Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
8th March 2017, Ashford Hospital

PRESENT:	Simon Bhadye	Public Governor – Spelthorne	**SB**
	David Bittleston	Appointed Governor – Woking Borough Council	**DB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	Brian Catt	Public Governor – Spelthorne	**BC**
	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**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Aileen McLeish	Chairman	**AMcL**
	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**
	Jill Shawe	Appointed Governor – University of Surrey	**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**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	John Collins	Public Governor – Surrey Heath	**JC**
	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	Lilly Evans	Public Governor – Runnymede, Windsor & Maidenhead	**LE**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Mark Maddox	Appointed Governor – Runnymede Borough Council	**MM**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	John Sermon	Staff Governor – Ancillary, Admin, Clerical & Managerial	**JS**
IN ATTENDANCE			
	Valerie Bartlett	Deputy Chief Executive	**VB**
	David Fluck	Medical Director	**DF**
	Neil Hewitson	Director, KPMG (except item 09/17)	**NH**
	Charlotte Goodrich	Senior Manager, KPMG (except item 09/17)	**CG**
	Chris Ketley	Non-Executive Director	**CK**
	Keith Malcouronne	Non-Executive Director	**KM**
	Simon Marshall	Director of Finance and Information	**SM**
	Hilary McCallion	Non-Executive Director	**HMc**
	Terry Price	Non-Executive Director	**TP**
	Suzanne Rankin	Chief Executive	**SR**
	Giselle Rothwell	Head of Communications	**GR**
	Tom Smerdon	Director of Operations (Unplanned Care)	**TS**
	Meyrick Vevers	Non-Executive Director	**MV**
	Russell Wernham	Deputy Chief Nurse/Associate Director of Quality	**RW**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-01/17 **Apologies and Welcome**

Apologies as listed on previous page. The Chairman welcomed Anthony Sice as a member of public observing the meeting.

COG-02/17 **Declarations of Interests in the Proceedings**

No declarations of interests were noted.

COG-03/17 **Public Consultation: Improving Stroke Services in West Surrey**

The Head of Communications advised that the Public Consultation was now underway and would conclude on 30th April 2017. Giselle handed out booklets and leaflets and requested that Governors highlighted the consultation to their family, friends and acquaintances and to encourage them to attend a drop in session or evening event. It was advised that further information could be obtained from the Guildford and Waverley CCG website at:

www.guildfordandwaverleyccg.nhs.uk

COG-04/17 **Minutes of the Meeting on 5th December 2016**

The minutes of the meeting held on 5th December 2016 were AGREED as a correct record. The Membership and Engagement Manager advised that Denise Saliagopoulos had contacted her to advise that on page 6, paragraph 2 under the Assurance Report, she had meant to say that:

…it was expected that the Surrey population over the age of 80 would increase by around 5,000 people every year…

The updated Action Log was noted.

COG-05/17 **Matters Arising**

The Chairman advised that the new Chaplain, Laurence Gamlen, was now in post and that the opening ceremony of the new Multi-Faith Centre had taken place on 6th March 2017. Danny Sparkes advised that at the recent PLACE (Patient Led Assessments of the Care Environment) Inspection at St Peter's Hospital, the group had shown the Deputy Chief Nurse at the Royal Surrey FT the new Multi-Faith Centre and she had been impressed by how good the services were that were provided to visitors of all faiths. The Chairman advised that she would be meeting the Royal Surrey's new Chairman soon.

FEEDBACK FROM GOVERNORS

COG-06/17 **Governor Activities**

Andrew Ryland stated that the paper clearly 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.

Minute **Action**

COG-07/17 **Patient Experience Group Report**

Keith Bradley, Chair of the Patient Experience Group, presented minutes from the meeting which took place on 13th February. Keith advised that the Group had welcomed Bertie Swan as a new member and that the Group was now up to full complement. All constituencies now had representation on the Group apart from Surrey Heath.

Keith highlighted that the Group had welcomed the following visitors:

- Fraser Brown, Medication Safety Officer
- Charlotte Goodrich, Senior Manager and Cara Dyer, Assistant Manager for KPMG

Further details were provided in the minutes. The Group had also visited the Urology Department which was an important step after the positive presentation at last year's Annual Members' Meeting and to see first-hand the improvements made. The Group had been very impressed with the services provided and also witnessed very positive comments from a patient leaving the department after his appointment.

Keith reminded Council members of the Quality Account Assurance Group meeting taking place the next day, 9th March at 12.30 pm, and advised that all Governors were invited to attend.

The Council NOTED the report.

COG-08/17 **Membership and Community Engagement Group Report**

Danny Sparkes presented minutes from the last meeting which took place on 22nd February 2017. Danny advised that Andrew Ryland had stepped down as Chair and member of the Group due to his increased commitments as Lead Governor and the Group had voted unanimously that Danny take over as Chair. Steve McCarthy had also decided to step down from the Group. Danny wished to record the Group's gratitude to both Andrew and Steve for their time and commitment to the Group since 2011.

Danny encouraged Governors to carry membership forms on their person in case the opportunity to recruit a new member arose.

Danny advised that Members' Events continued to be popular and that the recent Research and Development Event had been excellent. Danny advised that the next Members' Event was on Ophthalmology taking place on 10th May 2017.

Finally, Danny advised that she and the Membership and Engagement Manager would be attending a Career's Fair at the Sir William Perkins' School on 9th March 2017 to recruit young members.

The Chairman referred to the comment in the minutes on issues with communicating with the volunteers previously and the Membership and Engagement Manager advised that volunteers as well as staff members were not included on the membership database and that she had now reached an agreement with the Voluntary Services Manager about sending messages and general communications out to volunteers.

The Council NOTED the report.

STATUTORY

COG-09/17 External Auditors

The Director of Finance and Information provided an overview of the reasons why an extension to the existing contract with KPMG had been considered and advised it was in part due to the contract running out for the internal auditors at the same time. However, the Trust remained pleased with KPMG's performance and fees charged were at a competitive rate. The legalities of extending the contract had been looked and all that was need was the Governors' endorsement to proceed. He understood that initially Governors had expressed some dissatisfaction at the lack communications but was aware that this had greatly improved over time.

Terry Price agreed with the Director of Finance and Information and was happy with KPMG's work, particularly in the statutory accounts and Charity account. Terry advised he was pleased with the staff that had been chosen by KPMG to support the Trust as they had a high level of expertise.

Andrew Ryland advised that the extension had been discussed at the pre-meeting and that Governors had been happy to extend the contract by a year. The Chairman opened it up to a Governor vote and the Council ENDORSED the extension of KPMG's contract by a year.

COG-10/17 External Audit Briefing

Neil Hewitson, Director of KPMG, and Charlotte Goodrich, Senior Manager of KPMG, presented a short paper outlining KPMG's responsibilities in relation to the Quality Report and past audits in relation to the local indicator which was chosen by the Governors.

Charlotte highlighted that the local indicator must meet the following criteria:

- The indicator must be one based on data that has been collected during 2016/17
- This was a historical data review and hence the indicator chosen must be retrospectively rather than forward looking, ie for the year ending 31st March 2017.
- The indicator must be based on a data population which can be confirmed to be complete, with enough specific indicator definitions that audit testing can be effectively undertaken

Neil and Charlotte hoped that by highlighting the pitfalls, the Governors were able to come to an informed decision on the local indicator they wished to adopt.

The Council thanked Neil and Charlotte for their briefing.

COG-11/17 Local Audit Indicator for Testing 2016/17

The Deputy Chief Nurse/Director of Quality presented a paper highlighting the two options available to Governors to choose for the local indicator for testing which were highlighted in Table 2:

1. Dementia case finding
2. Cancelled operations for non-clinical reasons and breaches of the cancelled operations guarantee

It was advised the dementia case finding had been a previous CQUIN[1] with performance around 90%. However, it was anticipated that the audit on this indicator would not attain a clean limited assurance opinion owing to the anticipated process gaps, although the undertaking of an audit would be of considerable benefit to the Trust.

The second option on cancelled operations would be much easier to audit as this was an area subject to detailed monitoring.

The Chairman understood that KPMG had attended the recent Patient Experience Group meeting where the local indicator had been discussed and the Group had been unable to reach a conclusion. Keith Bradley advised that this had been the case but at the pre-meeting today, Governors had decided on Option 2 – cancelled operations for non-clinical reasons and breaches of the cancelled operations guarantee.

The Council APPROVED option 2 as stated above.

Steve McCarthy queried why the local indicator was not decided upon a year before if the audit was conducted retrospectively. It was agreed that this would be followed up during the year by the Patient Experience Group. **AS**

The Chief Executive expressed her concern at finding ways to "fix" the outcome to get a good audit and felt it was more important to use this process to unearth problems and to resolve them.

Hilary McCallion queried whether the shortcomings identified around the first option would be picked up by the Trust. The Chairman requested that dementia was taken forward by the Patient Experience Group and the Deputy Chief Nurse/Associate Director of Quality advised that work continued on the dementia pathway and would be happy to involve the Patient Experience Group. **AS/RW**

STRATEGY AND PERFORMANCE

COG-12/17 **Assurance Report**

The Chief Executive presented her report and advised the last couple of months had been very busy and this would be covered in the Performance Report later on in the meeting. The Chief Executive wished to record her gratitude for Team ASPH's hard work and dedication and for coping well when under pressure. The Chief Executive advised she was very proud of the Team.

The Chief Executive advised that numerous staff had either been nominated or won awards over recent months. The Director of Workforce Transformation had introduced the Fit and Lean six week challenge which included weekly nutritional sessions, supported the Dry January initiative and ended in a week full of activities staff could take part in. This had proved an astounding success with many staff taking part, including Executive Team.

The Chief Executive highlighted the Staff Survey headlines which showed a very significant improvement with the Trust being placed in the top 25% of trusts. Responses to 28 of the questions were significantly better than the average.

[1] CQUIN: an incentive scheme whereby income is contingent upon reaching commissioning performance criteria.

Andrew Ryland, on behalf of the Governors, wished to congratulate the Trust on the staff results.

In response to Steve McCarthy's query the Chief Executive advised that she was hopeful the NHS Maternity Transformation Programme would improve the maternity pathway to ensure mothers could choose where to have their baby and support a more joined up approach which was easier to navigate and safer.

Andrew Ryland referred to the Quality Performance dashboard reference 1.11 – Stroke patients, and the Deputy Chief Executive advised that she would cover the strategic aspect with regards to Stroke Services and that the Director of Operations (Unplanned Care) could cover the day to day service as part of his performance report. The Deputy Chief Executive advised that interim arrangements had been in place since the 1st January 2017 with the Royal Surrey unable to provide an extensive stroke unit. The main reason for this was the Royal Surrey had lost their only stroke consultant and it had proved very difficult to recruit a new consultant as the service was relatively small. The interim arrangements included patients being sent to their nearest Hyper Acute Stroke Unit (HASU) at either St Peter's or Frimley. The public consultation on "Improving Stroke Care in West Surrey" had begun on 6th February and would conclude on 30th April 2017.

The Deputy Chief Executive advised that there had been some teething problems with SECAMB (Surrey East Coast Ambulance Service) but it was hopeful that things would improve. The next changes were anticipated on 1st April when the Ted Bradley Unit, which provided neuro-rehab, would transfer over to the Trust. At the end of the consultation period the split between Frimley and Ashford and St Peter's would be decided.

The Deputy Chief Executive further advised that Epsom Hospital was experiencing a similar problem to the Royal Surrey and was unable to run the stroke service safely. It was clear that a larger service had more sustainability and that mortality reduced as a result.

Danny Sparkes advised that she and colleagues had visited Cedar Ward as part of the recent PLACE inspection and she had noted that all beds had been occupied. The Deputy Chief Executive advised that it was difficult to manage with the current capacity. When the control of the Ted Bradley Unit and Early Supported Discharge Home Team shifted to the Trust there would be slight increase in beds and the Trust would be able to bring about further efficiencies.

The Council NOTED the report.

COG-13/17 **Performance Report (including A&E)**

The Director of Operations (Unplanned Care) presented his report. In response to Andrew Ryland's earlier query on the Quality Performance dashboard reference 1.11 - Stroke patients (percentage admitted to stroke unit within 4 hours), he advised there had been a dip in performance in December and that the position had now improved. Two beds were ring-fenced, one for male and one for female patients but it was proving difficult to keep beds available at times of pressure. The key was to identify stroke up front by the ambulance service and this was not always easy and then had a knock on effect on the speed of treatment.

The Director of Operations (Unplanned Care) advised that the Trust continued to

perform well in the Sentinel Stroke National Audit Programme (SSNAP) Audit which was a national audit conducted by the Royal College of Physicians.

The Director of Operations (Unplanned Care) advised that performance against the A&E target had fallen below 95% to the high 80's during December and January when it had been improving in previous months.

It was advised that Trust performance for the 18 week Referral to Treat target was above the 92% target and the Two Week Rule in Cancer had been above the target of 93% in December but fell to 90.8% in January, although the target had been achieved during February. The Trust's performance was compliant in the remaining cancer targets over the last three months apart from one breach in the 31 day wait for surgery and 62 day wait for first treatment during January.

The Director of Operations (Unplanned Care) advised that achieving the A&E target continued to be a challenge and further detail was provided in the presentation. The Trust had been performing reasonably well but was now dropping in performance when compared to others and it was unclear why this was the case. There had been a number of delayed transfers, capacity was limited and A&E admissions were up by 10.5% in December compared to the previous December, generating around seven additional patients a day requiring admitting.

The Director of Operations (Unplanned Care) further advised there had been an increase in crude mortality during December and January. There had been a plan in place to cover the winter period and elective work had ceased over the Christmas period, which was mandated nationally. The Trust had been at Red status often but for short periods and there had been one instance of Black status during early January which coincided with the beginning of Reboot Week. During Reboot week each day started with an 11.00am meeting to work through the complex discharges. The week significantly reduced outliers from 33 to 10 and escalation beds from 58 to 28. Better working with the Integrated Care Bureau meant that each complex discharge and long stay patient was reviewed together on a daily basis. It was intended to repeat cycles of Reboot Week in the future to improve working practices.

Judith Moore queried what the role of staff involved in Surgery was when elective work was cancelled. The Director of Operations (Unplanned Care) advised that day surgery, cancer and other urgent surgery had continued to take place and support was provided to A&E and by being on call.

Brian Catt referred to readmissions and when patients were discharged to the home environment to return again when the family were unable to cope. The Director of Operations (Unplanned Care) advised that wherever possible staff took steps with partner organisations to return patients to their place of residence, but on occasions the care arranged was insufficient and patients returned to hospital. The Social Care Team was always consulted to help inform decision making on discharge. The Medical Director added that many End of Life patients wanted to return home and the Trust would aim to support this when care at home was not ideal. Brian queried whether the Trust suffered a penalty for readmissions and it was advised that readmissions were not helpful operationally and that the STP model would allow for more opportunity to address this. The Chief Executive advised that staff did not send patients home without a risk assessment taking place or checking care at home was adequate. If there was a risk then this would be discussed with the family. Unfortunately the Trust did have patients that should not be in hospital and it was difficult to move forward in

the patient's pathway when family members did not visit.

The Chairman advised that the Chancellor's Budget had allocated funds to the social care budget which should help alleviate some of the issues. The Chief Executive further advised that capacity was not about money but about having the workforce needed to care for patients.

The Director of Operations (Unplanned Care) expressed the importance of caring for patients in the place of their choice and the need for increased communication across agencies.

Simon Bhadye commended the Director of Operations (Unplanned Care) on his presentation and the work that was being undertaken. Jill Shawe expressed the importance of interdisciplinary training.

The Council NOTED the report.

COG-14/17 **Strategic Objective Review – Best Outcomes**

Hilary McCallion began the presentation advising she was the Chair of the Quality Performance Committee and members included the two Directors of Operations, the Medical Director, the Chief Executive, the Chief Nurse, the Deputy Medical Director, the Deputy Chief Nurse, the divisional directors and non-executive directors. Four committees provided feedback to the Quality Performance Committee and its main duty was to seek assurance that services were doing what they had been tasked with. Various deep dives were undertaken into services and a presentation from Maternity Services was to take place at the next meeting. It was important that the right people attended who were able to make decisions. The meetings took place monthly.

To help seek assurance, quality metrics including:

- CQC reports
- Mortality data
- QEWS (Quality, Experience and Workforce and Safety) data
- Performance data
- Committee reports

were looked at. The Quality Performance Committee reported to the Board and concerns were raised immediately.

The Deputy Chief Nurse went onto to talk about Patient Safety and highlighted the medication safety thermometer which was a measurement tool for improvement that focused on medication reconciliation, allergy status, medication omission and identifying harm from high risk medication. It followed a three step process in order to identify harm occurring from errors. The spot check audit was undertaken on one day per month. The Deputy Chief Nurse further advised that data collection was ongoing in Pharmacy and the rate of reported medication errors was above average. Analysis has not been able to determine if this was due to increased errors or increased reporting.

The Deputy Chief Nurse highlighted the "Sign up to Safety" campaign which launched in 2014 and which the Trust participated in and advised that the Safety Improvement Plan for this campaign included:

- Pressure ulcers

- Venous Thromboembolism
- Falls
- Deteriorating patients

The Safety Thermometer was the national method of benchmarking these harms. It was advised that the Trust had reported 1.07% new harms which were below the national average of 2.13%.

There were five pledges to the campaign and these were:

1. Put safety first
2. Continually learn
3. Be hones
4. Collaborate
5. Be supportive

In response to Andrew Ryland's query, the Deputy Chief Nurse advised that the percentages referred to the harms were recorded monthly.

The Medical Director went onto to talk about mortality reviews and how currently the Trust had an internal programme for reviewing individual in-hospital deaths and these were reported to Trust Board as part of the monthly Quality Report. The Trust was about to start up a Mortality Review Group which would feed into the Quality Performance Committee.

The Medical Director advised that the Trust had an average of 100 deaths per month and that 170 deaths during January were a concern. Analysis had been undertaken of timing, site, and day of the week and there had been no link found. When compared to nationally, there had indeed been higher numbers at other trusts than before. It was intended to review a cohort of patients.

The Medical Director advised that generally it was considered that around 4% of deaths could have been avoided. At the Trust this was 2% which was good but still required improving.

Simon Bhadye queried whether deaths increased in the winter period and the Medical Director advised that generally this was the case due to the flu, chest infections and how effective the flu vaccine was. Steve McCarthy queried whether the closing down of nursing homes was a factor and it was advised that it was possible this played a part.

The Chief Executive advised that the Trust was very concerned by the increase in mortality and that there were components of seasonal variance but this did not account for all the deaths. The Trust was gathering information on where patients had died, how long they had been in hospital and checking the deaths were not down to clinical errors. The Trust was confident that the right analysis was being undertaken.

The Deputy Chief Nurse highlighted the slide on Workforce Capability and advised that staff investigated incidents using the Root Cause Analysis (RCA) methodology and how completed plans and actions were provided to the Quality Performance Committee for closure. It was advised that plans were on track to increase the number of staff completing RCAs for incidents.

The Deputy Chief Nurse talked about the revalidation process used by the GMC and NMC to prove capability and educational learning within roles and it was

added that doctors were required to undertake revalidation every five years and nurses and midwives every three. Only a handful of staff were outstanding in their revalidation and these were about to be undertaken. Staff could be suspended for not completing their revalidation. The Medical Director advised that this process had been in place for five years and the GMC would be looking at whether doctors could self-revalidate as part of their annual appraisal.

The Deputy Chief Nurse then went onto talk about the new nursing associate programme and advised there were 35 new nurses starting at the end of April and how happy the Trust was to have supported this initiative.

The Deputy Chief Nurse highlighted safeguarding and the Trust's compliance in relation to:

- Training levels
- Best practice
- Surveillance of Children and Vulnerable adults at risk
- Auditing of processes and procedures to ensure safe discharge of health care duties

Reporting of safeguarding would take place at the Quality Performance Committee from April 2017.

The Deputy Chief Nurse then highlighted the implementation of 7 day services and how each division was reviewing the service for effectiveness, for example the availability of diagnostics. Aims included each patient receiving a consultant review within 14 hours and maintaining continuity of care. Although the Trust did well in audits, staff did not always document actions well. The next audit would be taking place soon.

The Deputy Chief Nurse updated Council members on Hospital Care Acquired Infections (HCAIs), namely MRSA and C-difficile, which the Trust's performance was within targets set by NHS Improvement.

The Deputy Chief Nurse outlined the Friends and Family Test (FFT) and advised that both inpatients and outpatients exceeded the recommended score. The Emergency Department had been steadily rising throughout 2016 and was just a little fraction under the recommended score.

Finally, the Deputy Chief Nurse turned to the slide on Patient Experience and Involvement and advised that Grade 1 and 2 complaints were dealt with wholly by the divisions and that Grade 3 and 4 complaints were signed off by the Chief Executive. It was added that wards identified one to three areas of concern and conducted deep dives to improve upon issues and findings would be reported to the Board for assurance from April 2017.

In response to Chris Ketley's query about how the Trust ensured staff were fulfilling their obligations the Chief Executive advised that the Trust used the 4Ps:

1. Patients First
2. Personal Responsibility
3. Passion for Excellence
4. Pride in our Team

as part of appraisals and staff had to provide evidence of how they had fulfilled each over the past year. In addition the Deputy Chief Executive and her team

worked closely with clinicians. Judith Moore highlighted the Pride in Nursing Day initiative which also highlighted positive performance. Chris considered the continuous improvement in delivering services helped to motivate staff.

It was further advised that ways of improving FFT response rates were being looked at and how to integrate it with the IWantGreatCare feedback tool. The Deputy Chief Nurse added that board members were visiting low response areas to encourage staff and introducing "You Said, We Did" posters.

COG-15/17 **Any Other Business**

The Chairman advised that Jill Shawe was stepping down from the Council as she was moving out of the area. The Chairman, on behalf of the Council, thanked Jill for her commitment to the Council since she came into post in June 2016 and presented her with a paperweight featuring the Trust's logo and key symbols.

The Chairman also advised that Nadeem Aziz, Non-Executive Director, had stepped down from the Board due to personal reasons and wished to record her gratitude on behalf of the Board for his contribution to the Trust. It was advised that Chris Ketley and Mike Baxter would now have voting rights as part of their non-executive director duties.

Questions from the Public

None

Further Dates for 2017

Wednesday 14th June, 4 – 6 pm, Chertsey House, St Peter's Hospital
Wednesday 6th September, 6 – 8 pm, Education Centre, Ashford Hospital
Wednesday 6th December, 4 – 6 pm, Chertsey House, St Peter's Hospital

Signed……

Aileen McLeish
Chairman

14th June 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	11.9.17		**ND**
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		**ND**