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

OPEN MEETING OF THE
COUNCIL OF GOVERNORS
20th February 2012 in Education centre Ashford Hospital

PRESENT:	Mrs Aileen McLeish	Chairman	**AMcL**
	Mrs Linda Abbott	Public Governor – Spelthorne	**LA**
	Mr Simon Bhadye	Public Governor – Spelthorne	**SB**
	Mr Keith Bradley	Public Governor – Woking	**KB**
	Mr David Frank	Public Governor – Surrey Heath	**DTF**
	Mr Godfrey Freemantle	Public Governor – Hounslow	**GF**
	Mr Keith Goodger	Public Governor – Richmond Upon Thames	**KG**
	Prof John Hay	Appointed Governor – Surrey University	**JH**
	Mr Graham Hanson	Appointed Governor – Surrey PCT	**GH**
	Mrs Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Mr Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Mrs Janice Ketley	Public Governor – Runnymede	**JK**
	Mrs Margaret Lenton	Public Governor – Windsor and Maidenhead	**ML**
	Mrs Judi Linney	Public Governor – Runnymede	**JL**
	Ms Michele Low	Public Governor-Hounslow	**ML**
	Mr Steve McCarthy	Public Governor - Elmbridge	**SM**
	Mrs Diana Manthorpe	Staff Governor – Volunteer	**DM**
	Cllr Hugh Meares	Appointed Governor – Runnymede BC	**HM**
	Cllr Michael Smith	Appointed Governor – Woking	**MS**
	Mr Martin Roberts	Appointed Governor – Hounslow PCT	**MR**
	Mr Paul Wills	Staff Governor - Healthcare	**PW**
APOLOGIES:	Dr Howard Manuel	Public Governor – Woking	**HMa**
	Mrs Judith Moore	Public Governor – Guildford	**JM**
	Dr Tanya Bernard	Staff Governor – Medical and Dental	**TB**
	Dr Maurice Cohen	Public Governor – Woking	**MC**
	Mrs Samantha Lamb	Staff Governor – Admin/Managerial/Ancillary	**SL**
	Cllr Jean Pinkerton	Appointed Governor – Spelthorne	**JP**
	Mr Andrew Ryland	Public Governor - Runnymede	**AR**
	Mr P Beesley	Non Executive Director	**PB**
	Ms Sue Ells	Non Executive Director	**SE**
	Mr Clive Goodwin	Non Executive Director	**CG**
	Mr Jim Gollan	Non Executive Director	**JGo**
IN ATTENDANCE:	Mr Andrew Liles	Chief Executive	**AL**
	Ms Valerie Bartlett	Deputy Chief Executive	**VB**
	Ms Raj Bhamber	Director of Workforce and OD	**RB**
	Mr John Headley	Director of Finance & Information	**JH**
	Ms Suzanne Rankin	Chief Nurse	**SR**
	Dr David Fluck	Interim Medical Director	**DF**
	Mr Terry Price	Non Executive Director	**TP**
	Mr. Peter Taylor	Non Executive Director	**PT**
SECRETARY:	Ms Jane Gear	Head of Corporate Affairs / Company Secretary	**JG**

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Minute		Action

COG-1/12 Declarations of Interests in the Proceedings

There were no declarations of interests in the proceedings.

COG-2/12 Minutes of the Previous Meeting

The minutes of the meeting held on 7 December 2011 were agreed as a correct record.

Matters arising

The action log was noted.

COG-3/12 Election of Lead Governor (minute COG-64/11 refers).

Only one nomination for the role of Lead Governor had been received, which was from David Frank. Therefore, effective from 15 February 2012, David Frank remained lead Governor until the end of his current election period, i.e., 30 November 2013.

Governors and Board members congratulated David Frank on his re-appointment.

COG-4/12 Spelthorne By Election (Minute COG-65/11 Refers)

The election process for the Spelthorne by-election was underway. A successful event had been held for members interested in learning more about the role of a Governor and David Frank, Linda Abbott and Simon Bhadye were thanked for participating in the event.

The deadline for receipt of nominations had now passed, and four nominations have been received.

The results of the election would be provided to the Trust on 9 April 2012.

COG-5/12 Quality Report (minute COG-70/11 refers).

It was agreed to pursue the recommendation to consider if hospital-acquired VTE should be measured. **DF**

COG-6/12 Questions From the Public (minute COG -75/11 refers).

It was noted that the Chief Nurse would be contacting the member of public regarding his suggestions on unscheduled care.

FEEDBACK FROM GOVERNORS

COG-7/12 Audit Group

Michele Low provided a verbal update on progress by the Group.

The Invitation To Tender was about to be issued. Although the original

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timetable had slipped it was still anticipated that recommendation on the appointment of the Auditor would be made to the May Council of Governors meeting

The Council of Governors NOTED the report.

COG-8/12 Patient Experience Group

The Group had met on 23 January 2012 and the minutes would be circulated with the next Council agenda. Judi Linney summarised the discussions which had included:

- Progress on Living Our Values.
- The importance of robust planning so that the bed complement matched demand;
- Agreeing that there would be a particular focus on discharge, including issues relating to re-admission, at the next Group meeting.
- The Group had discussed possible priorities for the Quality Account 2012/13; these would be raised during the relevant Council agenda item.
- CQC inspection report.
- Asking for regular reports to monitor action on types of complaints/ trends - to ensure lessons learnt and that poor standards of care were acted on without delay
- The importance of good feedback mechanisms between members and Governors.
- Agreeing that the next meeting would have a focus on streamlining communications with patients.

The Council of Governors NOTED the report.

COG-9/12 Membership Report and Activities

The report identified a slight rise in membership numbers from 5805 on 1 November 2011 to 5885 on 31 December 2011. This was in large part due to recruitment stands held in the Out Patients Department which a number of Governors had helped run.

It was confirmed that the significant drop in membership numbers recorded for Q2 was related to a data cleanse. This was a normal procedure carried out prior to bulk mailings and reflected people who had left the area or had passed away.

The Annual General Meeting was being scheduled for 19 July 2012 and the Membership and Engagement Group, in the first instance, would be asked to consider how to secure Governor involvement and ensure the event was relevant and interesting to the membership.

The Council of Governors NOTED the Membership Report.

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STATUTORY DUTIES

COG-10/12 Register of Interests

The Register of Interests for the Council of Governors was NOTED. The Register was published on the Trust's Internet.

The Council thanked Professor John Hay, stakeholder Governor for the University of Surrey, who was stepping down as he was moving to Hull University. It was noted that a successor was being sought.

The Council of Governors NOTED the Register.

STRATEGY and PERFORMANCE

COG-11/12 Council Meeting Papers

Prior to detailed discussion of the papers in Section 7 of the agenda the Governors fed back from their informal meeting on aspects of the Reports they would wish to see developed in preparation for future meetings. In summary, these included:

- An increased focus on strategy and performance, ensuring that reports were easily understandable. Topics such as winter pressures, which were a significant problem for the Trust, should be gathered together in one report rather than crossing two or more.
- Reports should identify issues the Board was particularly concerned about and how they were being addressed.
- The Council of Governors wished to be assured that the Board of Directors was being assured on major topics such as delivery of the Annual Business Plan. Reports for the Council needed to be tailored and by exception show what actions were being taken and the timescales involved.
- Statistical data needed to be easier to understand and with increased emphasis on explanation and interpretation.

COG-12/12 Chief Executive's Report

The report highlighted progress in respect of the Trust's plans to acquire Epsom Hospital. This was being considered in a context that the Board was committed to acquiring Epsom Hospital if it was in the best interest of both the Epsom and Ashford and St Peter's Hospitals catchment populations, and in particular with agreement on transitional financial support both to protect the Trust and allow a turnaround of the financial performance of Epsom. It was expected that an announcement of preferred bidder would be made in March[1] 2012. Progress with the transaction would be further considered at the

[1] Post meeting note: now expected to be May 2012

Council of Governors' Planning Seminar.

It was confirmed that the Trust had introduced care rounding in 2010 and was therefore an early adopter of the good practice recommended by the Prime Minister in January 2012.

It was confirmed that the Trust was establishing its own new Innovation Fund against which staff could bid for support of their good ideas to improve quality and efficiency.

The Council of Governors NOTED the report.

COG-13/12 Corporate Plan 2011-12, Progress Report Quarter 3

The report circulated with the Agenda was one provided regularly to the Trust Board.

Governors highlighted that a significant proportion of the actions were rated amber or red and that a number of the outcome measures were not necessarily crisp and quantifiable. Governors asked that future editions of the report highlight actions being taken where there were significant deviations from plan so that the Council could be reassured that progress would revert to plan.

The Non-Executive Directors confirmed that there was robust challenge of the Executive Team when discussing the Annual Plan updates. It was also noted that some objectives were difficult to measure; the Trust set itself stretching targets and had a reputation of marking itself critically.

The following items were explored in detail:

Living Our Values: Governors asked for clarification as to how the Trust differentiated between mandatory and discretionary training. The Director of Work Force and Organisational Development explained that the Trust had a Learning and Education Policy which clearly defined statutory, mandatory, continuous professional development and leadership and management. The *Living Our Values* programme was defined as mandatory. The current position was 2500 staff had attended or would have attended by the end of March 2012. The number of participants at each event was increasing, and the Board had agreed that in order to maintain the quality of the learning experience, the target date for completion had been extended to the end of May.

It was noted that time for staff to attend training had to be balanced with maintaining the service. Staff had a personal responsibility for completing relevant training, but occasionally staff felt that the responsibility for maintaining ward services was a greater priority than attending training events.

It was confirmed that it was a requirement of all staff to have undergone an annual appraisal; however, the target in the Annual Plan was for 1200 staff to have participated in 360 degree review as part of their formal appraisal. Although over 92% of staff had had an annual

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appraisal at the end of January, the Trust was significantly underachieving in using the 360 degree tool with 118 users logged onto the system.

It was confirmed that reconfiguration of the Pathology Services Network had commenced operation on 1 February 2012. Although the outcome metric "seamless service provision" appeared soft there were detailed metrics underpinning the implementation.

The Council of Governors NOTED the report.

COG-14/12 COMPLIANCE FRAMEWORK – IN YEAR MONITORING:

The Quarter 3 Compliance Framework monitoring report provided commentary on A&E performance where delivering the target of a maximum wait of four hours for 95% of patients continued to be a significant challenge. The Trust had not achieved this in Quarter 3 and a formal recovery plan had been agreed to address this. There had been some improvement in performance since early January.

The Deputy Chief Executive gave a presentation on patient flow at Ashford and St Peter's Hospitals, and across Northwest Surrey. The presentation provided the context which was extremely complex. It set out how patients could be supported in hospital, how they might be referred to hospital, what was happening in A&E and how the Trust was working to create and use alternatives to admission. The presentation also examined how the Trust was keeping patients flowing throughout the hospital and their onward pathways when they were ready for discharge.

Governors asked whether there was pressure for early discharge of patients which resulted in repeat admissions. It was noted that this was an aspect that the Trust continually monitored. Elective readmissions within 30 days were currently at 2.8%, with readmissions within 30 days following an emergency admission were at 13.6%. It was also confirmed that Trust did resource additional beds if there was an influx of patients necessitating the opening of escalation beds. The Trust had also recently completed a thorough review of nursing staff levels which benchmarked well against other trusts.

It was generally known that senior clinicians improved the care received by patients and therefore it was an aspiration that the Trust increasingly moved towards 24/7 consultant led services. However, the Trust needed to prioritise on where extended hours of senior clinical support would make a real impact.

The Trust routinely measured re-admissions and had undertaken joint work with nursing homes which had had a big impact on reducing admissions from this source.

In respect to the data contained within the Compliance Framework report itself, it was confirmed that the Trust was aware of many correlations between occasions such as half-term or bank holidays which resulted in peak attendances at A&E. In response to a question by a Governor, it was confirmed that the Trust did have a detailed A&E

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recovery plan as well as a whole hospital and whole Community action plan. Implementation of the A&E recovery was part of the performance management framework with weekly tracking being undertaken.

Overall, the trajectory on A&E attendances was improving in February, although there had been a difficult week during half-term. It was noted that external agencies such as the Surrey County Council were under pressure to reduce expenditure, although it was confirmed that there were strong commitment locally to cross agency working which was demonstrating real improvements. Hugh Meares highlighted the financial pressures on the various adult social care and similar Surrey County Council budgets which might affect ASPH. Any drop in the level of funding by Surrey County Council could lead to increased admissions and delayed discharges.

In summarising the position, it was noted that the Trust's catchment population had a high proportion of older people, and a high number of admissions of elderly patients when compared to other local NHS providers.

Managing the flow of patients was a major priority for the Trust, and a new bed capacity plan was being developed through a bottom-up approach with the divisions.

The Council of Governors NOTED the Report and thanked the Deputy Chief Executive for an informative presentation.

COG-15/12 Quality Report:

The interim Medical Director introduced the Report and highlighted the following points:

Mortality: There was increase in the crude mortality rate and standardised mortality rate. The year-to-date crude mortality was 1.57% and investigation showed that the increasing crude mortality resulted from activity in the Medical Division. Investigation showed that this increase was in part due to seasonal variation, but a patient note review had been undertaken in respect of patients dying in December as part of the assurance processes and no concerns had been identified.

Hospital Acquired Infection – the rates remained on target with three cases of MRSA year to date and 25 cases of C. difficile. This was an excellent achievement, although it was highlighted that the targets would be even more challenging in 2012/13.

Pressure Ulcers: The report identified the number of hospital acquired pressure ulcers and it was pleasing to note that the rate acquired in hospital remained static and the number of severe ulcers had reduced. It was reported that the Chief Nurse was committed to the elimination of hospital acquired pressure ulcers and a piece of focused improvement work was underway.

Governors highlighted the increase in Serious Untoward Incidents compared with target. It was noted that the Trust had a very open

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approach to reporting incidents, which therefore ensured robust investigation. There had also been a national change in reporting standards which meant that during 2011/12 all grade 3 and 4 pressure ulcers had to be reported and this had resulted in a significant increase in the number of SUIs.

The report highlighted excellent outcome in respect of mortality from hip fractures. It was agreed to find out progress on identification and reporting of patient outcomes for this important quality indicator. **DF**

The number of formal complaints had risen; it was understood that this was in line with a national trend. It was agreed to circulate separately a briefing note on how the Trust managed complaints, and it was confirmed that the more detailed review of complaints was undertaken at the Patient Experience Group. Diana Manthorpe asked whether the reduction in the central complaints team staff and the devolution of lead responsibility to Divisions had impacted on the number of complaints received. This was not understood to be the case, and Governors were reminded that the PALS (Patient Advice and Liaison Service) Team provided an important stage in the early resolution of patient concerns. **JG**

Janice Ketley highlighted the impact which poor communication caused on the patient experience. It was confirmed that was a major theme in the Trust complaints.

The Council of Governors NOTED the Report.

COG-16/12 **Quality Account:**

The Report summarised the priorities set for 2011/12 and the actions which were underway. It also identified the need to agree priorities for 2012/13. It was noted that Governors had already been circulated with the date of a workshop which would examine possible priorities, and that seven Governors had agreed to participate.

The Governors had a formal involvement in agreeing one of the 2011/12 priorities which would be audited by the external auditors as part of the assurance process. The Council of Governors noted that the Patient Experience Group recommended either falls or pressure ulcers, and AGREED that the priority selected would be falls.

The Council of Governors NOTED the Report.

COG-17/12 **Care Quality Commission Report**:

The Report presented the action plan submitted to the Care Quality Commission (CQC) in respect of the Review of Compliance completed on 1 December 2011.

The Chief Executive advised the Council that the Trust had previously done its own assessment of compliance with the Essential Standards, but there was no methodology available to assist the Trust in calibrating the level of concern which might be applied by the CQC.

The Board had received a presentation on the Trust's assessment on

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compliance with each Outcome in Practice at its September 2011 meeting. This had identified that compliance on the Day Surgery Unit and Falcon Ward was poor. In addition, the Board reviewed monthly the Ward Quality Indicators and the Best Care indicators, which again indicated that performance on Falcon Ward was lower.

As a result of this intelligence the Trust had initiated a number of actions including a change of leadership on Falcon Ward, and the development of an action plan to mitigate the risks on the Day Surgery Unit prior to the CQC visit on 1st December.

The Board also received regular reports on compliance with mandatory training which featured in the CQC report. One of the dilemmas had been whether the reported low performance on mandatory training was completion of training or difficulties with recording the data.

In summary, therefore, all the significant issues raised by the CQC had been on the Board's radar, but the Board had not appreciated the severity of the judgment accorded to them by the CQC.

The Trust had submitted its action plan in response to the CQC Report on the day that it was formally published. A weekly tracking system was in place and in addition the following actions were highlighted:-

- The Day Surgery Unit had not been used for escalation purposes since the publication of the Report;
- A review of the effectiveness of care rounding was being undertaken;
- A major promotion of mandatory training was underway;
- A new Falcon ward manager had been appointed.
- The Best Care dashboard was in place

In March 2012 the Trust would repeat its own Audit In Practice on the Essential Standards and the results would be reported to the Trust Board. It was confirmed that the audit would examine compliance on all the Essential Standards, not just those which were considered in the CQC Compliance Report.

The Board would also be reviewing progress against the action plan in its open Board meetings, and further Board assurance would be gained via the Integrated Governance and Assurance Committee.

The Council commented that the plan was not easy to follow, but were assured that there was a weekly tracker report which was reviewed by the Chief Executive and other Executive Directors.

The Governors asked for assurance that the Board was confident that its control procedures were fit for purpose. The Chairman confirmed that the next audit would give assurance to the Trust Board, and highlighted that a misjudgment had taken place in respect of the severity of non-compliance. It was also noted that the CQC had assessed Outcome 16 which related to structures and processes, and had judged the Trust compliant.

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The Council of Governors NOTED the Report.

INFORMATION

COG-18/12 Minutes of the Remuneration and Appraisal Committee meeting:

The Committee noted receipt of the minutes of the Remuneration and Appraisal Committee meeting held on 23 November 2011.

ANY OTHER BUSINESS

COG-19/12 *Living our values*

It was agreed to extend the invitation to attend the *Living Our Values* programme to all Governors. **RB**

COG-20/12 Governor Development:

It was agreed that the Chairman would summarise the findings from her individual meetings with Governors and report back to the next Council meeting. **AMcL**

COG-21/12 QUESTIONS FROM THE PUBLIC

The following suggestions/comments were made:

- A member the public highlighted a poor experience relating to an individual patient. It was agreed this would be followed up outside of the meeting.
- It was confirmed that the Trust did record re-admission rates.

COG-12/12 Date of Next Meeting

The next meeting would take place on Thursday 17th May 2012
6.00- 8.30 pm at St Peter's Hospital

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Signed

Chairman

17th May 2012

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date		Status
01/12/2010	**COG-7/10**	**Governors' Code of Conduct**	Review the Code of Conduct in one year	JG	01/12/11	Included in the work programme for 2012	**---**
7/12/11	**COG-61/11**	**NED reappointment process**	Nominations and Appointments Committee to consider the issue of turnover and refreshing the Board	AMcL	29/02/12	Considered at Committee on 12 April 2012	✔
7/12/11	**COG-63/11**	**Appointment of the Deputy Chair**	Review at re appointment of P Beesley (July 2012)	AMcL	17/05/12	Recommendation to May CoG	✔
7/12/11	**COG-66/11**	**Nominations and Appointment Committee**	Review membership in one year	JG	5/12/12	Not due	**ND**
7/12/11	**COG-67/11**	**Remuneration and Appraisal Committee**	Review membership in one year	JG	5/12/12	Not due	**ND**
7/12/11	**COG-75/11**	**Questions from the public**	Talk to member of public regarding possible use of volunteers to reduce unscheduled care	SR	20/02/12		
20/02/12	**COG-5/12**	**Quality Report (minute COG-70/11 refers).**	Pursue the recommendation to consider if hospital-acquired VTE should be measured.	DF	17/05/12	The score card from May (April data) will have the numbers of VTE assessments against the actual numbers of PE and DVTs.	✔

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20/02/12	**COG-15/12**	**Quality report:**	Report on progress on identifying and reporting of patient outcomes for hip fractures	DF	17/05/12	Verbal update to be given	
20/02/12	**COG-15/12**	**Quality report:**	Circulate a briefing note on how the Trust managed complaints	JG	17/05/12	Completed 20 March 2012	✔
20/02/12	**COG-19/12**	***Living our values***	Extend the invitation to attend the *Living Our Values* programme to all Governors	RB	17/05/12	Event Scheduled for 12th June from 2:30 – 5:30pm	✔
20/02/12	**COG-20/12**	**Governor Development:**	Summarise the findings from Chairman's individual meetings with Governors	AMcL	17/05/12	May CoG Agenda item	✔

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✔	Complete
ND	Not due

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