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

OPEN MEETING OF THE COUNCIL OF GOVERNORS
11th December 2013, Chertsey House, St Peter's Hospital

PRESENT:	Roderick Archer	Public Governor – Elmbridge	**RA**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	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**
	Keith Goodger	Public Governor – Richmond Upon Thames	**KG**
	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**
	Tracy Ward	Public Governor – Runnymede	**TW**
APOLOGIES:	Brian Catt	Public Governor – Spelthorne	**BC**
	Bhupendra Vyas	Public Governor – Hounslow	**BV**
	Paul Wills	Staff Governor – Allied Healthcare Professionals	**PW**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Michael Smith	Appointed Governor – Woking BC	**MS**
IN ATTENDANCE:	Valerie Bartlett	Deputy Chief Executive	**VB**
	Philip Beesley	Non Executive Director	**PB**
	Sue Ells	Non Executive Director	**SE**
	Jim Gollan	Non Executive Director	**JG**
	Andrew Liles	Chief Executive	**AL**
	Simon Marshall	Director of Finance & Information	**SM**
	Terry Price	Non Executive Director	**TP**
	Suzanne Rankin	Chief Nurse	**SR**
	George Roe	Head of Corporate Affairs	**GR**
	Giselle Rothwell	Head of Communications	**GRo**
	Carolyn Simons	Non Executive Director	**CS**
SECRETARY:	Anu Sehdev	Membership Manager	**AS**

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The Chairman announced the election of the following new Governors as result of the elections which took place in October 2013:

Roderick Archer, Public Governor for Elmbridge
Richard Docketty, Staff Governor for Hospital Volunteers
Barbara Mogensen, Public Governor for Elmbridge
Denise Saliagopoulos, Public Governor for Spelthorne
Bhupendra Vyas, Public Governor for Hounslow

and welcomed those who were present.

The Chairman also welcomed Carolyn Simons, the Trust's new Non Executive Director.

COG-45/13 Declarations of Interests in the Proceedings

No declarations of interests were noted.

COG-46/13 Minutes of the Previous Meetings

The minutes of the meeting held on 9th September 2013 were AGREED as a correct record apart from:

COG-40/13 – Philip Beesley wished to stress that he found the team positively engaged and leading on initiatives to engage and requested the wording "less apologetic" be removed.

COG-47/13 Matters arising

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

FEEDBACK FROM GOVERNORS

COG-48/13 Governor Activities

David Frank clarified 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 Governor duties far exceeded attendance at the four Council of Governor meetings per year but this enabled the Governors to have a better insight into the workings of the Trust and further develop a healthy working relationship with the Board.

David highlighted that the Chairman had written to Professor Sir Mike Richards at the CQC in relation to recent briefings and correspondence from the CQC which appeared to be based on a misunderstanding of the role of Governors. A response from the CQC had been received dated in late November 2013 which went some way to allay concerns. The Chairman advised that it was apparent that the CQC faced a big challenge and was pleased the Trust had registered its concerns.

The Council of Governors NOTED the report.

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Minute **Action**

COG-49/13 **Patient Experience Group Report**

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

Keith advised that two meetings had taken place since the last Council and minutes of the meeting which took place on 7th October had been included in the papers with a verbal update on the meeting which had taken place on 9th December 2013.

Keith advised that the Group had re-elected him as Chair for another year at their meeting on 9th December 2013.

Keith highlighted a concern relating to Pharmacy which was around the perception that Pharmacy did not accept TTOs (To Take Out Medications) after a certain time and that this was having an impact on discharge pathways. Annette Arnold, Chief Pharmacist and Lisa Jackson, Principal Pharmacist, were invited and attended the meeting which took place on 9th December. Keith explained that the Patient Experience Group undertook visits around various departments and wards, but it was felt this would not be possible in Pharmacy due to the nature of work undertaken. Keith advised that the Group was very impressed by the level of commitment shown by Pharmacy and that reassurance had been provided that staff did not leave the department until all drugs were dispensed for the day.

Keith further advised that an issue relating to Day Surgery had been discussed whereby all patients were expected to present at the hospital at 7.00 am when often they would not be operated on until mid-afternoon. Keith advised that a member of the Day Surgery staff would be invited to the next meeting to discuss this further.

Lastly, Keith highlighted progress on the Patients Association project and how it had taken some time to finalise the project which would entail having conversations with carers regarding communication and their involvement in the admission and discharge processes. These conversations would be undertaken via small groups or one to one sessions. Participants included members of the Patient Experience Group, Patient Panel members and an ambassador from the Patients Association. Dates for training and interview sessions had now been finalised and the intention was that the project would define areas of improvement and then implement the change required. These improvements would then be extended to all areas where carers were involved.

The Council of Governors NOTED the report.

COG-50/13 **Patient Experience Annual Report**

Keith Bradley highlighted that the Patient Experience Group had undertaken a considerable amount of work during the past year. The Group was fortunate to have the Deputy Chief Nurse/Associate Director of Quality and the Head of Patient Experience and Engagement supporting it, although Keith was sorry to advise that the Head of Patient Experience and Engagement would be leaving the Trust in January 2014. Keith added that the Membership Manager ensured that meetings were recorded accurately.

Keith advised that the Terms of Reference, although due for renewal, required little change apart from the Deputy Chief Nurse/Associate Director of Quality job

title.

The Group discussed the length of service which was stated as a maximum of four years and whether the restriction in the length of service be removed. **GR**

The Council of Governors AGREED with the proposal.

The Group also noted that LINKs should now be removed as this no longer existed and Healthwatch had taken its place. Furthermore, PLACE had superseded PEAT, the body monitoring patient experience.

The Council of Governors NOTED the report.

COG-51/13 Membership and Community Engagement Report

Andrew Ryland, Chair of the Membership and Community Engagement Group, advised that the Group had elected him to continue as Chair for a further year. The Group's membership had been reduced by two in the year and was now looking to recruit one or two new members to join the Group. Andrew welcomed nominations in this regard.

Andrew highlighted that Simon Bhadye and Brian Catt had both recruited new members and that the Membership Manager would be holding recruitment stands at St Peter's Hospital and Ashford Hospital on 17th and 18th December, respectively. It was advised that should any Governors wish to support the recruitment exercise they should contact the Membership Manager.

Andrew advised that there had been a modest increase in membership numbers and this was mainly through the on-line application form and via forms included in new outpatient letters. The database was cleansed monthly to remove members who had passed away or moved out of the area.

Andrew highlighted that the Communications Manager regularly tweeted for the Trust and encouraged Governors to follow these tweets and look at the Trust's page on Facebook.

Finally, Andrew advised that he was about to finalise a pilot of holding a drop-in session in the Runnymede area and that this would be taking place during March. Maurice Cohen queried whether people would be seen individually or collectively in groups. In his experience when people were seen individually they were more likely to complain and, as Governors could offer no resolution to complaints, may feel the exercise a waste of time. Andrew advised that this had been discussed in the Membership and Community Engagement Group and it had been decided that the word "surgery" would not be used but instead it would be termed a "drop-in" session and it was felt that people should be seen individually so that they felt comfortable in sharing feedback. It was a pilot and only time would tell if this became purely an avenue for complaints.

The Council of Governors NOTED the report.

COG-52/13 Membership and Community Engagement Group Annual Report

Andrew Ryland highlighted that a series of successful healthcare events had taken place in the year and welcomed questions from the Council.

Steve McCarthy sought clarification on point 4 of the Terms of Reference as to

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why it stated the Chair should be a Governor and not a Public Governor as stated in the Patient Experience Group's Terms of Reference. It was agreed that the Terms of Reference would be amended to state the Chair would be a Public Governor. **AS**

The Chairman wanted to stress the important role Michael Smith and his wife played when attending Wolsey Shopping Centre to publicise the new Midwifery Led Unit and also the part they played in encouraging members of the public to become members.

The Council of Governors NOTED the report.

STATUTORY

COG-53/13 Membership of Council of Governors

The Head of Corporate Affairs noted the revised membership of the Council of Governors following elections in October 2013.

The Council NOTED the changes.

COG-54/13 Lead Governor

The Head of Corporate Affairs advised that following the election for the role of Lead Governor, David Frank had been elected to continue as Lead Governor for a further two years.

COG-55/13 Role of Lead Governor

Steve McCarthy presented a paper which outlined additional Lead Governor duties which were currently undertaken and were now being documented for agreement by the Council. Once agreed this guidance would be placed on the Trust's website. Furthermore, the guidance would be reviewed annually and distributed when elections for the Lead Governor role were due.

Hugh Meares queried why under the "Additional Lead Governor Duties" section, points one and two could not be amalgamated. It was clarified that these were mentioning two very different types of meetings with two separate objectives.

The Council AGREED to the additional duties in the role of Lead Governor as outlined in the paper.

COG-56/13 Code of Conduct

The Head of Corporate Affairs advised that the Code of Conduct was due for review at the end of 2013. Additions to the code had been highlighted in blue with deletions struck through. It was clarified that the amended document had been discussed and agreed with the Governor Constitution Task Group which comprised 10 Governors (eight public governors and two staff governors). It was intended that following approval by the Council of Governors, the Code of Conduct would be presented to the Trust Board in January 2014 for approval and subsequent publication on the Trust website.

The Council ACCEPTED the amendments.

The Head of Corporate Affairs advised that each Governor would now be sent a **GR**

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copy of the Code to sign.

STRATEGY AND PERFORMANCE

COG-57/13 **Strategic Objective 4: Finance**

Jim Gollan, Non Executive Director and Chair of the Finance Committee, introduced the Finance presentation. Jim advised that in October the Trust had taken the decision to revise its projected 2013/14 financial position from a surplus of £3m down to a surplus of £1.5m. Jim specified the importance of how the Trust used the surplus it generated as this went towards the Trust's capital plans. Surpluses only amounted to 1.5% of the Trust's total revenue and the risks included the revenue generated and costs for supporting the emergency care pathway, CQUIN achievement, contracts awarded and penalties incurred. Overall the Trust aimed to get a strong Financial Risk Rating (FRR) from Monitor, to comply with contracts and get paid for work undertaken. It was the aim of the Trust to achieve a surplus of £3m per year as the Trust had large investment plans and these included the future expansion of A&E and Critical Care.

The Trust had a full and detailed Cost Improvement Plan, but there were areas the Trust was struggling with which included:

- Extended usage of agency staff;
- Paying middle grade staff premium rates due to shortage in these staffing areas;
- Investment in OPAL and the emergency pathway;
- Increasing demand for emergency services;
- Increasing demand from elderly patients with complex concerns;
- Use of escalation beds;
- A&E target performance issues and
- Loss making specialties, particularly Vascular and Urology services.

It was clarified that the Trust's priority was to provide the best quality of care rather than make a profit.

The Director of Finance and Information advised the following actions were being taken to address the issues:

- Rates of temporary staff being renegotiated and staff transferred to the internal bank system;
- Sharing surpluses throughout the divisions;
- Meeting fortnightly with divisional staff to review the Cost Improvement Plan delivery;
- Renegotiating contracts and ensuring documentation was correct to ensure all work undertaken was paid for;
- Ensuring CQUINs were delivered on so that bonuses were received;
- Additional support provided to divisions to improve delivery;
- Weekly meetings with nursing staff around agency usage;
- Recruiting more staff than the Trust lost to improve permanent staff ratio (the clinical workforce had been addressed);
- Work undertaken to improve theatre utilisation.

In relation to Maurice Cohen's query on how quickly the Trust received payment for work undertaken, it was advised that bills were submitted every two months

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and usually the Trust was paid in the quarter after the work was done. Unfortunately, it had recently become more common that the Trust received payment six to seven months later. This had an impact on the income received from interest.

It was anticipated the Trust would benefit from new money relating to A&E which had been awarded to the CCG.

The importance of elective work and the revenue generated was expressed. At present this was not suffering due to winter pressures and the reduced surplus was not expected to have a knock on effect on the capital programme but it was important to continue to tackle issues as they arose and get back on target now so that there was no further impact in the future.

Margaret Lenton queried whether pension payments were proving to be a liability and it was clarified that pension liabilities were not directly linked to individual trusts. Historically, pensions were reviewed every three to four years and it had been established by the Department of Health that no change was imminent.

David Frank felt it important to note that the Trust was still performing above average on its FRR and the surplus after depreciation was £1.5 million. Jim Gollan expressed the importance of maximising surpluses and having the discipline to continue to achieve these moving forwards.

Arun Gupta queried whether private income was included in forecast figures and it was advised that it was.

Hugh Meares expressed his concern with the dangers of over-performance and this potentially having an impact on increasing wait times.

The Deputy Chief Executive advised that it was important to ensure emergency pathways were working well as pressures on emergency care had a knock on effect on elective work and this had been the case last January and February, but as yet not this winter. The Chief Executive was aware that some commissioners were looking at delaying some treatments that were not considered urgent, such as second cataract operations and bariatric operations, thus allowing for a period of counselling before proceeding with treatment. The Director of Finance and Information advised that some drugs were also being reviewed. **VB**

The Chairman added that the current picture did not appear too gloomy but it was apparent that the future would bring even tighter margins so it was important the Trust resolved issues now in order to continue to remain strong.

The Council NOTED the presentation

COG-58/13 **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.

The Chief Nurse confirmed that A&E was now up to a full nursing establishment. The Chief Executive advised that in mid-November, NHS England had published

its interim report into how urgent and emergency care services could be organised and delivered in the future. It was intended that A&Es would be rebranded with some being Major Emergency Centres, some Emergency Centres and others Urgent Care Centres. This was a four year plan and it was anticipated that there would be 40 - 70 Major Emergency Centres around the country, each serving 700,000 to 1,000,000 people. It was intended that Major Emergency Centres would have excellent specialist services. The Trust had the potential to become a Major Emergency Centre working closely with Royal Surrey and Epsom.

Chris Howorth was pleased to note that ASPH continued to be top of the user ratings for NHS Choices in the Surrey area, with St Peter's scoring top with 5 and Ashford second with 4.5 and queried whether the Trust could benefit from a maximum score. It was advised that the Trust certainly advertised that it was a 5 star rated Trust and many peopled utilised the NHS Choices website so would become aware of the 5 star rating.

The Chief Executive advised that Dr Foster had published their annual report the previous weekend and the Trust had fared well. Mortality rates generally, especially at the weekend, were very low.

David Frank queried whether the Trust was being penalised for the backlog of patients being transferred to the Urology service from EDICS leading to the Trust not meeting the 18 week RTT standard in October. It was advised that although failure to meet the target did not have a performance implication, a financial penalty in the form of a small fine would be incurred under the terms of the contact with North West Surrey CCG, although the Trust was currently challenging this. Overall, it was positive that work which had been previously transferred elsewhere was now returning to the Trust.

The Council of Governors NOTED the report.

COG-59/13 **Responding to Francis**

The Chief Nurse advised that the Trust's proposed response to the Francis Report had been approved in principle by the Trust Board on 28th November with the proviso that some minor changes be made to simplify some of the language used and actions were listed. The Chief Nurse was now seeking the Council's endorsement.

Hugh Meares commented the suggestions that Governors had made at the meeting to discuss the Trust's response on 20th November 2013 had not featured in the response. Hugh also commented that the actions did not appear to be in any particular order of importance. The Chief Nurse advised that suggestions had been listened to and taken on board and it was now important to move to the next stage and make clear the Trust's obligation to have an open culture which supported clinicians.

Roderick Archer queried whether trust responses were confidential and it was advised that they were in the public domain and the declaration would be added to the Trust's website.

Ann Gallagher felt the response was very positive but queried how the Trust was engaging with local educational establishments. The Chief Nurse advised that work was being undertaken to support the unregistered workforce and develop an accredited pathway. The Trust was also working closely with Royal Surrey to

support nursing and midwifery staff and was looking at developing a leadership academy.

David Frank added that the wording in italics needed to be strengthened.

The Chairman suggested that the points Hugh Meares had made should be looked at further.

The Council of Governors ENDORSED the response for publication.

INFORMATION

None

COG-60/13 **ANY OTHER BUSINESS**

The Chief Nurse advised that the Trust operated to an 80% nursing establishment trust-wide, which was similar to other trusts. The reasons for this not being 100% was owing to staff taking short notice leave due to sickness and there not being the nurses available to fill the vacant positions. The Chief Nurse added that wards had recently undergone a pilot where each ward highlighted what the full complement of nursing staff for that particular ward was and what the actual nursing establishment was on the day. No comments from members of the public had been received thus far.

QUESTIONS FROM THE PUBLIC

None

Date of Next Meeting

The next meeting would be held on Tuesday 4th March 20143 at Ashford Hospital.

Dates of Meetings for 2014

Tuesday 4th March - 6.00 – 8.30 pm, Ashford Hospital
Monday 23rd June – 4.00 – 6.30 pm, St Peter's Hospital
Tuesday 9th September – 6.00 – 8.30 pm, Ashford Hospital
Wednesday 3 December – 4.00 – 6.30 pm, St Peter's Hospital

Signed……

Aileen McLeish
Chairman
4th March 2014

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KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	4 March 2014 Update	Status
11 Dec 13	**COG-52/13**	**Membership and Community Engagement Group Annual Report**	State in TORs – Chair should be a Public Governor	AS	4 Mar 2014	Revised and approved at MCEG on 11/02/14.	✔
11 Dec 13	**COG-56/13**	**Code of Conduct**	Send each Governor a copy of the Code of Conduct to sign	GR	Jan 2014	Following approval at Trust Board in January the code was sent to all Governors in February.	✔
11 Dec 13	**COG-50/13**	**Patient Experience Annual Report**	Restriction in length of service to be reviewed	GR	December 2014	Will be reviewed as part of Annual Review of ToR in December 2014.	**ND**

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