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

OPEN MEETING OF THE COUNCIL OF GOVERNORS
23rd June 2014, Chertsey House, St Peter's Hospital

PRESENT:	Roderick Archer	Public Governor – Elmbridge	**RA**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	Brian Catt	Public Governor – Spelthorne	**BC**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	Richard Docketty	Public Governor – Hospital Volunteers	**RD**
	David Frank	Public Governor – Surrey Heath	**DTF**
	Godfrey Freemantle	Public Governor – Hounslow	**GF**
	Arun Gupta	Staff Governor – Medical and Dental	**AG**
	Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Samantha Lamb	Staff Governor – Admin and Ancillary	**SL**
	Margaret Lenton	Public Governor – Windsor and Maidenhead	**ML**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Steve McCarthy	Public Governor – Elmbridge	**SM**
	Aileen McLeish	Chairman	**AMcL**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Jean Pinkerton	Appointed Governor – Spelthorne BC	**JP**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Tracy Ward	Public Governor – Runnymede	**TW**
	Paul Wills	Staff Governor – Allied Healthcare Professionals	**PW**
APOLOGIES:	Ann Gallagher	Appointed Governor – University of Surrey	**AG**
	Keith Goodger	Public Governor – Richmond Upon Thames	**KG**
	Susan Lockwood	Public Governor – Runnymede	**SLo**
	Hugh Meares	Appointed Governor – Runnymede BC	**HM**
	Andrew Ryland	Public Governor – Runnymede	**AR**
	Michael Smith	Appointed Governor – Woking BC	**MS**
	Bhupendra Vyas	Public Governor – Hounslow	**BV**
IN ATTENDANCE:	Valerie Bartlett	Deputy Chief Executive	**VB**
	Sue Ells	Non Executive Director	**SE**
	David Fluck	Medical Director	**DF**
	Andrew Liles	Chief Executive	**AL**
	Simon Marshall	Director of Finance & Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Robert Peet	Director of Strategic Development	**RB**
	Suzanne Rankin	Chief Nurse	**SR**
	George Roe	Head of Corporate Affairs	**GR**
	Carolyn Simons	Non Executive Director	**CS**
SECRETARY:	Anu Sehdev	Membership Manager	**AS**

Minute **Action**

COG-15/14 **Apologies**

Ann Gallagher, Keith Goodger, Susan Lockwood, Hugh Meares, Andrew Ryland, Michael Smith and Bhupendra Vyas.

COG-16/14 **Declarations of Interests in the Proceedings**

No declarations of interests were noted.

COG-17/14 **Minutes of the Previous Meetings**

The minutes of the meeting held on 4th March 2014 were AGREED as a correct record.

COG-18/14 **Matters arising**

The action log identified that all items were up to date in accordance with agreed time scales and complete and in addition clarification on the following was highlighted:

Glass Cabinet for Hospital Awards

The Chief Nurse advised that the cabinet had been ordered and a location to house it identified in the Main Reception area. It was agreed that the Chief Nurse would advise Richard Docketty when the cabinet had arrived. **SR**

FEEDBACK FROM GOVERNORS

COG-19/14 **Governor Activities**

David Frank reiterated that the objective of this paper was to provide information to the public on the full range of activities undertaken by Governors since the last Council of Governors meeting. David advised that he felt more detail needed to be included in the paper to give members of the public a better idea of the level of commitment the Governors had.

David further advised that Governor activities would be increasing due to the proposed merger. He also felt it important that the new Council, although encompassing a larger catchment, should not be too big. It should remain a similar size to the existing Council so as to allow for voices to be heard and an efficient, focused Council to develop.

Keith Bradley advised that there were two activities missing from the report and these were:

- A visit to the new midwifery led unit named the ABC (Abbey Birth Centre) – The Governors attending the tour were most impressed with the facilities on offer.

- Several Governors attended the CCG's Quality Strategy Stakeholder event on 10th June. It had been remarked that attendance from Ashford & St Peter's had been somewhat lacking. The Chief Nurse agreed to look into this as it had been her understanding that there would be representation from the Quality Department at the event. **SR**

The Council of Governors NOTED the report.

Minute **Action**

COG-20/14 **Patient Experience Group Report**

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

Keith advised that the Patients Association project had reached its conclusion and feedback had been analysed. A full report would be presented at a meeting on 15th July 2014 and attendees from the Patient Experience Group, Patient Panel and several key nursing and medical staff.

Keith highlighted that the recent attendance of Dr Mick Imrie, Chief of Patient Safety/Deputy Medical Director, at the Group had been very well received. His attendance provided a refreshing perspective and his added commentary on the quality report was invaluable.

It was further added that the results from the Spelthorne Survey were being analysed.

Keith advised that improvements had resulted following the Patient Experience Group highlighting issues with day surgery patients having to arrive at the same time in the morning regardless of when they were due to be operated on.

Finally, Keith highlighted a tour undertaken by the Patient Experience Group of the new Cardiac Unit. The Group had been astonished to learn that InHealth (a private health provider) had been in partnership with Ashford and St Peter's for some 14 years. The Group was most impressed by the range of services provided.

There had been change in membership with the Group and Chris Howorth had replaced Ann Gallagher due to her increasing commitments and Margaret Lenton had recently agreed to replace Susan Lockwood who had resigned from her post due to her moving away from the area.

The Council NOTED the report.

COG-21/14 **Membership and Community Engagement Report**

Brian Catt, Member of the Membership and Community Engagement Group, presented the Membership and Community Engagement Group Report in Andrew Ryland's absence.

Brian advised that two meetings had taken place since the last Council. Brian highlighted that membership remained steady, although numbers had not risen greatly. The Membership Manager would be taking part in two recruitment events at the end of June and beginning of July to recruit more members in the younger age category.

Brian advised that the recent Runnymede Drop In Session had not proved successful as there had been a lack of attendance from members of the public. However, feedback from the Spelthorne Survey had been more forthcoming.

Brian advised of an issue with the lack of ownership in the publicising of Trust information and that he would be going into this in further detail later in the meeting.

Finally, Brian advised that the Trust's website would be undergoing an overhaul

and the Self Check-In kiosks had undergone some minor adjustments. Godfrey Freemantle, a member of the Self Check-In group, confirmed that the amendments had now been made.

Steve McCarthy added that a graphical representation of the Trust's catchment area relating to membership had been drafted and sent to the Group for their comments.

The Council NOTED the report.

STATUTORY

COG-22/14 Non-Executive Director Remuneration

David Frank advised that non-executive remuneration was in line with market rates. It was also advised that non-executive directors at the Royal Surrey County Hospital NHS Foundation Trust were paid slightly more but the Remuneration and Appraisal Committee had agreed that there would be no change to current remuneration levels in 2014/15.

The Council AGREED to this recommendation.

COG-23/14 External Audit

The Director of Finance and Information presented the report from the Audit Committee which outlined the performance of the external auditor over the past year since re-appointment in May 2012.

It was advised that the Committee was fully satisfied with KPMG's performance and that it was in line with expectations.

David Frank queried what the two recommendations were and the Director of Finance and Information advised that these were interim recommendations and included the need for more planning on the Quality Accounts. It was also clarified that KPMG had been appointed for three years and would complete the three years at the end of April 2015.

The Council NOTED the report.

COG-24/14 Governor and Committee Tenure

The Head of Corporate Affairs introduced this item whereby a decision was sought on whether to revise the Constitution to change the number of terms an elected Governor could serve and the length of time a Governor could serve on a Committee or Group.

The Council felt that it was somewhat premature and unnecessary to change the number of terms a Governor could serve due to the proposed merger with Royal Surrey and the importance of working towards one Constitution.

The Council did consider that having half of the Council members' terms coming to an end did not bode well for continuity and the resumption of a smooth running Council.

The Council AGREED to remove the cap on the length of time a Governor could serve on a Committee or Group.

COG-25/14 Governor Representation

The Council AGREED with the proposed representation on the Nominations and Appointments working group and with the representation on the Constitution and Governance working group which had been established in May as part of the plans to merge with Royal Surrey County Hospital.

The Council AGREED with the proposed representation on the Charitable Funds Committee.

COG-26/14 Membership of the Council of Governors

The Head of Corporate Affairs advised that since the last Council of Governors on 4th March 2014, Susan Lockwood, Public Governor for Runnymede, would be stepping down as a Governor with effect from 26th June 2014.

The Council of Governors thanked Susan for her valuable contribution as a Governor during her term in office.

It was confirmed that arrangements for a bye election were in place to elect a successor and the new Governor would be in post on 1st October 2014.

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-27/14 Engagement During Organisational Transition

The Director of Workforce Transformation presented her report in response to the Council of Governors' request for assurance that there was a comprehensive communication and engagement strategy with staff; in particular, a mechanism for engaging and retaining key senior members of staff.

The Director of Workforce Transformation advised that the following strategies would be targeted and the paper provided a brief description of the actions proposed:

1. Communication
2. Engagement
3. Organisational Design and Cultural Integration
4. Leadership and Resilience
5. Improving this year's Staff Survey

It was advised that the Director of Workforce Transformation would be working closely with the Head of Communications on the communication and engagement programmes. The importance of staff feeling part of the change programme was stressed and the need to work closely with Royal Surrey on these initiatives.

It was proposed that an Extranet site would be developed to encourage staff to put their questions forward and this would be available to staff from Ashford and St Peter's as well as Royal Surrey. The first step in this would be to list some frequently asked questions with the answers and this would be going live at the end of June.

During the pre-outline business case period (specifically from January – April

2014) both trusts undertook a concerted communications and engagement campaign with staff and feedback was positive. Hard to get to shift workers were also considered and executives had begun to visit these staff in their area of work in order to engage with them. A series of breakfast meetings had also been arranged.

Recent positive initiatives such as the:

- Chief Executive's Sounding Board
- Be The Change improvement campaign
- Development of the Employee Promise ambassadors

had reflected the importance of utilising staff as advocates of change.

The Director of Workforce Transformation advised that the on-line wall would continue to be utilised and Royal Surrey would be encouraged to adopt this initiative. Many of these would be replicated with external stakeholders to learn first-hand their views on change.

Staff would be consulted on how to design the new organisation and the Trust would need to start to think about how the new organisation would operate and how quality would be measured. For example how specialties would be grouped and what the organisation's structure would look like.

The area of cultural integration would feature prominently as both trusts had different strengths and weaknesses and Royal Surrey's culture was very different to Ashford & St Peter's.

One of the key inputs to this would be the creation of the vision and values of organisation and development of the visual brand and identity of the new organisation.

Senior managers would need to begin to think about their roles and how to retain staff with strengths would need to be considered.

Simon Bhadye queried whether Governors would be able to access the Extranet site and the Director of Workforce Transformation advised she would look into this. **LMcK**

Maurice Cohen expressed his opinion that in cases of merger, staff were less affected the further down they were in an organisation. The Head of Workforce Transformation advised that whilst this was true, corporate functions such as Human Resources, Finance and IT would experience the most change across the board.

Denise Saliagopoulos queried what staff ambassadors were and it was advised that these were staff that had helped with the Employee Promise initiative and as they had been so successful the change programme had recruited 45 change agents and would work with them to:

- Raise awareness and invite feedback from relevant staff groups, utilising informal and formal networks.
- Represent the interests of relevant staff groups and the interests of staff in general and build resilience to change.
- Help to improve and suggest ideas of ways in which the Trust engaged with staff and involve them in service redesign.

- Understand and contribute to the values and vision of the newly-created organisation and be able to communicate this to others.
- Role model the behaviours expected of a staff member of the newly-created organisation and give encouragement and support to those who may be resistant to change.
- Contribute and act as a sounding board during the development of the iconic symbols and brand of the new organisation.

David Frank expressed that although the paper outlined some good ideas, his concern was that initiatives needed to begin without any further delay as it was already two months since the announcement of the potential merger. Sue Ells agreed that she too would have expected the Trust to be further ahead at this stage; however the non-executives have been assured that everything was in hand and ready to proceed. Consideration also had to be given that there was not an endless supply of funds to work on the initiatives.

Philip Beesley confirmed that the non-executives had raised their concern also and were assured and considered the programme outlined a good one.

Brian Catt raised his concern that changes that had been proposed pre-merger did not lose their momentum and the Chairman confirmed that it would be important to maintain performance.

Tracy Ward raised her concern that the Trust was going into a process when it was not where it should be in relation to the staff survey. Tracy queried what sort of metrics would be utilised. The Director of Workforce Transformation advised that it was planned to set up the metrics. The staff Friends and Family Test had recently been launched and when previously staff had been asked for their feedback once a year via the staff survey, staff would be asked once a quarter. Staff would also have the opportunity to fill in some additional text explaining the reasons for their answers. It was added that Royal Surrey's engagement with staff was very good although activities were absent.

Arun Gupta raised his concern that there were many staff that were unable to attend meetings, ie clinicians and nursing staff, and was unsure that information was always cascaded down adequately. Arun wondered how this would be tackled and it was advised that many executives would be visiting various workplaces to ensure messages were relayed to the maximum number of staff.

COG-28/14 **Complaints Procedure**

The Chief Nurse presented a paper in response to the question from the Governors as to whether the complaints procedure was fit for purpose due to the increase in PALS and complaints activity.

The Chief Nurse advised that over the past 18 months, there had been a national focus on quality and culture, mainly as a result of the Francis Report, Keogh Mortality Review and the Cavendish Review. It was further advised that PALS activity had risen but that complaints activity remained constant. Complaints had risen in line with the rise in activity, but PALS had risen and exceeded the rise in activity. The positive to be gained from this was that issues were being resolved sooner rather than having to be dealt with through the formal complaints process.

The Chief Nurse advised that after the restructure of Quality, Research, Medical, Nursing and Midwifery corporate departments, each clinical division now had

their own Head of Quality along with a quality team to help monitor, analyse and improve quality performance. The gaps in staffing as the new teams were filled meant that the processes that were put in place to address the increase in complaints and PALS activity were stretched.

Further guidance has been provided to specialties on the complaints process and the measure around follow-up complaints has been added to the dashboard.

David Frank highlighted Table 3 in the report highlighting PALS Concerns and Complaints by Division where there were considerable increases in the divisions of:

- Trauma, Orthopaedics, Diagnostics and Therapies
- Theatres, Anaesthetics, Surgery and Critical Care
- Acute Medicine and Emergency - A&E

and queried whether this was due to people being more likely to complain in these areas or was the rise due to the service falling below expectations. The Chief Nurse advised that there had been a shift in themes and concerns and were now frequently about appointments and communications rather than as previously, quality of care.

Chris Howorth queried whether work had been undertaken to ascertain which areas resources should be aimed at. The Chief Nurse clarified that concerns were captured in order to develop learning and make improvements. The Deputy Chief Nurse added that simple pathway improvements needed to be made and the Trust needed to ensure that staff with the right skills were in place to enable them.

Margaret Lenton queried whether the Trust was concerned about the potential rise in claims if fault was admitted. The Chief Nurse confirmed that complaint responses were not tailored to avoid claims as the Trust felt it was important to apologise when there had been failings. Furthermore, complainants were encouraged to come into meet with staff to discuss their concerns and staff often called complainants to talk over the issues raised. The Trust as a whole was not defensive in its responses.

David Frank queried whether further classification of complaints was undertaken to include doctor and nursing staff. It was clarified that the database included a lot of detail on PALS and complaints cases so that searches could be undertaken in various ways and included via member of staff.

The Council NOTED the report.

COG-29/14 **Assurance Report**

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

David Frank highlighted that the Trust was showing a downward trend in patient feedback through Friends and Family testing and queried whether this was an outlier. The Chief Executive advised that the trend was up and down. The Trust fared well in inpatients scores but was slightly low in A&E; however there was no real concern with the figures. The Chief Nurse advised that in comparison to

other trusts, Ashford and St Peter's A&E score was at least on par if not slightly better.

David Frank further queried the Trust's operational performance where the referral to treatment time (RTT) for:

- Maximum time of 18 weeks from point of referral to treatment (admitted patients) was 81.3% instead of at least 90% (compliance threshold).

The Chief Executive advised that this was in relation to the process error of a number of patients which had come to light in December 2013 and delivery against this backlog was being monitored by Monitor and the CCG. The areas where this was an issue were:

- ENT
- Ophthalmology
- Trauma and Orthopaedics
- Maxillofacial Surgery
- General Surgery

Unfortunately, the Trust still had a backlog in Trauma and Orthopaedics and General Surgery. Part of the reason for this was that the private sector had only completed 20% of the work referred to them by the Trust. It was expected to resolve the backlog by the end of September 2014.

The Chief Executive further highlighted that waiting lists were increasing nationally with additional funds allocated by the Department of Health for trusts to alleviate the situation. The Chief Executive was pleased to advise that £1.2 million had been allocated to the Trust. It was necessary, however, for the Trust to hit targets by end of Quarter 3.

The Chief Executive advised that nationally May and June had been extremely difficult for trusts performance wise. The Trust's A&E target had recovered and it was expected the Trust would attain the 95% target in Quarter 1. Finances were in a difficult position at the beginning of the financial year as there had been an overspend on staffing.

Keith Bradley highlighted that when he had taken part in the Spring to Green initiative he had received a comment that it was unlikely that the Trust could continue to keep up the same pace since many outpatient clinics had had to be cancelled during the initiative. The Deputy Chief Executive explained the purpose of the Spring to Green initiative was to have scope to try new things, one of which being the twice daily ward rounds. It was clear that these made a dramatic difference and confirmation from clinicians had been received on this point that that it was good to work in an environment where people were in the right place and to be able to start the day without too much hanging over from the previous day. The Deputy Chief Executive advised that the next Spring to Green initiative would be taking place on 29th September 2014 and would welcome participation from the Governors again.

The Council agreed that the Trust ending the financial year with a cash balance of £11.1m was excellent.

Brian Catt noted that the safety thermometer showed Ashford and St Peter's in a better light than Royal Surrey. The Chief Nurse explained that the Trust had focused on many areas contained within the safety thermometer and had put

more resource into nursing which had had a positive effect on reducing harms occurring in the Trust.

The Council NOTED the report.

COG-30/14 **Improving the Outpatient Experience**

The Deputy Chief Executive advised that the current experience for patients accessing our services was varied and fell below many standard practices within the NHS. Every month the Trust received 13,000 GP referrals and provided 30,000 outpatient appointments. The outpatient experience was very important to the patient as many significant life events took place during their attendance and many patients could be in a heightened sense of vulnerability.

The Deputy Chief Executive advised that the Programme Management Office (PMO) had developed a three phase project and objectives for this project would be split into three phases:

- **Phase 1** - Would look at improving the services already on offer and raising the Trust's standards to match the basic expectations of a patient attending Ashford and St Peter's.
- **Phase 2** - Would begin once phase 1 was in place and would focus on the strategic aims of adopting technology to achieve the overall aim of patients being in charge of their own records.
- **Phase 3** - Would be an overarching phase throughout the whole project and would look to establish, implement and embed a set of standards for an outpatient appointment called 'The Outpatient Promise'.

During Phase 1 initial improvements would include an overhaul of the Trust's website to make it more user-friendly for patients and GPs by making it easier to contact various departments within the Trust for appointment and clinical queries. In order to reduce DNA (Did Not Attend) rates, an on-line form would be made accessible so that a patient could cancel their appointment without the need to call in. Furthermore, communication with patients and GPs would be improved in relation to receipt of an appointment or referral and this would happen within five working days. Finally, linking in with Royal Surrey would be examined to utilised joint resources. A method of recording performance, through a dashboard or similar would be developed.

The Deputy Chief Executive advised that 48% of total cancellations were made by the Trust and this could be for a number of reasons; for example, sickness, absence, having to cover a colleague and annual leave. The Trust's target was to reduce all hospital cancellations by 10%, ensuring the minimum number of clinics were cancelled less than six weeks prior to an appointment.

The Deputy Chief Executive advised that it was quite common for a patient to have to attend hospital on several different days for the same condition, ie for an appointment, a diagnostic exam and to see a clinician with their results. It was intended to link appointments to develop a one-stop appointment where tests would be undertaken and a clinician would be seen on the same day to explain the results and arrange any further treatment as required.

Brian Catt highlighted that the outpatient experience was not measured and the Chief Nurse advised that from October 2014 the Friends and Family Test would be introduced in Outpatients so the experience would begin to be measured then.

The Deputy Chief Executive advised that Phase 3 would incorporate the provision of customer care training for front-line staff to ensure the patient had the best customer experience which would be in conjunction with the current Joint Access Policy. The policy would include a set of expected behaviours for all Ashford and St Peter's staff.

The Deputy Chief Executive welcomed support from Governors to join an Outpatient Experience Group.

Steve McCarthy highlighted a recent experience when he attended St Peter's Hospital for an appointment and had to wait one and half hours to be seen. Steve advised that a few patients did leave the clinic unable to wait any longer but he had decided to wait. Steve was surprised with the lack of communication from staff to the patients waiting.

Barbara Mogensen advised she would like to be a member of the Group and queried what the timeframes were for the project and it was advised that Phase 1 would begin late summer/early autumn and Phase 2 would begin in October.

Maurice Cohen highlighted that with the potential of 50,242 clinic slots being available per month, the Trust was only utilising 34,430 clinic slots and queried why this was so. The Deputy Chief Executive advised there was indeed a gap in the utilisation of available slots and it was usual for the Trust to utilise 92 – 94% of the slots available. However, during April this was 84% which was mainly as a result of the Easter Bank Holiday and the Spring to Green initiative.

Judith Moore advised that she would also like to be a member of the Group.

The Council discussed the importance of keeping patients informed in clinic and it was clarified that the Trust's aim was to reduce total cancellations by 10%.

The Council NOTED the report.

COG-31/14 **Any Other Business**

Brian Catt further highlighted the issue with what he perceived was a lack of Trust communications being displayed around the Trust. Brian wanted to see one person/department being in charge of all Trust communications and being responsible for restocking and ensuring these were on display.

The Chief Executive highlighted the article in the Daily Express that day around the USA Study Tour which executives and clinicians from the Trust, Royal Surrey, North West Surrey CCG and Guildford and Waverly CCG had been on recently.

The group visited three hospitals in the USA and saw an example of a merger, use of technology and information systems (paperless). The Trust had been thinking of basing its version of Electronic Patient Records (EPR) on the PAS system but it was highlighted that some organisations in the USA based theirs on primary care systems. This would mean having all medical information accessible on any given patient and the group felt this was the system to adopt. In another hospital, which was family run, providing care for older people was witnessed. The model of care provided at this hospital was exemplary and it had been able to reduce costs by 30%.

It was advised that the cost of the trip including accommodation, travel and food amounted to £10,000 per person. The Chief Executive advised that he paid for himself as he would be leaving the Trust at the end of August. A recent Chief Executive's weekly message to the Trust had included details of the trip.

Sue Ells advised that the non-executive directors had undertaken rigorous scrutiny of the proposal and had been reassured that the trip was a good idea.

Simon Bhadye queried how relevant visiting the USA would be when they had a two tier system – private and Medicare. The Chief Executive advised that the example above was a hospital that cared for older people who did not have insurance and it had managed to provide the care at a reduced price. It was further added that GPs were also part of the group visiting the USA and the trip had helped to improve relationships.

As it was the Chief Executive's last Council meeting, David Frank wished to thank the Chief Executive on behalf of the Council for his contribution.

COG-32/14 **QUESTIONS FROM THE PUBLIC**

Ian Robinson advised he had found the meeting very interesting and wished to highlight the following:

- He was grateful for the monthly bulletins advising him of meetings/events coming up at the Trust but was unsure why more members of the public did not attend the Council meetings.

- He advised that he had nominated himself previously during an election but had been unsuccessful and wondered if this was due to his details appearing further down in the list of candidates as his surname began with the letter R. The Chairman advised that the Trust had to comply with the rules and regulations on elections and was tied to the process.

- He advised that he had worked for BP for 30 years and as he was now retired, would be happy to offer his services should the Trust wish to take this offer up.

The Council thanked Ian for his attendance and input.

Date of Next Meeting

The next meeting would be held on Tuesday 9th September 2014 at Ashford Hospital.

Signed……

Aileen McLeish
Chairman

9th September 2014

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	9 September 2014 Update	Status
23.06.14	**COG-18/14**	**Glass Cabinet for Hospital Awards**	Advise Richard Docketty when in place	SR	ASAP	Fitted on 30th June 2014	✔
23.06.14	**COG-19/14**	**Governor Activities**	Why there was no representation from Ashford & St Peter's at the CCG's Quality Strategy Stakeholder event	SR	ASAP		
23.06.14	**COG-27/14**	**Engagement During Organisational Transition**	Check whether Governors can access Extranet	LMcK	ASAP		