Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
6th December 2017, St Peter's Hospital

PRESENT:	David Bittleston	Appointed Governor – Woking Borough Council	**DB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	Brian Catt	Public Governor – Spelthorne	**BC**
	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	Lilly Evans	Public Governor – Runnymede, Windsor & Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Godfrey Freemantle	Public Governor – Hounslow, Kingston & Richmond	**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**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Andrew Ryland	Public Governor – Runnymede, Windsor & Maidenhead	**AR**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	John Sermon	Staff Governor – Ancillary, Admin, Clerical & Managerial	**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**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	John Collins	Public Governor – Surrey Heath	**JC**
	Melaine Coward	Appointed Governor – University of Surrey	**MCo**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Mark Maddox	Appointed Governor – Runnymede Borough Council	**MM**
	Bhagat Singh Rupal	Public Governor – Hounslow, Kingston & Richmond	**BSR**
IN ATTENDANCE			
	Valerie Bartlett	Deputy Chief Executive	**VB**
	Mike Baxter	Non-Executive Director	**MB**
	David Fluck	Medical Director	**DF**
	Erica Heppleston	Associate Director of Quality	**EH**
	Chris Ketley	Non-Executive Director	**CK**
	Simon Marshall	Director of Finance and Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	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**
	James Thomas	Director of Operations, Planned Care	**JT**
	Russell Wernham	Deputy Chief Nurse	**RW**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-39/17 **Apologies**

Apologies as listed on previous page.

COG-40/17 **Declarations of Interests in the Proceedings**

None

COG-41/17 **Minutes of the Meeting on 6th September 2017**

The minutes of the meeting held on 6th September 2017 were AGREED as a correct record. The updated Action Log was noted.

COG-42/17 **STATUTORY**

Local Audit Indicator for Testing 2017/18

The Associate Director of Quality thanked the Governors for their continued support of the Quality agenda and referred to the local audit indicator for testing which the Governors had to choose. Discussion on potential choices around discharge took place. Keith Bradley provided some background on discussions that had taken place at the Patient Experience Group and how after the Group's visit to Pharmacy, the discharge process had come to the forefront. The Chairman advised that he too had visited Pharmacy recently and seen the difficulties experienced with getting patients home in a timely manner. Mike Baxter considered potential for combining both parts of item one.

The Council AGREED the local audit indicator for testing 2017/18 should be: "to find out what percentage of inpatients whose discharge prescription went to Pharmacy for processing met the two hour internal processing time target."

It was AGREED that Data would be provided for the average time for processing the above patient cohort.

FEEDBACK FROM GOVERNORS

COG-43/17 **Governor Activities**

Andrew Ryland stated that the paper outlined activities the Governors had undertaken since the last Council meeting and wished to thank Governors for their time and commitment. Andrew highlighted how these activities helped Governors gain a better insight into Trust workings and better armed them to undertake their duties.

The Chairman advised that the Board was instigating regular walk rounds and would be inviting Governors to take part. Andrew advised that the Governors would welcome the opportunity to take part.

The Council of Governors NOTED the report.

COG-44/17 **Patient Experience Group Report**

Keith Bradley, Chair of the Patient Experience Group, advised that the Group had met twice since last Council and how the local audit indicator had featured at both meetings. Keith was pleased that discussion had taken place earlier than it had last year in order to help ensure the most suitable option was chosen.

Keith advised that the Group had visited Pharmacy and had seen first-hand the difficulties with coping with a huge workload. Keith requested that the Governors be kept up to date on any plans for Pharmacy.

Keith advised that there had been several visitors to the November meeting and wished to highlight Ophthalmology covered by Sue Sexton, Divisional Chief Nurse Theatres, Anaesthetics, Surgery and Critical Care. Sue's report had been detailed and very informative. The Group had been pleased to learn that a new matron and service manager had been recruited by Ophthalmology. Due to the large number of patients that were treated by Ophthalmology, concerns raised only amounted to 0.4% of patients seen during the timeframe in question.

The Group had also received an update on dementia from Dave Sills, Dementia and Admiral Nurse Lead. William Britton, Head of Facilities Support Services, had spoken about PLACE inspections and how several Governors continued to take part in these. The next PLACE inspections were due to take place in Spring and Governors would again be invited to take part.

Keith was pleased to advise that the Group had voted unanimously for him to carry on as Chair of the Patient Experience Group.

Andrew Ryland highlighted that the Patient Experience Group was very important to the Governors as many wished to improve the patient experience.

Brian Catt added that he had been pleased to witness the Acting Chief Nurse and Head of Patient Experience and Involvement's input into the patient experience and was very encouraged by what he had seen.

The Chairman advised that the Acting Chief Nurse was looking at overhauling the whole Quality agenda which included the complaints and compliments processes.

The Council NOTED the report.

COG-45/17 **Patient Experience Group Annual Report**

Keith Bradley presented the Patient Experience Group's Annual Report which highlighted the detailed work undertaken by Group members. There were only minor amendments proposed to the terms of reference.

The Council APPROVED the Annual Report and Terms of Reference.

COG-46/17 **Membership and Community Engagement Group Report**

Danny Sparkes presented minutes from two meetings which had taken place since last Council. Danny advised that the Group had decided to focus on recruitment and as a result there would be recruitment stand in the Main Entrance at St Peter's Hospital from 10.00 am with several Governors taking part to help coax visitors to become members. The Membership and Engagement Manager added that she and Godfrey Freemantle, Bhagat Singh Rupal and Arun Gupta had attended Hounslow Borough Council's Feltham event the previous week where they had held a stall and helped to publicise the Trust. They had taken the opportunity to recruit several new members from the Feltham area where increased representation was needed.

Danny highlighted that the Head of Communications was looking to produce a

board showing the Council of Governors. Placing of the board was also being considered. The Group was also working with Communications to produce posters to publicise Governors in the community. Danny advised that it was important that any Governors who did not wish to have their photographs displayed on the board or poster should let the Membership and Engagement Manager know as soon as possible. **All**

The Chairman advised that he and the Head of Communications had met with Dr Idrees Awan, a well-known figure in the Woking community, about his work with a hospital he opened in Pakistan several years ago. His links in the community could be utilised to secure more members and volunteers in the Woking area.

Finally, Danny added that the Group had voted unanimously for her to continue as Chair for another year.

The Council NOTED the report.

COG-47/17 **Membership and Community Engagement Group Annual Report**

Danny Sparkes presented the Membership and Community Engagement Group Annual Report and terms of reference for approval.

The Council APPROVED the Annual Report and Terms of Reference.

STRATEGY AND PERFORMANCE

COG-48/17 **Assurance Report**

The Deputy Chief Executive began presenting the report in the Chief Executive's absence. She outlined how it was an extremely busy time for the Trust, especially in A&E, and how there had recently been a norovirus outbreak. Just eight years ago A&E would have seen around 235 patients a day; now 319 patients was more the norm. Staff were working very hard in the Trust as well as with other organisations to ensure speedy discharges could take place. Relationships between the Trust and CCG and mental health providers were much strengthened.

The Deputy Chief Executive advised that the Trust's reputation had improved and the Communications Team had assisted with this. The Governors were asked to further help this initiative by joining Twitter. It was agreed to share the Social Media Policy with the Governors. **AS**

Andrew Ryland advised that the information provided on Communications was a great overview but noted that Ashford and St Peter's Twitter account was mainly utilised by staff and queried whether a second account was needed. The Head of Communications agreed to give this some thought. Some work had been undertaken with the Trust's Facebook account and this had helped to encourage patients to share their stories.

Steve McCarthy considered that not enough positives were shared with the public and whether information on what was delivered could be shared. The Chief Executive confirmed that staff produced huge amounts of data. The Director of Operations (Planned Care) advised that the performance report highlighted performance that put the Trust in the top quartile and that this was reported monthly to Trust Board. The format of the Performance Report had changed and the new version would be included in January's Trust Board papers.

Chris Howorth agreed that there was a lot of information in many reports but the Governors were concerned about building the Trust's reputation and having more positive headlines in the public domain. The Chairman confirmed that the Trust was sharing positive stories with the local papers and via social media. The Chairman suggested that the Governors would have the opportunity to see the newly developed Performance Report. The Head of Communications added that staff were the greatest ambassadors for the Trust.

In response to Richard Docketty, the Chief Executive advised many patients were kept in A&E over the four hour target because they needed specialist care until they were moved to the right place or just needed minor treatment before they went home. At that time, the 12 hour to reach a bed target had never been breached at the Trust.

In response to Richard's further query, it was highlighted that many patients attending A&E did not need to be there and for this reason GPs were becoming more involved in providing care in A&E. It was early days yet but indications were that this was a helpful resource for the A&E.

The Medical Director added that the four hour A&E target provided a good indication of when the department was busy.

Andrew commended the inclusion of the two page summary provided by NHS Providers.

The Council NOTED the report.

COG-49/17 **Performance Report (including A&E)**

The Director of Operations (Unplanned Care) advised that the Trust had achieved 91.4% compliance in the four hour target during October at the same time as seeing 8,875 patients in A&E. When the A&E department was originally built in the 1990's, it had been designed to see 60,000 patients per year. Now it was closer to 100,000 patients per year. The number of patients seen in October was above the trajectory and there had been the added complication of a norovirus outbreak. Paediatric patients being seen had also risen. GPs in A&E were helping by streaming patients as part of the SAFER patient flow bundle:

S = senior review *(by midday);*
A = all patients *(have an expected discharge date and clinical criteria for discharge)*;
F = flow *(commence at earliest opportunity from assessment units to wards)*;
E = early discharge *(33% of patients discharged from wards before midday)*;
R = review *(systematic multi-disciplinary team review of patients with extended lengths of stay).*

Productive days known as "green" days were in place to further improve patient flow and ease pressures.

The Medical Director highlighted that the team had done an amazing job over the past week to cope with the additional pressures. The Deputy Chief Executive added that this was at a time when recruitment remained an issue.

The Director of Operations (Planned Care) advised that the Trust was compliant in 62 day screening for cancer patients. There were breaches in the Two Week

Rule (TWR = two week wait from referral date to first seen) target. In response to Brian Catt, it was advised that those that missed the TWR were placed on a separate waiting list and were given priority. Judith Moore queried whether patients could be referred elsewhere and it was advised that this happened occasionally for routine cases.

The Director of Operations (Planned Care) advised that the Trust was compliant in the 18 week RTT (referral to treat) target. It was added that his team was keeping a close eye on breaches in surgical wait times. Finally, it was added that there had been delays experienced in Neurophysiology due to staff sickness.

The Director of Operations (Planned Care) advised that Vascular Surgery and iMSK were reported on separately and confirmed 18 week RTT included day-cases and outpatient appointments.

Brian Catt raised a query regarding Dermatology referrals and the Director of Operations (Planned Care) advised that cancer referrals were always prioritised.

Chris Ketley advised that he had been shadowing the Director of Operations (Planned Care) and had been impressed with the attention to detail and the emphasis on the need to constantly improve.

The Director of Operations (Planned Care) added that the Trust was amongst the top in the country with less than 4% of appointment slot issues (appointments not being available through the Electronic Referral System (ERS)).

The Council NOTED the report.

COG-50/17 **St Peter's Hospital Redevelopment Planning Application**

The Director of Finance and Information advised that the planning application had been submitted to Runnymede Borough Council on 24th October 2017. The outline application was for:

- 328 open-market homes, consisting of a retirement village and a mix of apartments and houses
- 144 new and redeveloped affordable homes, primarily for NHS staff
- Two new separate access roads for the west site from Holloway Hill and Stoneleigh Road to the north-west.

The full application was for:

- A new multi-storey car park to improve patient access to the main entrance and replace spaces lost through the redevelopment of the west site
- An extension to the main hospital reception area linking the new car park and improving the entrance for patients and visitors

The Director of Finance and Information advised that the Trust would know of the outcome around February 2018. Currently the Trust was in the consultation phase. It was advised that Runnymede Council was fundamentally supportive of the initiative due the housing shortage, but there was still much to do. The Director of Finance and Information advised that a series of publicity events were being organised and that the Head of Communications was working with the local papers.

In response to Denise Saliagopoulos, the Chief Executive advised that a great

degree of thought on how to strengthen the proposal had been undertaken. The Chairman advised that Governors would be further updated when the outcome was known. **SM**

COG-51/17 Nursing and Midwifery Retention Programme

The Director of Workforce Transformation presented her report which was a short visual summary following up from the previous Council meeting. She warned that improving retention was not a quick fix and required some time to work through. A project team had been developed with support from the Programme Office and the team met weekly to analyse the issues. There was also a Programme Group which met monthly and nurse leaders and frontline staff were invited to attend.

It had been agreed that the aim was to reduce the number of nurses leaving to no more than 17 per month and to reduce leavers with less than 12 months service to less than 4 per month by September 2018. In order to achieve this target, the recruitment process would be conducted more effectively to ensure the right people were selected and what was promised was delivered to new staff. Another initiative included encouraging resilience and ensuring managers were supported to develop good management skills so that they in turn could provide a supportive environment for staff.

It was agreed that the application process should become much easier, rotational programmes introduced and an internal transfer process developed.

The Director of Workforce Transformation advised that the first focus group had taken place where A&E nurses had had the opportunity to talk about their experiences. They considered that staff were held back and requested better networking for overseas staff.

The Director of Workforce Transformation advised that the second half of the slide highlighted voluntary leavers during a period of 12 months. This November's data had seen improvements. NHS Improvement (NHSI) was very supportive of the Trust's plan and had provided additional tips. The Trust had been asked to present at the next NHSI conference.

In response to Brian Catt's query as to whether staff were using the Trust as a stepping stone, it was advised that staff were asked to complete exit questionnaires to gain a better understanding for the reasons for leaving. Managers were also asked to complete a checklist. Responses had indicated that money was less likely to influence decisions on leaving.

The Chairman congratulated the Director of Workforce Transformation for the one page summary which was visual and contained the right amount of detail.

COG-52/17 GIRFT (Get it Right First Time) Presentation

The Director of Operations (Planned Care) introduced this item by advising that Professor Tim Briggs first published his report on Getting It Right First Time (GIRFT) in 2012 which considered the current state of England's orthopaedic surgery provision and suggested that changes could be made to improve pathways of care, patient experience and outcomes with significant cost savings. A further report was published in 2015 which resulted from a national review of elective orthopaedic services in England which found significant variations in practice, clinical costs, infection rates and readmission rates. There were 15 recommendations which were estimated to help trusts save £5bn by 2020/21 and

improve patient care and performance. GIRFT had been further rolled out across 35 specialties.

Ashford and St Peter's had been conducting reviews in:

- Orthopaedics and spinal surgery
- Obstetrics and Gynaecology
- Vascular Surgery
- Urology
- Oral and Maxillofacial Surgery
- Ophthalmology
- ENT (start 5th December 2017)

During the reviews, a number of improvement opportunities were examined including:

- Patient experience
- Length of stay reductions
- Conversion of day-case procedures to outpatients
- Pathway reviews in Urogynaecology, TVT, one stop clinics, virtual clinics
- Reviewing clinical intervention rates for c-sections, stents and shoulder surgery
- Surgical site infection rates
- Theatre efficiency
- Improving understanding of litigation and taking action to reduce common errors
- Reviewing service viability
- Procurement of prosthesis for spinal surgery

The Director of Operations (Planned Care) advised that the Trust had secured Lorraine Knight as Director of GIRFT and would be:

- Setting up an Implementation Team with a Clinical Lead
- Embedding GIRFT within the organisation
- Agreeing GIRFT priorities
- Identifying cross-over opportunities between divisions and across the STP
- Supporting clinicians to manage change
- Tracking delivery and measuring improvements
- Sharing good practice as an exemplar site

The Deputy Chief Nurse outlined #Last1000days model adopted by the Trust which had led to #EndPJparalysis and #Red2Green. #EndPJparalysis helped improve outcomes for patients by allowing them to get up and get dressed so there were less complications of being immobile, including chest infections, muscle degeneration and clotting; as well as shifting a patient's perception to feeling they were getting better when they were discharged home. #Red2Green was being led by Dr Peter Wilkinson, Consultant Cardiologist, and this initiative made visible any delays in the patient's journey through the system and identified fixes to ensure a patient's time was not wasted.

In response to Judith Moore regarding medical equipment, the Medical Director advised that trusts needed to realise that using a cheaper alternative did not necessarily mean there was any change in the outcome for the patient. Clinicians were able to refer to the National Joint Registry (NJR) which collected information on all hip, knee, ankle, elbow and shoulder replacement operations

and monitored the performance of joint replacement implants and the effectiveness of different types of surgery. The Chief Executive added that it was important to challenge clinicians' opinions and beliefs to ensure procedures were cost effective. The Director of Operations (Planned Care) highlighted that using data at this level was ground breaking. The Director of Finance and Information added that getting everyone to agree was challenging and the Medical Director emphasised it was a national directive.

COG-53/17 **Any Other Business**

In response to Brian Catt's query, the Chairman advised that Charity Funds would be allocated according to priority.

COG-54/17 **Questions from the Public**

Rosemary Moore introduced herself as previously being a public governor for Surrey and Borders Partnership FT (SABP). Rosemary highlighted the difficulties with psychiatric provision and how there was a need for better interaction with acute hospitals and SABP. The Chairman advised that the Trust was working to improve its relationship with SABP and considered it important to treat a patient as an individual.

Dates for 2018

Wednesday 7th March, 6-8 pm, Ashford Hospital
Wednesday 6th June, 4-6 pm, St Peter's Hospital
Wednesday 5th September, 6-8 pm, Ashford Hospital
Wednesday 5th December, 4-6 pm, St Peter's Hospital

Signed……

Andy Field
Chairman

7th March 2018

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
6.12.17	**COG-46/17**	**Membership and Community Engagement Group Report**	Advise the Membership and Engagement Manager if not happy to have photo displayed on a board or poster	All	ASAP	No one expressed an objection.	✔
6.12.17	**COG-48/17**	**Assurance Report**	Send Social and Media Policy to Governors	AS	ASAP	Sent with minutes on 13 Dec 2017	✔
6.12.17	**COG-50/17**	**St Peter's Hospital Redevelopment Planning Application**	Update on outcome	SM	Feb 2018		