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

OPEN MEETING OF THE COUNCIL OF GOVERNORS
15th June 2016, St Peter's Hospital

PRESENT:	Simon Bhadye	Public Governor – Spelthorne	**SB**
	David Bittleston	Appointed Governor – Woking Borough Council	**DB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	Brian Catt	Public Governor – Spelthorne	**BC**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	Lilly Evans	Public Governor – Runnymede, Windsor & Maidenhead	**LE**
	David Frank	Public Governor – Surrey Heath	**DTF**
	Godfrey Freemantle	Public Governor – Hounslow & Richmond-upon-Thames	**GF**
	Arun Gupta	Staff Governor – Medical and Dental	**AG**
	Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Samantha Lamb	Staff Governor – Admin and Ancillary	**SL**
	Mark Maddox	Appointed Governor – Runnymede Borough Council	**MM**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Aileen McLeish	Chairman	**AMcL**
	Barbara Mogensen	Public Governor – Elmbridge	**BM**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Bhagat Singh Rupal	Public Governor – Hounslow & Richmond-upon-Thames	**BSR**
	Andrew Ryland	Public Governor – Runnymede, Windsor & Maidenhead	**AR**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Danny Sparkes	Public Governor – Runnymede, Windsor & Maidenhead	**DSp**
APOLOGIES	Roderick Archer	Public Governor – Elmbridge	**RA**
	Maureen Attewell	Appointed Governor – Spelthorne Borough Council	**MA**
	Paul Darling-Wills	Staff Governor – Allied Healthcare Professionals	**PW**
	Ann Gallagher	Appointed Governor – University of Surrey	**AGa**
IN ATTENDANCE			
	Nadeem Aziz	Non-Executive Director	**NA**
	Philip Beesley	Non Executive Director	**PB**
	Heather Caudle	Chief Nurse	**HC**
	Sue Ells	Non-Executive Director	**SE**
	Lorraine Knight	Interim Chief Operating Officer	**LK**
	Simon Marshall	Director of Finance and Information	**SM**
	Terry Price	Non Executive Director	**TP**
	Suzanne Rankin	Chief Executive	**SR**
	Peter Taylor	Non-Executive Director	**PT**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute		Action
COG-16/16	**Apologies and Visitor** Apologies as listed on previous page. The Chairman advised that Sandra Chinyere, Biomedical Scientist, was currently shadowing the Chief Executive and would be attending the meeting to observe.	
COG-17/16	**Declarations of Interests in the Proceedings** No declarations of interests were noted.	
COG-18/16	**Minutes of the Meeting on 9th March 2016** The minutes of the meeting held on 9th March 2016 were AGREED as a correct record.	
	Matters arising	
COG-19/16	**Patient Experience Group Report (COG-06/16) – Selection of patient representatives for groups and committees** Keith Bradley advised that Louisa Daly, Head of Patient Experience and Involvement, had advised at the Patient Experience Group meeting in April that she would be inviting members of both the Patient Panel and Patient Experience Group to put themselves forward as members of groups/committees when the need arose. At the Patient Experience Group meeting in June, Louisa updated the Group that no further groups/committees had been set up although one was on the horizon and once dates had been finalised she would be sending out an invite for a volunteer.	
COG-20/16	**Assurance Report (COG-10/16) - Progress against Lord Carter's 15 Recommendations** The Director of Finance and Information advised that Lord Carter had conducted a national review of the NHS on how to meet challenges and encourage good practice. It was advised that Ashford and St Peter's had come out with the lowest savings challenge in the country. The Director of Finance and Information advised that some indicators were suggesting issues with the balance of staff, for example in Haematology where more detailed work would be undertaken. It was advised that a paper had been presented at the Finance and Performance Committee and the Director of Finance and Information was happy to share this with the Council.	**SM**
	The Director of Finance and Information advised that there were a few things that were being looked at in more detail and the Chairman advised that there would be a discussion taking place around strategy mid-way through the year when areas highlighted by the benchmarking would be pulled out and looked at more closely. The Chief Executive referenced the Right Care Programme which is aimed at reducing clinical variation in areas of particular focus including vascular and orthopaedic specialties.	
COG-21/16	**Initiatives in Place to Improve Managerial Practices (COG-15/16)** The Membership and Engagement Manager confirmed that this had been touched upon at the separate Staff Survey Session which took place on 10th May 2016 and would forward the minutes to the Governors. Other initiatives regarding manager training had been put in place which made the intended presentation	**AS**

mentioned earlier in the year no longer appropriate.

FEEDBACK FROM GOVERNORS

COG-22/16 Governor Activities

David Frank presented the report advising that it was self-explanatory and continued to be a useful tool for keeping members of the public informed on what their Governors were doing for the Trust. David advised that the Constitution Group meeting which took place on 10th June 2016 was missing from the list.

Keith Bradley highlighted the recent Staff Awards Ceremony which he and several Governors attended. He was pleased to be part of the celebration and have the opportunity to witness so much excellence.

Lilly Evans advised that she had also attended a Governor Development day at Frimley Health where she felt she had learnt a lot. Lilly advised that there is a new Chairman in post who is using governor development to improve engagement at Frimley Health.

The Council of Governors NOTED the report.

COG-23/16 Patient Experience Group Report

Keith Bradley, Chair of the Patient Experience Group, presented minutes from the meeting which took place on 11th April and advised that the Group had also met again the previous week but the minutes had not been finalised in time for the Council papers. Keith advised that David Sills, Dementia and Admiral Nurse Lead, had attended the meeting in April to update the Group on work relating to Dementia Care. Keith added that David had received the Passion for Excellence Award at the recent Staff Awards Ceremony which was felt by many as being much deserved. Keith advised that Danny Sparkes was a member of the Dementia Group and that Judith Moore was now the Chair of the Transplant Group.

Keith advised that the Group had visited the Appointments Centre during their meeting on 6th June and that this was the second visit to the Centre by the Patient Experience Group. The Group was pleased to see improvements first-hand which had resulted from the work undertaken by Outpatient Working Group. Staff seemed more content and the appointment of Julie Morland as Outpatient Services Manager was felt to be a good move by the Group.

Keith added that other items of discussion included the appointment of the Pastoral Care Lead and the installation of a gazebo outside Oak Ward. Keith also advised that part of the Group's remit was to look over the quality reports and attendance from Russell Wernham, Associate Director of Quality, Louisa Daly, Head of Patient Experience and Involvement and occasionally Dr Mike Imrie, Chief of Patient Safety, aided this process and was much appreciated by the Group.

The Council NOTED the report.

COG-24/16 Membership and Community Engagement Group Report

Andrew Ryland, Chair of the Membership and Community Engagement Committee presented minutes of the meeting which took place on 26th April and a

verbal update from the meeting which took place on 7th June. Andrew advised that Michael Smith had stepped down as he was no longer an Appointed Governor for the Trust. Andrew wished to put on record how the Group had appreciated Michael's commitment over the past 5½ years.

Andrew referenced the data cleanses conducted of the membership database recently and explained how the data was now more up to date and relevant. The Group still anticipated a 5% increase in membership over the coming year.

Andrew advised that the Members' Health Events were in full flow with 70 people already booked on the Annual Members' Meeting taking place on 19th July and 60 on the Infection Control event on 28th June.

Andrew advised that the Group was currently reviewing the Membership Strategy together with the Terms of Reference.

Finally, Andrew requested volunteers to join the Group. **All**

The Council NOTED the report.

STATUTORY

COG-25/16 **Membership of the Council of Governors**

The Chairman advised that the paper reflected two Appointed Governor changes:

- Mark Maddox replaced Hugh Meares as Appointed Governor from Runnymede Borough Council
- David Bittleston replaced Michael Smith as Appointed Governor from Woking Borough Council

The Chairman wished to thank Hugh Meares and Michael Smith for their commitment to the Trust over the last 5½ years.

The Chairman also advised that she had recently received Dr Ann Gallagher's resignation due to her increased work commitments and that Professor Jill Shawe would be replacing Ann, although confirmation of this was awaited from the University of Surrey.

COG-26/16 **External Audit**

Terry Price advised that originally the Council had agreed to appoint KPMG for three years and had already taken the option to extend for one year. Terry requested the Council's agreement for the contract to be extended for another year taking the contract up to five years.

David Frank supported the proposed extension and considered nothing would be gained from going to tender. Terry advised that the Trust would still need to go to tender in approximately a year's time. David queried the reasoning behind this as he felt it would be time consuming and costly. The Director of Finance and Information advised that EU rules required organisations to go to tender to reflect best practice. However, the process could be much shortened and simplified. Terry advised that a small group consisting of Governors and members of the Audit Committee would meet to discuss and it was agreed to set this meeting up. **AS**

The Council APPROVED the recommendation.

Minute **Action**

COG-27/16 **Revisions to the Trust Constitution**

The Council AGREED to increase the number of Executive Directors to seven from six, with the new position having voting rights.

The Council AGREED :

- To extend the existing Public Constituencies to be conterminous with electoral Borough boundaries
- To review and align the minimum number of members required for each area of the Public Constituency

It was agreed that further work would be undertaken on data around outpatient attendances and reviewing the criteria for an extra constituency later in the year.

STRATEGY AND PERFORMANCE

COG-28/16 **Assurance Report**

The Chief Executive presented her report and provided a brief synopsis of the year advising that the Trust had ended the year extraordinarily well, especially financially, although A&E performance continued to be a challenge. Other targets had been achieved and the Trust was amongst one of the best performing trusts nationally. The Secretary of State for Health had mentioned the Trust in an interview on BBC Radio 4's Today programme stating words to this effect. The Chief Executive advised that the Trust was clear that there were challenges ahead in relation to the Trust's strategic future.

David Frank stated he was pleased with how the assurance report had developed and would like to see the report reviewing each of the strategic objectives so that the Governors could be clear that the non-executive directors were focusing on the right things. The Chief Executive agreed to develop the report further. **SR**

David raised a concern on the incidents relating to the prescribing of incorrect medications. The Chief Executive advised that this was a new measure which looked at the totality of medicine management and did not believe any errors were systematic. Philip Beesley advised that the measure was reported on regularly and that staff were required to highlight any serious errors. The importance of keeping patients safe was continually relayed to staff members.

In response to David's query on mortality reviews, it was advised that the Medical Director and Chief Nurse were looking closely at this national requirement and had found Ashford and St Peter's to be around the middle in terms of compliance.

David queried why there was not more information provided in the public papers on the Surrey Heartlands project and it was advised that there was not a lot available to be shared yet although some information would be provided in the closed session.

Lilly Evans noted the maternity safety thermometer had not been submitted in April 2016 and queried whether there was any progress with this. The Chief Executive advised that she was aware that it had been an exceptionally busy time in Maternity. Lilly queried why Never Events did not appear on the dashboard and it was advised that since Never Events were extremely rare it would be possible to identify the patient from the information provided, therefore these were handled in the closed Board meeting as the Chief Executive wanted to

retain patient confidentiality. Never Events were reported using the National Reporting and Learning System (NRLS) and reviewed in detail at the Quality and Performance Committee. The Patient Experience Group, working on behalf of all Governors, was also given some information regularly.

Denise Saliagopoulos queried what the disruptions in the stroke pathway were as mentioned on the dashboard. The Interim Chief Operating Officer advised that disruptions were the result of not having enough dedicated beds for patients with stroke.

The Council NOTED the report.

COG-29/16 **A&E Report**

The Interim Chief Operating Officer presented the A&E report. She advised that A&E performance continued to be a challenge although some headway had been made. The Trust had agreed a recovery trajectory with NHS England and was in regular talks with NHS Institute for Innovation and Improvement (NHSI), formerly Monitor, explaining what the Trust was doing to improve A&E performance.

The Interim Chief Operating Officer referred to the second slide in her report which outlined Emergency Department (ED) performance and advised that there had been improvements in time to be treated and ED referrals and ED referrals being discharged by specialty were down. In response to David Frank's query it was advised that when the ED was busy, junior doctors had the tendency to refer patients to specialties for further opinion and these referrals had reduced as patients were being treated more and more within the department including in the Urgent Care Centre making space in the ED. It was further advised that 91% of patients were discharged within four hours.

The Interim Chief Operating Officer referred to the third slide in her report and advised that there had been slightly fewer attendances in May and that breaches were considerably down when compared to March. Length of stay for emergency care patients was also slightly down.

The Interim Chief Operating Officer advised that there were four main objectives under the Emergency Care Programme:

1. Establishing the Urgent Care Centre (UCC)
2. Implementing Ambulatory Care in the medical assessment area
3. Improving the medical model
4. Establishing and implementing the core clinical standards for acute and emergency care at ASPH

It was advised that the UCC had opened in March 2016 and provided 7 day per week cover and had already seen around 10,000 patients since its opening. In response to a query regarding staffing for the UCC and Ambulatory Care (AECU) it was advised that staff were employed by the Trust and were rotated from the ED. Feedback from staff was good as they felt a sense of achievement in delivery within the UCC and felt refreshed.

Steve McCarthy mentioned that the plan had been to get Greenbrooks to run the service and queried why this had not been followed through. The Interim Chief Operating Officer advised that the original offer from Greenbrooks had been withdrawn. It had been imperative that the Trust had the UCC up and running as quickly as possible to support the Urgent Care pathway and this was done

successfully using Trust staff. This service was now working well and performance was above 99%. However, longer term the Trust's aspiration was to have GPs supplementing the workforce in the UCC.

In response to Brian Catt's query on outliers it was advised that patients sometimes ended up in another ward due to capacity constraints. This remained an issue, mainly in Medicine, and buddy ward arrangements were in place to ensure patients were clinically reviewed each day.

The Interim Chief Operating Officer advised that Rick Strang, Associate Director of Operations (Emergency Care) was a temporary appointment and had made great in-roads into improving efficiencies in the ED. Rick was strongly supported by Dr Jonathan Robin and Dr Melanie Irvin-Sellers, both Deputy Divisional Directors in Acute Medicine. The ED seemed to be more energised and all staff from porters to consultants were involved in regular ED assemblies where they could have their say. The ED felt much more a team now.

David Frank requested assurance from the non-executive directors that the strategy to improve compliance within A&E was appropriate as it would appear that the situation had continued to worsen. Philip Beesley. Non-Executive Director, appreciated that the situation was fragile but felt there had been a cultural shift with new leadership in place and he was confident that things were moving in the right direction. David requested information on what metrics should be measured so that the Governors could keep these under review. **LK**

The Interim Chief Operating Officer advised that EDs around the country were experiencing similar problems and that the situation meant that trajectories could not be met. Nadeem Aziz, Non-Executive Director, advised that the ED situation had been raised at a recent Finance Committee and although issues were not easy to isolate, actions undertaken that had resulted in positive outcomes provided the non-executive directors with assurance. It was confirmed that vacancies in the A&E and Care of the Elderly consultant positions were being advertised.

The Chairman added that it was important to recognise that the Trust was now seeing some progress in the ED.

The Council NOTED the report.

COG-30/16 **Stroke Services Reconfiguration Programme**

The Chief Executive advised that this was the reconfiguration of stroke services across the Surrey area. There would be three hyper acute stroke units and these would be sited at:

1. Frimley
2. Epsom or Surrey and Sussex
3. St Peter's or the Royal Surrey

In relation to the unit being at either St Peter's or the Royal Surrey, it had been concluded that it should be sited at St Peter's by both trust boards. The final decision would still be subject to the outcome of the public consultation beginning in July. In order for St Peter's to provide the service, another ward would be required and this would mean some services being moved to the Royal Surrey. This was a large project and difficult decisions would have to be made and a full business case would be put together outlining details of the service

reconfiguration. By the end of June the two trust boards would need to report back to the CCG on the implications to services and patients. The CCG would be leading on the reconfiguration programme.

Maurice Cohen queried whether the Trust would be provided with the budget required to run the stroke service and the Chief Executive advised that this was an issue which is being discussed with the CCG but it was clear that efficiencies would need to be realised.

Simon Bhadye pointed out that Ashford had had rehab facilities and that these were now no longer provided. Simon considered that rehab would be needed for these patients and queried where this would be provided. The Chief Executive advised that it was widely considered that an acute hospital was not the right place for the provision of rehab as rehab was better provided either at home or in a place close to home. It was added that the Trust was working closely with community partners in order to provide rehab across the Surrey area.

Judith Moore queried whether there were any concerns with exchanging services with the Royal Surrey and it was advised there were no real concerns although it was difficult at this moment to say which services would be moving.

Andrew Ryland referred to the point in the paper highlighting the creation of a cardiovascular centre at St Peter's and that previously the plan had been to move cardiovascular work to St Peter's which had not happened. Andrew queried whether the vascular team had become de-skilled with the limited number of cases. The Chief Executive advised that a critical mass was needed to provide the optimum service and confirmed that currently the cardiovascular service was losing money. However, it was important to maintain the service as this would be vital when deciding where the Urgent Treatment Centre would be located. It was also advised that the cardiovascular team practised in Epsom and the Royal Free, often treating routine cases but still maintaining competencies.

Finally, the Chief Executive advised that the final stroke plans would be signed off on 24th June 2016.

Chris Howorth queried whether the future would see more swapping of services and it was advised that it was envisaged that this would be case. Chris considered that being able to recruit consultants would become easier due to the prospect of the Trust providing a full service. The Chief Executive advised that the Sustainability and Transformation Plan (STP) included an ambition to provide the critical mass needed to provide an extensive service whilst avoiding multiple services across hospitals.

The Council NOTED the report.

Any Other Business

The Chairman referred back to the recruitment of a pastoral care lead and the Chief Nurse apologised for the recruitment to this vacant position taking so long. The Chief Nurse wished to share some history in relation to the position by advising that the previous summer a candidate had been selected but then withdrew their interest. Then as the merger was developing it was agreed to provide an integrated chaplaincy team with the Royal Surrey. It was still considered that this was an option although a more junior position would be needed with the Pastoral Lead at the Royal Surrey having agreed to supervise the role. The new job description had been shared with Judith Allford, the Trust's

previous Chaplain, in order to gauge her opinion. The position would now be advertised at the end of the week. So although the gap in service currently remained, there was now progress in filling the position.

David Frank highlighted that this was Sue Ells and Philip Beasley's last meeting as non-executive directors and that Clive Goodwin would also be stepping down from the non-executive director role. David, on behalf of the Council, wished to thank them for their contribution and congratulate them on the good relationship that had developed with Governors over the years.

The Chairman reminded Council members that on 12th July Governors would be presented with the Accounts and Annual Report and on 19th July the Annual Members' Meeting would be taking place and that it was hoped that many of the Governors would be able to attend.

Questions from the Public

None

Further Dates for 2016

Wednesday 7th September, 6 – 8 pm, Education Centre, Ashford Hospital
Monday 5th December, 4 – 6 pm, Chertsey House, St Peter's Hospital

Signed……

Aileen McLeish
Chairman

7th September 2016

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
15.6.16	COG-20/16	**Assurance Report (COG-10/16) - Progress against Lord Carter's 15 Recommendations**	Share the report that went to the Finance and Performance Committee	SM	8.7.16	Sent to Governors on 7 July 2016	✔
15.6.16	**COG-21/16**	**Initiatives in Place to Improve Managerial Practices (COG-15/16)**	Forward minutes of the Staff Survey meeting to Governors	AS	8.7.16	Sent to Governors on 7 July 2016	✔
15.6.16	**COG-24/16**	**Membership and Community Engagement Group Report**	Volunteers for the Group	ALL	22.7.16		
15.6.16	**COG-26/16**	**External Audit**	Arrange a group to discuss the tender of the auditors	AS	2.12.17		**ND**
15.6.16	**COG-28/16**	**Assurance Report**	Develop report to review each strategic objective	SR	7.9.16		
15.6.16	**COG-29/16**	**A&E Report**	Information on what metrics should be measured so that the Governors can keep these under review.	LK	7.9.16	Provided as part of the A&E Report to Council on 7 September 2016.	✔