PMO	**GR**
	Peter Taylor	Non-Executive Director	**PT**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-01/16 **Apologies**

As listed on previous page.

COG-02/16 **Declarations of Interests in the Proceedings**

No declarations of interests were noted.

COG-03/16 **Minutes of the Meeting on 1st December 2015**

The minutes of the meeting held on 1st December 2015 were AGREED as a correct record.

Matters arising

COG-04/16 **Issue of charging interest will be considered at the Finance Management Committee**

The Director of Finance and Information advised that this had been discussed at the Finance Management Committee and it was not considered interest would be charged as the situation was now resolved and payment would be forthcoming.

FEEDBACK FROM GOVERNORS

COG-05/16 **Governor Activities**

David Frank presented the report advising that it was self-explanatory. It was noted, however, that the last activity "Chair/NED Open Evening" had not taken place due to the pause in the merger process.

The Council of Governors NOTED the report.

COG-06/16 **Patient Experience Group Report**

Keith Bradley, Chair of the Patient Experience Group, presented minutes from the previous two meetings. He advised that many items on the Action Log had been unresolved at the last meeting as there had been a shortage of management presence. However, most of these items had now been actioned. Keith wished to highlight the process of selecting patient representatives on working groups and felt that perhaps this was not an efficient way of gaining people with expertise in a particular area and that their contribution may be lacking because of this. Maurice Cohen advised that people were often selected because of their important experience as a patient not because of specialist expertise. Ruling out those without expertise would reduce the number of patient representatives on groups.

The Chief Executive agreed with both statements and stated that ideally the best possible candidate was a patient with expertise. She recommended that the Chief Nurse speak with the Head of Patient Experience and Involvement to check the selection process was fit for purpose. **HC**

David Frank highlighted an action resulting from an incident which appeared to be outstanding and Keith advised that this was due to a delay in the investigation rather than non-attendance. David further highlighted lack of attendance at the Patient Panel and Maurice advised that there were no Patient Panel meetings in December and February and he had been on holiday for the January one and

usually updates from the Patient Panel to the Patient Experience Group and vice versa were regularly provided.

The Council NOTED the report.

COG-07/16 **Membership and Community Engagement Group Report**

Andrew Ryland, Chair of the Membership and Community Engagement Committee was pleased to advise that membership numbers were back on track. He added that the Group was concentrating efforts on engagement in relation to the merger with the Royal Surrey.

The Council NOTED the report.

REGULATORY

COG-08/16 **RSCH Merger**

The Associate Director, Merger PMO, advised that this paper was to provide an update on:

- progress with appointments to the merged Trust shadow board;
- the method of voting for the Governors on the merger;
- the assessment criteria to be used when voting for the merger and
- the merged Trust Constitution.

The Council AGREED the provision for proxy voting be added to Ashford and St Peter's Constitution although some degree of re-wording was required. **GR**

The Council AGREED that the final Governor vote on the proposed merger would be held in an open Council meeting with the vote being conducted via a show of hands.

The Council AGREED that the constituencies of Guildford and Spelthorne should increase their number of Public Governors from two to three and that Healthcare Assistants would now sit under the staff grouping of Nursing and Midwifery.

The Council AGREED with the assessment criteria.

The Chairman highlighted that the amended Constitution would now be presented to the Board for approval.

Andrew Ryland queried why the constituency of Runnymede had not increased its Public Governors from two to three and it was advised that the number of Public Governors had a direct correlation to the number of outpatient attendances from that constituency and it was felt that two Public Governors and one Appointed Governor for Runnymede were adequate.

COG-09/16 **Quality Report Engagement Schedule (including KPMG Quality Report Briefing)**

The Chief Nurse highlighted that Monitor had yet to confirm the nationally mandated indicator list but Governors were asked to approve one out of two indicators. Nick Hewitson, Director for External Audit at KPMG advised that Monitor was most likely to run down the list of four indicators in order with 18 week referral to treatment time and 4 hour wait in A&E being the national

indicators and local indicators being:

- 62-day cancer treatment wait
- 28-day readmissions

Discussion around robustness of data and indicators requiring multi-factorial working took place.

The Council AGREED their local indicator would be 28 day readmissions and the Chairman felt this was a good choice. Judith Moore added that this was an important indicator as it affected the flow through the Trust.

Keith Bradley referred to and sought clarification on the feedback he was required to provide on behalf of the Governors. He encouraged colleagues to pass on their comments to him. **HC**

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-10/16 **Assurance Report**

The Chief Executive noted that in a short space of time some parts of the assurance report were now out of date.

Discussion around the Trust's financial position took place and it was advised that the Trust was one of 7 acute hospitals in a surplus position. The Director of Finance and Information advised it was forecast that the Trust would be in a £0.2m deficit position at the end of the financial year.

Hugh Meares highlighted Lord Carter's report and the resulting 15 recommendations which were quite prescriptive. Hugh queried whether regular progress reports would be shared on how the Trust was benchmarking against these. The Director of Finance and Information advised that the Trust had already delivered on some of the recommendations, for example in Pathology. It was agreed that progress reports would be provided as part of the Assurance Report. It was noted that in the Carter report recommendations, the Trust had the lowest savings target at c£8m. **SR**

The Council NOTED the report.

COG-11/16 **A&E Report (including Performance)**

The Chief Operating Officer presented his report advising that performance against the 4 hour wait in A&E had been recorded at 87.9% during January, which was below the 95% target. The Trust was in discussion with its commissioners to achieve a revised trajectory. The Trust had also been visited by Monitor, who have supported the actions being taken and, at this stage, decided not to take regulatory action. A six month trajectory was due to be finalised. Considerable time had been spent with Non-Executive Directors and clinicians encouraging a high level of scrutiny.

The Trust was currently experiencing an outbreak of Norovirus which meant that beds lay empty as they could not be utilised and patients could not be moved. There was a high level of demand for A&E reaching record attendances.

The Chief Operating Officer advised that the recovery plan involved engaging differently with clinical leaders. A new Associate Director was in post and the Trust was about to appoint to two divisional lead positions.

Andrew Ryland commented that there was a lot of data in the report and it was advised that NEDs had been involved in advising on simplifying future reports. The Chief Executive advised that the Board was looking at condensing reporting to one page so information could be gleaned at a glance.

Philip Beesley advised that discussion had taken place at the Quality Performance Committee around whether the actions were the right ones to take forward. It had been agreed with Monitor that the Trust would concentrate on a few actions with a focus on step by step improvement.

Andrew Ryland highlighted that the Governors were aware that there was a lack of A&E consultants and queried whether this was being addressed by the NHS. The Chief Executive advised that Health Education England (HEE) was aware of the national staffing crisis and was looking to review the situation and address. The Chief Executive advised that she was joining an advisory group which supported HEE. The Trust had taken time to have their views represented and was also looking at ways of making positions more attractive and improve retention of staff.

The Medical Director added that there were shortages in all specialty doctors, especially psychiatrists and in general practice. Training had been overhauled to cover the type of patient attending A&E. There were less trauma and serious cases now and patients tended to be the frail and elderly who had different requirements. Hence additional use of practitioners to provide care was being looked at.

The Council NOTED the report.

COG-12/16 **Staff Survey 2015**

It was agreed that a separate briefing session on this topic would take place with Governors and also including Sue Ells, Non-Executive Director. **LMcK**

The Director of Workforce Transformation highlighted that the trend was static although after an improvement in 2014 results had deteriorated slightly. External comparisons also suggest that there was significant work still to do to stand us in a strong position alongside our peers nationally and against our neighbouring trusts. It was pleasing to note that the results indicated that staff felt appraisals had improved in terms of both numbers being completed and the quality of the appraisal conversation. It was also noted that the Trust had worked hard to improve its communications style and there were a number of examples of good practices to be recognised including the use of multimedia such as videos, the feedback walls and social media. Of particular concern were the following:

- Lack of confidence in reporting bullying and harassment
- Decline in confidence in raising issues, and subsequent support from immediate manager
- Raising concerns in general

Priorities arising from the survey included optimising leadership capabilities and increasing staff members' perception and confidence in relation to raising concerns. It was noted that Healthcare Assistants had raised the issue of not

being able to raise concerns but this was felt to be mainly due a lack of understanding of the process and this could be addressed through training.

The Director of Workforce Transformation noted that there was an appetite in the organisation for teams to be able to effect change and that the Trust was using Quality Improvement as a vehicle to increase engagement. She asked that a video showing the Chief Executive speaking with an A&E doctor about the work that he had lead around quality improvement within the department be forwarded to the Governors. **AS**

Maurice Cohen commented that over the past five years the staff survey results had indicated that there was a lack of high calibre middle managers and queried whether the wrong people were being chosen for these positions. The Director of Workforce Transformation advised that it was important to recognise that our manager cadre was made up of a significant cohort of multi professional staff rather than one single group. She noted that the management challenges were complex and appreciated that the Trust had further work to do to improve capability and people management skills and to this end was providing training to improve this.

Hugh Meares raised his concern on the results for medical and administrative staff and queried whether this was a result of working towards the merger. The Chairman agreed that a number of staff felt the threat of losing their job as a result of the merger. However, it was advised that corporate areas, where the potential job stability threat was most prevalent, had actually had good survey results this year and that the weaker results from the administrative staff had been within the clinical directorates.

Brian Catt queried whether a small sample could be taken in outpatient areas to see if the good work in this area had improved the survey results. It was agreed that this would be looked in to. **LMcK**

Finally, the Medical Director expressed his desire to support the middle management tier, noting how challenging their roles were.

The Council NOTED the staff survey.

COG-13/16 **Notes from Stakeholder Panel Meetings**

The Council NOTED the two sets of minutes.

COG-14/16 **Improving Outpatient Services Update**

The Chief Operating Officer presented the report which outlined a number of improvements in the service. He recommended that Governors spent some time reviewing the paper and that a separate session would be arranged for those interested in learning what initiatives were proposed to improve the service still further. **AS**

COG-15/16 **Initiatives in Place to Improve Managerial Practices**

This item was postponed to the next Council meeting. **HC**

Any Other Business

None

Questions from the Public

None

Further Dates for 2016

Wednesday 15th June 4 – 6 pm, Chertsey House, St Peter's Hospital
Wednesday 7th September, 6 – 8 pm, Education Centre, Ashford Hospital
Monday 5th December, 4 – 6 pm, Chertsey House, St Peter's Hospital

Signed……

Aileen McLeish
Chairman

15th June 2016

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
9/03/16	**COG-06/16**	**Patient Experience Group Report**	Speak with the Head of Patient Experience and Involvement to check the selection process is fit for purpose.	HC	15/06/16		
9/03/16	**COG-08/16**	**RSCH Merger**	Re-wording of the section on proxy voting.	GR	15/06/16	Re-worded and to be approved by Trust Board on 24 March 2016.	✔
9/03/16	**COG-09/16**	**Quality Report Engagement Schedule (including KPMG Quality Report Briefing)**	Provide clarification on the feedback required from the Chair of PEG	HC	ASAP	Erica Heppleston contacted Keith Bradley and is due to meet with him	✔
9/03/16	**COG-10/16**	**Assurance Report**	Include a progress report against Lord Carter's 15 recommendations	SR	15/06/16	Verbal update at Council	
9/03/16	**COG-12/16**	**Staff Survey 2015**	Set up a separate session with Governors	LMcK	ASAP	Arranged for 10 May 2016, 3.00 – 4.30 pm, Chertsey House, SPH	✔
9/03/16	**COG-12/16**	**Staff Survey 2015**	Send recent CEO message link to Governors	AS	ASAP	Sent 11 March 2016	✔
9/03/16	**COG-12/16**	**Staff Survey 2015**	Look into highlighting results in the outpatients area	LMcK	ASAP	Data cannot be broken down in this way, but an alternative measure in OPD is being undertaken and will be referenced at the session on 10 May.	✔
9/03/16	**COG-14/16**	**Improving Outpatient Services Update**	Arrange a separate session on Improving Outpatient Services	AS	ASAP	Arranged for 5 April 2016, 4.45 – 6.00 pm, Chertsey House, SPH	✔
9/03/16	**COG-15/16**	**Initiatives in Place to Improve Managerial Practices**	Include at next Council	HC	15/06/16	Covered at the Staff Survey meeting which took place on 10 May.	✔