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

OPEN MEETING OF THE
COUNCIL OF GOVERNORS
28th May 2013, Chertsey House, St Peter's Hospital

PRESENT:	Mrs Linda Abbott	Public Governor – Spelthorne	**LA**
	Mr Keith Bradley	Public Governor – Woking	**KB**
	Mr Brian Catt	Public Governor – Spelthorne	**BC**
	Mr David Frank	Public Governor – Surrey Heath	**DTF**
	Mr Godfrey Freemantle	Public Governor – Hounslow	**GF**
	Mr Keith Goodger	Public Governor – Richmond Upon Thames	**KG**
	Mr Arun Gupta	Staff Governor – Medical and Dental	**AG**
	Mrs Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Mr Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Mrs Margaret Lenton	Public Governor – Windsor and Maidenhead	**ML**
	Mrs Susan Lockwood	Public Governor - Runnymede	**SLo**
	Ms Michèle Low	Public Governor - Hounslow	**MLo**
	Mr Steve McCarthy	Public Governor - Elmbridge	**SM**
	Mrs Aileen McLeish	Chairman	**AMcL**
	Mrs Diana Manthorpe	Staff Governor – Volunteers	**DM**
	Dr Howard Manuel	Public Governor – Woking	**HMa**
	Mrs Judith Moore	Public Governor – Guildford	**JM**
	Cllr Jean Pinkerton	Appointed Governor – Spelthorne BC	**JP**
	Mrs Tracy Ward	Public Governor – Runnymede	**TW**
	Mr Paul Wills	Staff Governor – Allied Healthcare Professionals	**PW**
APOLOGIES:	Mr Simon Bhadye	Public Governor – Spelthorne	**SB**
	Dr Maurice Cohen	Public Governor – Woking	**MC**
	Dr Ann Gallagher	Appointed Governor – University of Surrey	**AG**
	Ms Samantha Lamb	Staff Governor – Admin and Ancillary	**SL**
	Cllr Hugh Meares	Appointed Governor – Runnymede BC	**HM**
	Mr Andrew Ryland	Public Governor - Runnymede	**AR**
	Cllr Michael Smith	Appointed Governor – Woking BC	**MS**
IN ATTENDANCE:	Ms Valerie Bartlett	Deputy Chief Executive	**VB**
	Mr Jim Gollan	Non Executive Director	**JG**
	Mr Andrew Liles	Chief Executive	**AL**
	Mr Simon Marshall	Director of Finance & Information	**SM**
	Ms Louise McKenzie	Director of Workforce Transformation	**LM**
	Mr Robert Peet	Director of Strategic Development	**RP**
	Mr Terry Price	Non Executive Director	**TP**
	Ms Suzanne Rankin	Chief Nurse	**SR**
	Mr George Roe	Head of Corporate Affairs	**GR**
	Mr Peter Taylor	Non Executive Director	**PT**
SECRETARY:	Mrs Anu Sehdev	Membership Manager	**AS**

Minute		**Action**
COG-15/13	**Declarations of Interests in the Proceedings**	
	No declarations of interests were noted.	

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COG-16/13 **Minutes of the Previous Meeting**

The minutes of the meeting held on 28th February 2013 were AGREED as a correct record apart from:

COG-8/13 Strategic Objective: Financial Sustainability and Efficiency Gains, paragraph one should read – Consideration had to be given when setting the Finance Strategy not to *affect* (not effect) quality and hence margins could not be too large.

COG-5/13 Membership Report: Look into the time GPs receive discharge summaries and pathology results – update – Discharge Summary has been added as a project to the preventing readmissions programme – thus it has a project team, deliverables and objectives. Outcome by Q4 is to get 98% of summaries electronically sent to GPs < (not >) 24 hours of patient being discharged.

COG-17/13 **Matters arising**

The action log identified that most items were up to date in accordance with agreed time scales. Further clarification was provided on the following:

COG-16/12 - The Chairman advised that many one to ones had taken place with Governors but those who had not had an opportunity to meet with the Chairman should arrange a meeting as soon as was convenient.

COG-45/12 – It was advised that an on-going review of Governor involvement on Board sub-committees was continuing to take place.

FEEDBACK FROM GOVERNORS

COG-18/13 **Patient Experience Group Report**

Keith Bradley, Public Governor for Woking, presented highlights from the Patient Experience Group Report.

Keith advised that one meeting had taken place since the last Council and highlighted a correction on PEG-15/13 (page 5, paragraph 5) whereby the Trust had *undertaken* and not developed the new Butterfly scheme.

Keith advised that some considerable time had been spent talking to representatives from the Patients Association and consideration was being placed on the Trust undergoing a preliminary project with the Patients Association and that the Head of Patient Engagement and Experience was to highlight three potential projects. Keith clarified the importance of ensuring money was well spent and that people with the relevant knowledge and expertise were chosen for project work. The Chief Nurse advised that linking in with the Patients Association added considerable value to trusts and local stakeholders and patients would be impressed by this additional support.

The Council of Governors AGREED to proceed with a joint project.

Keith advised that the role of the Patient Experience Group was developing rapidly and suggested that the recent Care Quality Commission (CQC) publication, “Working Together” should be looked at in great detail by the Trust.

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The Council agreed that opportunities for improving the Trust's links with the CQC should be taken forward and that a member of the CQC should be invited to a Council of Governors' meeting in order to address the Council. **GR**

The Council of Governors NOTED the report.

COG-19/13 Membership Report

In the absence of Andrew Ryland, Public Governor for Runnymede and Chair of the Membership and Community Engagement Group (MEG), Brian Catt, Public Governor for Spelthorne, presented highlights from the MEG.

Brian Catt highlighted that new member acquisition had exceeded lapsed membership. The Trust now had over 6,500 members, with nearly 300 new members since the last Council. 200 of these had arisen from an initiative by Staff Governor, Arun Gupta, in his clinic and the Council thanked him for his efforts. It was further advised that the Membership Office was investigating how to repeat this success in other clinic areas. A large proportion of these new members were from Hounslow, a demographic where Trust members were not well represented.

Young people were another under represented demographic and that "A Career in the NHS" event was being arranged in October for students to attend from local schools. The Membership Report provided details of this and several other recruitment initiatives to both increase and better balance Trust membership.

The Membership Office's continued success in refining and developing initiatives to exceed the Trust's target of 5% growth per annum was noted. New approaches were being developed to enable the enhancement of what had worked in the past, with less productive approaches and events being de-emphasised.

Brian Catt provided confirmation that the Annual Members' Meeting had been arranged and would take place on 16th July 2013 and MEG would be involved in agreeing the final agenda for the meeting.

Finally, Samantha Lamb had resigned from the Group to focus on chairing the Wellness Group and had been commended for her contribution.

The Council discussed the opportunity of highlighting the work undertaken by Governors and raising the profile of Governors by taking a more proactive part in the presentations at the Annual Members' Meeting. The Head of Corporate Affairs advised that the first hour of the meeting would be set aside for tours of the newly refurbished outpatient department and stands showcasing the work of the PEG and MEG and other Trust activities.

The Council of Governors NOTED the report.

STATUTORY

COG-20/13 Non-Executive Director Remuneration

The Non-Executive Directors left the room.

David Frank, Governor for Surrey Heath and Chair of the Remuneration and Appraisal Committee, advised the Council that the recommendation of the

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Committee was that the NED remuneration was not revised for the following year as it remained at market rate.

The Council of Governors ENDORSED the recommendation that there was no change to current Non-Executive Director remuneration levels in 2013/14

The Non-Executive Directors were invited to return to the Council.

COG-21/13 **External Audit**

Terry Price, Non-Executive Director and Chair of the Audit Committee presented the report of the performance of the Trust's external auditors over the previous year.

Michele Low, Public Governor for Hounslow, raised the lack of attendance of the auditors at recent Council of Governor meetings with no attendance since May 2012. KPMG engagement with the Governors had been part of their contract tender and increased engagement and communication was sought. Terry Price indicated that this lack of attendance to date may have been affected by the Trust's appointed Engagement Director, Ross Tudor, having been seconded to Ealing Hospital NHS Trust as Interim Director of Finance. KPMG would be invited to attend the Annual Report and Accounts seminar on 10th July with Terry Price, as Chair of the Audit Committee, providing guidance to them as to what should be covered in this seminar. **TP**

The Council were informed that the Audit Committee had approved the Annual Report and Accounts for 2012/13 at its meeting on 22nd May 2013. These had been approved at a special Trust Board which had taken place earlier on the 28th May 2013 and would now be submitted to Monitor on 29th May 2013.

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-22/13 **Strategic Objective 3: Clinical Strategy**

The Director of Strategic Development introduced the presentation "To Deliver the Trust's Clinical Strategy of Delivering Joined-Up Healthcare" outlining ASPH's approach to the setting of the Clinical Strategy highlighting:

- the Trust was providing care to an increasing ageing population and having to provide care with continued reductions in funding levels;
- the current Surrey provider landscape and for the purposes of scale the need to achieve a catchment population of 800,000 to enable efficient provision of a number of specialist services;
- that Frimley Park Hospital was currently conducting due diligence on their possible acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust;
- that the recommendation of the 'Better Services, Better Value' review was that services would be downgraded at Epsom Hospital;
- that 24/7 working in Emergency Departments would become increasingly prevalent with the need for improvements in the care provided in the community through looking at how to improve pathways through better liaison with community nurses;
- The need for the Trust to look at how it would work in partnership with other providers in order to provide specialist services such as Vascular surgery, Cardiology, Stroke and Renal services. Provision of an

Orthopaedic Service of Excellence based at Ashford Hospital was being examined together with increasing the elective work provided at Ashford Hospital.

- that as part of the 2013/14 contract, ASPH had reached an agreement with the North West Surrey Clinical Commissioning Group (NWCGG) to re-invest an additional £2m in out of hospital re-ablement Services;
- it was generally considered that rehabilitation care was better provided at home as it freed up hospital beds for patients requiring hospital treatment; and
- the joint working between ASPH and Royal Surrey County Hospital (RSCH) with both Boards having equal decision rights and that each Trust would regard each other as the principal partner with neither entering into new partnerships with third parties without the agreement of the other. Investment, energy and effort would be put into the partnership with core services being sustained at each trust. The benefits of the partnership would be:

    - Efficiency opportunities;
    - Growth opportunities through repatriation, particularly from London;
    - Increased sustainability;
    - Development of an Academic Health Centre; and
    - Increased quality of specialist services, for example RSCH centralisation of cancer services and ASPH cardiovascular services.

David Frank requested more detail on the specific plans the Trust wished to undertake. The Director of Strategic Development confirmed that additional detail was included in the Trust's Business Plan for 2013/14. Concern was also raised as to whether the joint partnership with Royal Surrey came under the provisions of the Restricted Trade Practices Act with the Director of Strategic Development confirming that this was not the case at this stage.

The Chief Executive provided further detail to the Council of the structure of the Partnership and the benefits to both Trusts which this provided. The increased scale that this partnership would provide in tendering for services would benefit patients of both Trusts. ASPH had recently bid to undertake a number of schemes to support the improvement of out of hospital services including a major investment in the geriatric care pathway with a team at the front door to assess and treat elderly patients which should be in place by the Autumn. The Chief Executive was pleased to advise that the Director of Finance and Information had secured a £2 million investment from the NWCCG designated to facilitate improvements in out of hospital care.

Chris Howorth, Appointed Governor for the Royal Holloway University of London, raised concern around the potential problems which could arise in the partnership should one party want to enter into an agreement with a third party without the agreement of the other and whether this would dissolve the partnership. The Chief Executive advised that agreements would only be sought jointly to avoid the conflicts of competing against each other. It was reiterated that a lot of time and effort was being invested in the Partnership with a Board to Board meeting scheduled for the following day. The partnership was developing well although it was still in its infancy. Areas of benefit being reviewed included back office functions and cancer/chemotherapy services being provided at Ashford Hospital.

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Brian Catt queried how decisions were made as to where specialist services were commissioned in Surrey and whether trusts were expected to treat twice the number of patients for the same level of funding. In relation to care for the elderly the Director of Strategic Development advised that the emphasis was on improved ways of working especially in relation to caring for the elderly. In relation to specialist services, the Chief Executive advised that many elements were looked at before centralising services and these included the geographical area, which hospitals could be considered and the travel time for patients to and from hospital.

Dr Howard Manuel, Public Governor for Woking, queried what the difference was between a merger and partnership and it was advised that a partnership was more on an equal footing with organisations remaining separate entities and that only a select number of services were included at this point. Developing a chemotherapy centre at Ashford Hospital would be run by RSCH but ASPH would receive an element of the profit share.

Susan Lockwood, Public Governor for Runnymede, sought clarification on whether transport between sites would be looked at and it was advised that the commissioners responsible would review the adequacy of transport links during any public consultations on service changes; although there were no specific plans in place at this stage.

Tracy Ward, Public Governor for Runnymede, advised she had attended the recent Quality Account workshop where she had been concerned to learn that readmission rates were high due to the lack of provision in the community, particularly in the care for elderly patients. It was agreed that services in the community had to improve.

Linda Abbott, Public Governor for Spelthorne, raised concern that the option for many patients seeking out of hours care remained with A&E since neither GPs or Walk In Centres operated 24/7. The Chief Nurse informed the Council that although the NHS was seeing a change in the use of A&E, the younger generation expected direct access to healthcare whenever it was required and A&E was still the main provider of this immediate access. The Deputy Chief Executive confirmed that the contract for the Walk In Centre based at Ashford Hospital would be coming to an end in the next 12 months. The Clinical Commissioning Group was currently developing its Strategic Commissioning Plan and would be looking at unplanned/urgent care. Consideration would be placed on whether to reduce the number of Walk In Centres but increase working hours with greater provision.

The Deputy Chief Executive advised of the importance of out of hours care provision and how it was key to choose the correct model and provision of care. It was advised that similar challenges were being experienced in the whole of Europe and the challenges were not unique to England. The Chief Executive advised that he had recently been on a tour of the USA and had found Emergency Departments to be full to capacity with a lack of beds to move patients to. The main difference in the USA was that investment was more rapid in out of hospital care.

The Council of Governors NOTED the report.

COG-23/13 **Assurance Report**

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The Chief Executive presented the report highlighting the five sections: Internal Focus, External Outlook, Strategy, Regulation and Performance and welcomed comments from the Council.

David Frank queried the implications for Epsom Hospital and whether a formal process would take place. It was clarified that both Epsom and St Helier Hospitals would most probably be down-graded and this would undergo a public consultation at some point in 2013. A decision would then be taken on what services would continue to be provided. This would then provide further opportunities for RSCH and ASPH.

The Deputy Chief Executive informed the Council of the difficulties for providing complete services in A&E due to the difficulties in recruiting medical staff. However, improvements in recruiting had been seen recently but this was a continuing challenge. David Frank noted that the Trust was performing well in A&E compared to other trusts although not meeting set targets. He was concerned that the data provided showed the Trust in a bad light to those not versed in national targets. Brian Catt further congratulated the Board on being the best rated Trust on the NHS Choices website.

Chris Howorth raised concern about the Trust's readmission rates since the Trust received no funding for treatment and care provided to patients once readmitted. The Council queried what drove readmission rates and it was advised that the Medical Director was leading on the analysis of our readmissions and would report back at the next meeting. **DF**

The Council of Governors NOTED the report.

COG-24/13 **Enhancing Staff Experience**

The Director of Workforce Transformation reiterated that the Board had found the Staff Survey results very disappointing although the survey was somewhat limited due to receiving a 60% response rate. The Board was currently in the process of working through to understand the reasons for the poor responses. A number of discussions had taken place with the Board taking time out in March for lengthy discussions. 'Living our Values' had been revisited and the importance of treating every patient as you would a family member.

Initiatives that had come out of discussions included the Chief Executive's Sounding Board which encouraged open and frank dialogue with key staff members. The Sounding Board had met three times so far and a focus was placed on teamwork and communication.

Ways of communicating corporately were being looked at and the Team Brief was considered a good way of engaging the workforce. Teams where staff were engaged were being looked at to see how this had been achieved. Listening events were taking place in areas where survey results had been particularly poor to undergo a root cause analysis and decide on what actions could be taken to improve situations.

The Trust had employed the services of Hay to develop a Clinical Lead Programme for the Executive Team, Divisional Teams and Specialty Leads. Hay would also be developing a programme for new consultants. The Management Toolkit was considered dated and a radical re-vamp by Human Resources was to be undertaken. Concerns around tolerating bad behaviour would be tackled. Internal coaches would be sought.

Another area being reviewed was personal responsibility, such as ensuring staff take better care of themselves by having regular cholesterol checks and blood pressure tests.

The Director of Workforce Transformation further advised that she considered Twitter a useful tool as staff could express how they felt and actions could be taken immediately. She had recently started a blog and was keen to seek views from staff on their impressions.

It was considered that internal 'pulse' surveys should be conducted to measure developments in staff morale. Performance reviews were underway in all specialties and this was to seek a two way communication. The issue of encouraging Citizenship was being developed.

David Frank confirmed that the Governors had been shocked by the staff survey results. David was concerned that efforts were being concentrated on people rather than the tools and staff environment within which they operated. The paper portrayed a view that resources were adequate and that current issues were predominantly with staff. The staff survey results indicated that therapists did not have enough equipment to function adequately.

The Council were advised that additional resources had been placed in Radiology to improve the day to day working through the recruitment of an additional Lead Radiographer.

Consideration was given to areas where staff were most pressured, for example the Accident and Emergency Department and in Acute Adult Care. Staff in these areas were more motivated and generally happier even though most pressed.

The Director of Workforce Transformation confirmed that staff in the "hot spot" areas had been met with twice but it was difficult, at this point, to ascertain whether any improvements had been achieved. Recently the Trust had held a Pride in Nursing event and the Director of Workforce Transformation had attended a couple of the sessions during the day. This had highlighted a real enthusiasm with YouTube videos being played and a role play exercise taking place. The role play had been very emotional but gave an insight into a nurse's day to day working. 100 nurses managed to attend the event and many of them tweeted about the event.

Tracy Ward, Public Governor for Runnymede, raised concerns around there being no clear policy on the use of phones by staff in the Trust and how this could create the wrong impression to patients and visitors to the Trust. Tracy further raised queries on whether coaching and supervision was in place for staff. Furthermore, she queried whether emotional intelligence was being incorporated. It was advised that Team ASPH would be looking to develop skills internally. It was suggested that the Director of Workforce Transformation spoke with Tracy to discuss these matters further. **LMcK**

The Council of Governors NOTED the report.

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Minute **Action**

INFORMATION

COG-25/13 **Draft Minutes of the Remuneration and Appraisal Committee Meeting Held on 9th April 2013**

David Frank, Chair of the Remuneration and Appraisal Committee Meeting, presented the minutes of the meeting on the 9th April which were NOTED by the Council.

COG-26/13 **Draft Minutes of the Nominations and Appointments Committee Held on 23rd April 2013**

Aileen McLeish, Chairman of the Nominations and Appointments Committee presented the minutes of the meeting on the 23rd April and was pleased to advise the Council that Jim Gollan, Non-Executive Director, was now able to commit to the end of his Non-Executive Director term.

The Chairman reiterated that the recruitment for Peter Taylor's replacement was underway and that an Open Evening would be taking place on 30th May for prospective applicants.

The Council discussed the reasons for not advertising the vacant position in the national newspapers and it was advised that some debate had taken place on whether to follow this route but it was considered an expensive option and since only members of the Trust could apply the position would not be suitable the vast majority of people who read the national press. Chris Howorth further added that he was aware that the approach taken by the Trust had been effective as some of his colleagues had been approached.

The Council of Governors NOTED the minutes.

ANY OTHER BUSINESS

COG-27/13 David Frank suggested that the papers for the September Council should include a paper on the activities of the Governors in the previous quarter and it was agreed that the Head of Corporate Affairs would look into this. **GR**

COG-28/13 **QUESTIONS FROM THE PUBLIC**

None.

Date of Next Meeting

The next meeting would be held on Monday 9th September 2013 at Ashford Hospital.

Signed……

Aileen McLeish
Chairman
9th September 2013

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KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	September 2013 Update	Status
01/12/2010	**COG-7/10**	**Governors' Code of Conduct**	Review the Code of Conduct in one year	GR	Dec '11	Review underway. To be completed prior to end of election process.	
11/09/2012	**COG-45/12**	**Board Assurance – Integrated Governance and Assurance Committee.**	Consider involvement of governors on Board sub committees such as IGAC	AMcL	Dec '12	Involvement reviewed with decision that sub-Committee's of the Board will not have external representation.	✔
28/05/13	**COG-18/13**	**Patient Experience Group Report**	Invite a member of the CQC to attend the next Council	GR	Sept '13	Governor session with the CQC arranged for 17th September.	✔
28/05/13	**COG-21/13**	**External Audit**	Invite External Auditors to 10th July seminar.	TP	ASAP	Invited and attended.	✔
28/05/13	**COG-23/13**	**Assurance Report**	Analysis of readmission rates	DF	Sept '13	Analysis included within the Assurance Report.	✔
28/05/13	**COG-2413**	**Enhancing Staff Experience**	LMcK/Tracy Ward discussion on coaching, supervision and emotional intelligence	LMcK	Sept '13	To be arranged	
28/05/13	**COG-27/13**	**Any Other Business**	Review of work of the Governors to be included in September Council papers	GR	Sept '13	Included on the agenda – paper 5.1.	✔

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