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

OPEN MEETING OF THE COUNCIL OF GOVERNORS
5th December 2016, St Peter's Hospital

PRESENT:	Maureen Attewell	Appointed Governor – Spelthorne Borough Council	**MA**
	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**
	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**
	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**
	Mark Maddox	Appointed Governor – Runnymede Borough Council	**MM**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Aileen McLeish	Chairman	**AMcL**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Bhagat Singh Rupal	Public Governor – Hounslow & Richmond-upon-Thames	**BSR**
	Andrew Ryland	Public Governor – Runnymede, Windsor & Maidenhead	**AR**
	John Sermon	Staff Governor – Ancillary, Admin, Clerical & Managerial	**JS**
	Danny Sparkes	Public Governor – Runnymede, Windsor & Maidenhead	**DSp**
	Bertie Swan	Public Governor - Elmbridge	**BS**
APOLOGIES	Jill Shawe	Appointed Governor – University of Surrey	**JS**
	Matt Stevenson	Staff Governor – Allied Health Professionals	**MS**
IN ATTENDANCE			
	Valerie Bartlett	Deputy Chief Executive	**VB**
	David Fluck	Medical Director	**DF**
	Neil Hayward	Non-Executive Director	**NH**
	Mick Imrie	Deputy Medical Director/Chief of Patient Safety	**MI**
	Chris Ketley	Non-Executive Director	**CK**
	Lorraine Knight	Interim Chief Operating Officer	**LK**
	Simon Marshall	Director of Finance and Information	**SM**
	Hilary McCallion	Non-Executive Director	**HMc**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Terry Price	Non Executive Director	**TP**
	Suzanne Rankin	Chief Executive	**SR**
	Meyrick Vevers	Non-Executive Director	**MV**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-47/16 **Apologies, Welcome and Congratulations**

Apologies as listed on previous page. The Chairman welcomed new Governors:

- John Collins, Public Governor for Surrey Heath
- Bertie Swan, Public Governor for Elmbridge
- John Sermon, Staff Governor for Ancillary, Administrative, Clerical and Managerial staff
- Matt Stevenson, Staff Governor for Allied Health Professions (who was unable to attend the Council meeting).

The Chairman also congratulated Arun Gupta, Staff Governor for Medical and Dental staff, for his recent award as Best Clinician of the Year, a national award which was awarded by the HSC BME on 29th October 2016.

COG-48/16 **Declarations of Interests in the Proceedings**

No declarations of interests were noted.

COG-49/16 **Minutes of the Meeting on 7th September 2016**

The minutes of the meeting held on 7th September 2016 were AGREED as a correct record. The updated Action Log was noted.

Matters arising

COG-50/16 **Update Council on progress with Pastoral Care appointment**

The Chairman advised that this post had now been filled and the new Chaplain would be taking on the role in the new year. It was also advised that the post holder had pastoral duties in the community although most of his time would be dedicated to the Trust. It was confirmed that the Chief Nurse would be officially announcing the new Chaplain in the new year. **HC**

COG-51/17 **Visit the Maternity Unit and observe working practices**

The Medical Director advised that he had spoken with Dr Paul Crawshaw and raised the issue of poor interactions between nursing and medical staff. The Medical Director advised that he had met with Brian Catt and the Deputy Medical Director/Chief of Patient Safety to discuss concerns further. The Medical Director advised that it was difficult to resolve concerns in the absence of detailed information; however, he considered that the recent introduction of patient feedback through the 'I Want Great Care' initiative would assist in improving working practises. Brian agreed that it was a work in progress. The Medical Director added that any further concerns should be raised with him so that these could be resolved without delay.

FEEDBACK FROM GOVERNORS

COG-52/16 **Governor Activities**

The Chairman advised that this paper outlined the range of activities undertaken by Governors since the last Council meeting in September.

The Council of Governors NOTED the report.

Minute **Action**

COG-53/16 **Patient Experience Group Report**

Keith Bradley, Chair of the Patient Experience Group, presented minutes from the meetings which took place on 10th October and 21st November. Keith advised that at the meeting on 10th October there were a number of visitors. The subjects covered included:

- Elective Surgery Cancellations
- An update on Orthopaedic Services
- National Cancer Experience Survey results and further developments in cancer services

Keith advised that the minutes provided a lot of detail on the discussions that took place and wished to thank the Membership and Engagement Manager for recording these so completely.

Keith further advised that William Britton had attended the meeting on 21st November and had mainly attended to talk about the PLACE Audit Report. It was advised that several Governors took part in the PLACE inspections and the report outlined their findings and provided an update on actions, as well as a comparison against other trusts. Keith added that any Governor was able to take part in PLACE inspections which took place annually and that the next round would take place in Spring.

Keith advised that regular items always included the Quality reports and input from the Deputy Medical Director/Chief of Patient Safety, Associate Director of Quality and Head of Patient Experience and Involvement was greatly appreciated by the Group. Keith wished to express the Group's gratitude to the Head of Patient Experience and Involvement who would be shortly leaving the Trust. Keith advised that the discussions around the Quality reports were well reported in the minutes and encouraged other Governors to read these to gain further insight and assurance.

Finally, Keith advised that the Group had recommended that he continue as Chair for another year.

Brian Catt added that the Housekeeping Team had been highly commended in recent Health Business Awards.

The Council NOTED the report.

COG-54/16 **Patient Experience Group Annual Report**

Keith Bradley, Chair of the Patient Experience Group presented the Annual Report and Terms of Reference advising that the report highlighted all the work the Group had undertaken and that the Terms of Reference did not require amending this year. Keith invited Governors to join the Group as there was still one place available.

The Council APPROVED the Annual Report and Terms of Reference.

COG-55/16 **Membership and Community Engagement Group Report**

Andrew Ryland, Chair of the Membership and Community Engagement Committee presented minutes of the meeting which took place on 22nd November and advised that Richard Docketty and Bhagat Singh Rupal had attended and

had decided to join the Group. Andrew advised that Trust membership numbers had dropped slightly and this was due to improved data cleanses taking place over the last six months. Andrew advised that members' events continued to be successful with a lot positive feedback being received from members. Members appreciated clinician input at these events together with the opportunity to ask questions.

The Council NOTED the report.

COG-56/16 **Membership and Community Engagement Group Annual Report**

Andrew Ryland, Chair of the Membership and Community Engagement Group presented the Annual Report and proposed Terms of Reference advising that the Terms of Reference had been reviewed to include the additional remit of Governor Engagement.

The Council APPROVED the Annual Report and Terms of Reference.

STATUTORY

COG-57/16 **Membership of the Council of Governors**

The Chairman advised that the report reflected the results of recent Council of Governor elections. There had not been a lot of change but it was expected that membership of the Council would change more radically in three years' time when many Governors would have completed their third and last term.

The Council NOTED the report.

COG-58/16 **Revisions to the Trust Constitution**

The Chairman advised that this paper highlighted two changes to the constituency which had been approved by the Board in November.

The first change was an additional constituency being included and called Rest of Surrey. This would allow for patients that attended from outside the Trust's current catchment area to become members and have more of a voice. Governors' attention was drawn to the fact that there already existed a number of members from this area who have been designated affiliate members. Currently the Rest of Surrey constituency accounted for 0.8% of outpatient appointments and therefore did not meet the required 2% to be represented by their own Governor on the Council. It was anticipated that outpatient attendances would increase as more Surrey-wide services were developed through the Sustainability and Transformation Plan (STP) and outpatient attendances would be regularly checked for all constituencies to ensure the right number of Governors were allocated to each. Judith Moore queried whether it was possible that more patients from the Guildford area would receive treatment and care at the Trust in the future and it was advised that it was anticipated that this would be the case.

The Chief Executive suggested that whilst working on the STP, Trust membership was also promoted. It would be worthwhile linking in with Communications to get the message out. The Deputy Chief Executive advised that educating the public on how healthcare was changing and technology was part of the remit. It was agreed that the Deputy Chief Executive would be invited to the next Membership and Community Engagement meeting. **AS** **AS**

Denise Saliagopoulos queried whether recruitment for members could take place in hospital main entrances and perhaps GP surgeries. The Membership and Engagement Manager advised that this had been undertaken in the past with some success. Andrew advised that he had not had much success with his local GP surgeries but considered it worth Denise trialing at hers. Denise suggested that Governors put themselves forward to take a turn in recruiting and would try her GP surgery too. It was agreed that the Membership and Engagement Manager would supply membership materials to those Governors that requested them. **AS**

Brian Catt suggested asking local healthcare sites if they could include a "join up" button on their website which would lead potential members to the Trust's on-line membership application form. It was agreed to speak to Communications to see if this was possible. **AS**

The second amendment related to including an additional paragraph outlining the Associate Non-Executive Director role at meetings of the Board of Directors in the capacity of a non-voting director. It was advised that it was recommended to include in Appointment letters for the Chairman and Non-Executive Directors the professional indemnity cover available.

The Council AGREED to the two changes to the Constitution.

COG-59/16 **Lead Governor Election**

The Chairman reminded Governors that the deadline for nominations for the Lead Governor position was Thursday 8th December with ballot papers going out the following day. Ballot papers would be due back midday on 16th December when the new Lead Governor would be elected.

STRATEGY AND PERFORMANCE

COG-60/16 **Assurance Report**

The Chief Executive presented her report which, after taking on further comments at the last Council meeting, she hoped was as Governors wanted. Andrew Ryland advised that it was much more succinct and well written and included what was happening at the Trust which currently was largely very positive and also provided the important financials and quality information. Neil Hayward added that he was aware the Executive Team was working very hard and that he was very proud of how the Trust was performing. However, there was still a lot to do but he was happy with the way things were progressing.

In response to a query about the cost improvement plan (CIP) being £0.9 million behind target it was advised that the Trust was struggling to reduce agency costs although some progress had been made and the deficit would be reduced to £400,000 short of the target. The Chief Executive advised that the Trust had received a number of assurances that it was performing well with the Trust being amongst the top of efficient trusts. CIPs were a yearly target and became more and more challenging year upon year. Meyrick Vevers added that the list of CIPs was very long and it was important to concentrate efforts on where savings could be made. The Chairman added that the control total (ie surplus or deficit) was for the first time this year set by the regulator NHS Improvement for each Foundation Trust.

The Chief Executive confirmed that the decision to close the GP Surgery at

Ashford Hospital had been made by the Clinical Commissioning Group (CCG) and was due to it being too small a practice to sustain. It was added that more and more services would need to be consolidated in the future and difficult decisions would have to be made. Simon Bhadye advised that he had attended the meeting arranged by the CCG to discuss the future of Ashford Health Centre and listened to members of the public commenting how it was the best GP service in Surrey providing a 7 day service. A lot of attendees were from the Heathrow area and found the service convenient when working. As far as he was aware Greenbrooks had been happy to continue providing the service. The Chief Executive advised that it was a difficult decision for the CCG to make. However, it was reiterated that further difficult decisions would have to be made in the future to ensure the sustainability of local health services and how the Trust engaged with the public and explained the reasons why changes had to be made would be important.

Denise Saliagopoulos advised she was aware it was expected that the Surrey population would increase by around 5,000 people every year and queried how the Trust would be handling the increase in demand for NHS services. The Chief Executive advised that working on the STP model was only part of the solution and since additional funding was not available, the Trust was likely to be required to cut its own services.

Chris Howorth queried the impact of closing the Ashford Health Centre on the A&E. The Chief Executive advised that the volume of GP patients was relatively low and were being directed to register with other GP surgeries. The changes should not impact too much on A&E. The Medical Director explained that the numbers the primary care services were dealing were on a much larger scale and working together as a unit was the right move and one the GPs welcomed.

Lilly Evans was concerned the STP business case did not go into much detail and it was advised that the Trust was working with many partners and it was difficult at this stage to iron out the details although the Trust was pushing to move ahead more quickly.

Maurice Cohen queried what the outsourced work in the non-pay section referred to. The Director of Finance and Information advised that outsourcing of work was necessary to meet demand although this was for isolated cases and these were low in number. They mainly related to orthopaedic work which was undertaken at the Woking Nuffield.

The Chief Executive added that although internal capacity was optimised demand often outstripped capacity which required the outsourcing of work. More and more work was being undertaken by the Trust due to the iMSK contract.

The Director of Finance and Information advised that due to initiatives being introduced as part of the iMSK contract, there were less operations being deemed necessary due to alternative advice/therapies.

Steve McCarthy highlighted it was the first time he had seen agency staff being listed in the NHS Improvement section of the report. Neil Hayward advised that the Department of Health realised the shortage of staff was a concern for nearly every Trust and that it was important to forecast demand for agency staff and discourage trusts bidding against each other for agency staff. There was some evidence that this had lessened, but reliance on agency staff was likely to continue. It was added that high level agency cover had to be signed off by the Chief Executive. Neil further added that other trusts were worse off than Ashford

and St Peter's although the cost of living in Surrey meant it was hard to attract staff.

The Group discussed the consequences of the national cut backs on training.

Andrew Ryland wished to applaud the way the finances were being controlled at the Trust and the Council joined him in this sentiment.

Steve McCarthy queried whether Governors would receive a copy of the Well Led Review report and it was advised that they would. It was anticipated the report would go to January's Trust Board meeting. **AS**

The Council NOTED the report.

COG-61/16 **A&E Report (including Performance)**

The Interim Chief Operating Officer presented the report advising that A&E performance had plateaued although when compared against other trusts, Ashford and St Peter's was doing quite well being 37th out of 138 trusts. It was advised that the Trust was under severe pressure with attendances up 5.6% with patients staying on average 5-6 days. The Trust was working on projections for demand expected during December to March in order to have the necessary staffing to cover.

The Interim Chief Operating Officer advised that patients were triaged in the Ambulatory Care Unit and this helped reduce the pressure in A&E. However, pressures had risen recently due to Ashford Health Centre closing. It was believed that members of the public had assumed the whole Walk-in Centre had closed and were travelling to A&E despite the walk in centre still being open. Further communications with members of the public would take place advising where the best place was to go when seeking healthcare.

The Interim Chief Operating Officer advised that regular discussions were taking place with social care partners to help the discharge process. Barbara Mogensen queried whether home care was a possibility. It was advised that after an assessment took place a decision was made by the Continuing Healthcare Team (CHC), the Trust's discharge team and social care on where to move the patient and that this could be home, a community hospital or care home. Barbara queried what was causing the delay in moving patients and it was advised that funding and the lack of community beds were the main issues.

Chris Howorth understood from discussions that the STP was only part of the answer. The Deputy Chief Executive advised that STP strategies were complex and it was a long term piece of work. The Trust was doing its best to make the STP work but the Trust was only one of several partners involved in the work.

In response to Richard Docketty's query on staff morale, the Interim Chief Operating Officer advised that winter was a difficult time and she met daily with ward staff at midday to discuss workloads and issues.

The Medical Director advised that comments from A&E staff in the National Staff Survey had been favourable and this was an area where staff were extremely busy and pressured. There had been a time when staff in A&E had felt isolated and some considerable time had been spent with divisions to encourage team work and taking on the responsibility to move patients from A&E by utilising assessment units to help relieve the pressure on A&E staff.

Finally, the Interim Chief Operating Officer advised that the 62 day GP to referral to treatment time target remained unstable. In October the Trust achieved 75.4% against the target of 85%. There were a total of 20 breaches and 10 of these were down to patient choice or fitness of patient being able to go on the cancer pathway. The Trust was working with NHSI Intensive Support Team to improve activity and deliver sustainable performance.

The Council NOTED the report.

COG-62/16 **Staff Morale – Junior Doctors**

The Medical Director advised that the latest survey indicated that junior doctors' morale was worse at the Trust than nationally. The new contract had caused a lot of unhappiness and now many were moving to the new contract. However, there were things that were working well. For example, Dr Paul Murray, Consultant Respiratory Physician, was recently appointed Guardian and he was in charge of ensuring a smooth transition to the new contract. Rotas were being established to give more continuity in care delivery and team structure.

The Medical Director advised there was a shortage of junior doctors in some areas and moving staff around did cause some unhappiness. The Trust was about to appoint a Director of Clinical Education part of whose remit would be to work on engagement with junior doctors to improve job satisfaction.

The Director of Workforce Transformation highlighted that the Trust had a lot of very junior doctors who considered they were here to learn and not to deliver care although learning on the job was considered just as valuable. Dr Keefai Yeong, Consultant Physician, had a strong relationship with junior doctors and was helping to improve the junior doctors' experience at the Trust.

Maurice Cohen queried whether junior doctors were told at their Induction what to expect working at the Trust. The Medical Director advised that the induction had changed recently to give more emphasis to this. Delivering care now was very different to previous times and there was now a need to be more innovative as the old ways of working would not be effective now. The Deputy Chief Executive stated that she was aware that many junior doctors were missing valuable experience with a consultant and were often asked to do administrative tasks. It was important that the Trust ensured the junior doctor job was more clinically meaningful. In response to Simon Bhadye's query it was advised that the junior doctor's contracted hours were 48 per week.

Lilly Evans queried whether patients had observed issues relating to staff morale. It was advised that feedback received mostly related to communication and the lack of continuity often leading to issues relating to inadequate communication. It was also noticed that junior doctors could be reluctant to provide treatment/care for fear of litigation unless they were very sure of the decision and had this signed off.

Judith Moore commended the work being undertaken and queried how many junior doctors returned to the Trust and the Director of Workforce Transformation advised that many did. Communication between undergraduates and consultants was very positive with undergraduates often expressing a desire to return to the Trust. The Chief Executive advised that it was the F1 and F2s that required more challenge and we needed to find a different way of tackling the more mundane tasks.

The Deputy Medical Director/Chief of Patient Safety added that the Trust should be prepared to expect further discontent as the new contract was embedded. There were a lot of angry junior doctors and the Trust had more F1s allocated than other trusts. Andrew Ryland queried whether this should be challenged and whether the Trust had the right workforce it needed. Lilly queried whether the Trust should engage more in social media to communicate with the junior doctors. The Chief Executive advised that some time ago the Trust had decided not to get involved in the social media debate. Although the Trust had tried to engage with junior doctors to ask how the Trust could make their work-life more meaningful not many had come forward with suggestions.

Hilary McCallion added that student loans were very high and as a result expectations were more considerable. The same would apply with nurses in the future. There were many more choices available to junior doctors and often they chose to work overseas.

The Director of Workforce Transformation added that the Trust had a reasonable relationship with BMA representatives and the new cohort of junior doctors appeared to be easier to engage with. Lilly commended everyone and felt that work being undertaken was a step in the right direction.

The Council NOTED the update.

COG-63/16 **Any Other Business**

Brian Catt noted that the car park had been particularly busy that day and it was advised that building works were underway although this had mostly impacted upon staff car parks. The Chief Executive advised that car parking requirements were constantly looked at and improved. Unfortunately the funding was not available to either remodel existing car parks or substantially increase spaces.

Barbara Mogensen understood that there were some changes in bus provision and John Sermon advised that the bus line 557 would no longer be travelling to St Peter's Hospital although there were other bus lines that provided this service.

Questions from the Public

None

Dates for 2017

Wednesday 8th March, 6 – 8 pm, Education Centre, Ashford Hospital
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

8th March 2016

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
15.6.16	**COG-26/16**	**External Audit**	Arrange a group to discuss the tender of the auditors	AS	2.12.17	Extension to existing contract proposed – see item 6.1 on agenda	
7.12.16	**COG-50/16**	**Matters Arising: Update Council on progress with Pastoral Care appointment**	Announce the new Chaplain	HC	ASAP	To be announced in January when the new Chaplain starts at the Trust.	
7.12.16	**COG-58/16**	**Revisions to the Trust Constitution**	Speak with Head of Communications to see if membership can be promoted whilst communicating about the STP	AS	ASAP	Head of Communications has agreed to promote membership as part of Comms around the STP as well as the Stroke consultation coming up in February 2017.	✔
7.12.16	**COG-58/16**	**Revisions to the Trust Constitution**	Invite the Deputy Chief Executive to the next MEG meeting	AS	22.2.17	Invited	✔
7.12.16	**COG-58/16**	**Revisions to the Trust Constitution**	Supply membership materials to those Governors that request them for recruitment purposes	AS	8.3.17	No requests received	✔
7.12.16	**COG-58/16**	**Revisions to the Trust Constitution**	Look into the possibility of having a Join Up button on other healthcare sites	AS	ASAP	Initial conversations with Communications suggest a conflict of interest. It has been very difficult to get the CCG website address added to GP websites. They are private businesses and all have different types of websites so it is unlikely they would agree. Head of Communications to raise with the GP locality team at the CCG.	
7.12.16	**COG-60/16**	**Assurance Report**	Share Well Led Review Report with Governors	AS	26.1.17	Sent to Governors by email on 6 Feb 2017	✔