Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE
COUNCIL OF GOVERNORS
14th June 2017, St Peter's Hospital

PRESENT:	Maureen Attewell	Appointed Governor – Spelthorne Borough Council	**MA**
	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**
	John Collins	Public Governor – Surrey Heath	**JC**
	Melaine Coward	Appointed Governor – University of Surrey	**MCo**
	Richard Docketty	Staff Governor – Hospital Volunteers	**RD**
	Lilly Evans	Public Governor – Runnymede, Windsor & Maidenhead	**LE**
	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**
	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**
	John Sermon	Staff Governor – Ancillary, Admin, Clerical & Managerial	**JS**
	Danny Sparkes	Public Governor – Runnymede, Windsor & Maidenhead	**DSp**
	Matt Stevenson	Staff Governor – Allied Health Professionals	**MS**
	Bertie Swan	Public Governor - Elmbridge	**BS**
APOLOGIES	Mark Maddox	Appointed Governor – Runnymede Borough Council	**MM**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
IN ATTENDANCE			
	Valerie Bartlett	Deputy Chief Executive	**VB**
	Heather Caudle	Chief Nurse	**HC**
	Paul Doyle	Deputy Director of Finance	**PD**
	Laura Ellis-Philip	Associate Director of Informatics	**LE-P**
	David Fluck	Medical Director	**DF**
	Chris Ketley	Non-Executive Director	**CK**
	Andrea Lewis	Associate Director of Operations, Emergency Medicine	**AL**
	Terry Price	Non-Executive Director	**TP**
	Suzanne Rankin	Chief Executive	**SR**
	Giselle Rothwell	Head of Communications	**GR**
	James Thomas	Director of Operations, Planned Care	**JT**
	Meyrick Vevers	Non-Executive Director	**MV**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-16/17 **Apologies and Welcome**

Apologies as listed on previous page. The Chairman welcomed Melaine Coward, Appointed Governor from the University of Surrey and several members of the public in attendance. The Chairman introduced Andrea Willis, Associate Director of Operations for Emergency Medicine, as it was her first Council meeting and Andrea explained her role and how previously she had been in the army. It was when she had shadowed the Chief Executive that she had taken the decision she would like to work for the Trust.

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

No declarations of interests were noted.

COG-18/17 **Minutes of the Meeting on 8th March 2017**

The minutes of the meeting held on 8th March 2017 were AGREED as a correct record. The updated Action Log was noted. The two matters arising were not due yet.

FEEDBACK FROM GOVERNORS

COG-19/17 **Governor Activities**

Andrew Ryland stated that the paper outlined activities the Governors had undertaken since the last Council meeting and wished to thank Governors for their time and commitment to these activities. Andrew highlighted that there were a number of additional activities the Governors had been involved in relating to the recruitment process for the new Chairman.

Keith Bradley wished to highlight how he and several other Governors had enjoyed the Staff Awards Ceremony and how the television journalist, Victoria Derbyshire, had been an excellent host. John Collins highlighted how much Danny Sparkes contributed in attending so many meetings/events.

The Council of Governors NOTED the report.

COG-20/17 **Patient Experience Group Report**

Keith Bradley, Chair of the Patient Experience Group, presented minutes from the meeting which took place on 10th April 2017. Keith mentioned the Quality Report and how the Deputy Medical Director/Chief of Patient Safety and Deputy Chief Nurse/Associate Director of Operations, had been invaluable when responding to the questions raised by the Group. Keith added that the Medical Director/Chief of Patient Safety would be retiring soon and Keith was personally sorry to lose his contribution to the Group.

Keith pointed out that the Group had visited the Rowley Bristow Unit and since it was a Monday, the unit had been very busy. The Group had had the opportunity to meet many of the staff working in the unit and Group members had been surprised to learn that around 300 referrals a day were received and learnt a little about the process of triaging them. The Group was advised that surgery was not the only option when treating patients to alleviate symptoms and that therapy services were often involved in treating patients.

Finally, Keith added that Group members were very hard-working and took their

duty to meet the Group's remit very seriously.

The Council NOTED the report.

COG-21/17 **Membership and Community Engagement Group Report**

Danny Sparkes presented minutes from the last meeting which took place on 26th April 2017. Danny highlighted how she had visited two schools with the Membership and Engagement Manager to talk to students about careers and becoming members of the Trust. Danny encouraged Governors to carry membership forms in case recruitment opportunities presented themselves. **All**

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-22/17 **Assurance Report**

The Chief Executive presented her report and advised that the Council would be hearing from the Associate Director of Informatics later but wished to commend her and her team on the professional response to the recent national cyber-attack and ensuring the Trust had the resilience needed before the attack so that it had not been affected. The whole Informatics Team had worked tirelessly after the attack to provide further increased protection.

The Chief Executive advised the CQC had conducted their final compliance visit at the end of February and the Trust had been deemed as fully compliant. The Chief Executive further highlighted the Pride in Nursing Day and drew the Council's attention to the staff turnover rates detailed in her report. It was added that staff turnover was high but this was the similar scenario at other trusts.

Finally, the Chief Executive added that work on the Sustainability and Transformation Plan (STP) had been delayed due to the recruitment process for securing a new Senior Responsible Officer and the necessity of Purdah ahead of the General Election.

In response to Judith Moore's query it was advised that there were not many specialty doctors and therefore the corresponding turnover rate of 25% accounted for only a few doctors. Many were also on fixed term contracts with these being non-training posts and not linked to the university. Arun Gupta added that specialty doctors were a particularly mobile group and often moved when training posts came up.

In response to Steve McCarthy's query, the Chief Executive advised that although non-pay costs were higher than the previous year; mainly due to paying for sub-contracted activity linked to the new iMSK contract; other forms of treatment in place of surgery in the iMSK model should result in savings over time. The Chief Executive added that the Trust's objective was to develop an excellent model of care so that patients chose to be treated at the Trust. It was confirmed that different practitioners were utilised in the iMSK service, for example physiotherapists.

Andrew Ryland congratulated the Trust in receiving compliance in the CQC inspection and its continued financial success which helped to protect front-line clinical services. Andrew queried whether there was anything of concern on the Quality Performance dashboard. The Chief Executive advised that measures

involving mortality remained an issue and readmissions within 30 days was an area of focus. The Medical Director agreed that being readmitted to the Trust within 30 days was not good for the patients or the Trust. The process for how patients were coming in had been restructured and what was driving readmission was being looked at. The Chief Executive advised that the Trust was still striving to improve upon the 4 hour admission to a stroke ward target as evidence indicated that patients fared better in a specialist unit. The Director of Operations, Planned Care advised an action plan was in place to help identify patients suffering a stroke more quickly. The Associate Director of Operations, Emergency Medicine advised suspected stroke patients would be able to go straight to the stroke unit and this would help to improve overall performance. Finally, it was advised that Dementia case finding data would now be tracked electronically which would significantly improve recorded results.

The Chief Executive highlighted the two page attachment from NHS Providers entitled "The NHS at the Heart of our National Life" which conveyed the level of demand on the NHS and some of the challenges.

In response to John Collins' query, the Medical Director agreed that 54% was low for eligible patients receiving antibiotics for sepsis in a timely manner and stated this may be due to patients being allergic and that training would be stepped up to ensure staff acted as quickly as possible. The Chief Executive confirmed it was not current procedure to delay administering antibiotics and that ambulance service staff were also good at spotting sepsis and treating it.

Chris Howorth highlighted 5.1 and 5.2 on the dashboard which referred to timeliness of complaint responses where there were marked improvements in responding to deadlines. The Chief Nurse advised that this was no longer a hard target but still an important measure. The Chief Nurse added that there had been a complete changeover of the team recently and tracking processes had been missed. Daily updates were now being received to ensure everyone in the process was doing what they should be and that the quality of responses was good. Arun Gupta pointed out that now electronic records were in place, it was much quicker to respond to complaints by the clinician or member of the nursing staff.

The Council NOTED the report.

COG-23/17 **Performance Report (including A&E)**

The Director of Operations (Planned Care) presented his report and advised that it had been a challenging Easter with a changeover in community and patient transport providers. The Trust had performed better in April in the 4 hour A&E target and achieved 91.2% while in May performance had risen slightly to 91.7%. The target in June required improving still further. It was advised that work continued to improve processes as part of the recovery plan.

Lilly Evans queried why A&E additional attendances had dropped during April and May when compared to last year and the Associate Director of Operations, Emergency Medicine advised that inappropriate attendances had reduced and that the public seemed to be more aware of whether an ailment required an A&E attendance. Chris Ketley added that the A&E target performance this time last year had been 89%.

The Director of Operations (Planned Care) advised that the Trust was performing well against the cancer targets but was a little short in the cancer surgery target

although this accounted for only four patients. During May the Trust had been 100% compliant. Urology performance against the cancer targets had greatly improved. Urology had been compliant from March to May and learning was being shared with other specialties. Judith Moore wished to congratulate staff for GP referral and screening service referral rates. The Chairman advised that some months saw large volumes of patients requiring this service, for example last month had seen a significant rise in colorectal care.

The Director of Operations (Planned Care) referred to the 18 week Referral to Treat (RTT) target which had been recovering during January to March with only around 18 patients being cancelled during the three months. General Surgery and Maxillofacial were still underperforming and efforts had been put into these areas to improve performance and they were now tracking a little above the national average.

Brian Catt referred to a discussion the Patient Experience Group had had about cancelled operations at short notice and wondered whether they had reduced in number. The Director of Operations (Planned Care) advised that cancelling a procedure on the day of surgery was the worst possible outcome for the patient. Numbers were significantly less due to the focus now being placed on patient flow. Judith Moore asked whether it was right to presume that not having enough beds played a significant part in cancellations and the Chief Executive advised that demand was examined to ensure the right number of the beds needed were available. Richard Docketty considered the impact of cancelling a patient's surgery at short notice on the department and it was agreed that it did impact staff morale.

The Council NOTED the report.

COG-24/17 **Strategic Objective Review – Top Productivity**

Meyrick Vevers began the presentation by advising the Trust had performed well and had achieved a £1.1m surplus in 2016/17 although it would be challenging to achieve the £14m surplus projected for 2017/18. Many of the CCGs had forecasted a year-end overspend and the STF (Sustainability Transformation Fund) had helped trusts to break even. The STP was in its early stages and there was a lot of work to do to achieve realistic plans. Concerns in relation to workforce were increasing especially since EU applications had reduced and this would impact many areas of the NHS. There was no extra money for the NHS and it would be even more difficult in 2017/18.

Challenges included meeting NHS Improvement's targets both financial and non-financial. Another round of discussions with the CCGs was expected around the Joint Delivery Programme in order to find ways of saving money.

The Chief Executive highlighted the priorities for the NHS:

- Zero waste
- Avoiding harmful care
- Avoiding unnecessary care
- Ensuring productivity

It was pointed out that the Trust had been deemed the most efficient Trust in terms of the Lord Carter's review – Productivity in NHS hospitals. However, this level of achievement would be increasingly difficult to maintain delivery of the savings challenges. As mentioned previously, the Trust would be working with

the CCGs on the Joint Delivery Programme to reduce activity which would require an associated cost response within the Trust of 53% of the income released. The Chief Executive added that the Trust was one of the main providers in the STP and was heavily committed to the proposed model. The Deputy Chief Executive confirmed that the Trust needed to be part of a system that benefitted patients. However, working on the STP model involved a lot of time and energy. The Trust had invested heavily in internal change and long term this would benefit the Trust.

Lilly Evans referred to the slide outlining the challenges the Trust was facing and noted that some were mandatory, some regulatory and others desirable. Lilly considered the need to distinguish where each sat and the Deputy Chief Nurse agreed it was difficult to try and put these in any order. However, the Board was working on this.

Judith Moore commended the Trust on functioning so well in light of so much change within the NHS and was concerned it was still being faced with which organisation the Trust should join. The Deputy Chief Executive advised that there was no appetite for organisational change; however the Trust could not find solutions on its own.

COG-25/17 **Any Other Business**

None

COG-26/17 **Questions from the Public**

Stephen Fash, a Trust member and previous Chief Executive for the Trust, came forward and read a personal statement about the proposed closure of the Blanche Heriot Unit (attached). Another member in attendance advised she had spoken with the Rt Hon Philip Hammond MP and would be seeing him again soon to discuss the service. David Bittleston advised that his wife had worked for the unit previously. Maureen Attewell highlighted her concern for users of the services, in particular young people. Suggestions of who to speak to raise concerns were provided to Stephen. Stephen advised that he was also due to speak at the Health Scrutiny Committee.

The Chief Executive advised that the Trust had not been in a position to respond to the commissioners' tender as it was not convinced the financial model was viable. She went onto say that she understood that CNWL was offering a very different clinical model which could be considered more modern and that the model was proven in other regions and that there was no reason to think that CNWL was not capable of delivering this contract.

The Deputy Chief Executive agreed that there was a fantastic team working in the Blanche Heriot Unit and they provided a great service. Now it was important that staff were supported to transition to the new service provider safely and well.

Stephen thanked the Council for allowing him to speak at the meeting.

Further Dates for 2017

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

Signed……

Aileen McLeish
Chairman
6th September 2017

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
8.3.17	**COG-11/17**	**Local Audit Indicator for Testing 2016/17**	Discuss the local indicator at PEG	AS	20.11.17	KPMG representatives have agreed to attend PEG.	
8.3.17	**COG-11/17**	**Local Audit Indicator for Testing 2016/17**	Update/discuss the dementia pathway at PEG	RW/AS	3.7.17	Postponed to 20 November 2017	
14.6.17	**COG-21/17**	**Membership and Community Engagement Group Report**	Governors to carry membership forms on their person in case recruitment opportunities arose	All	ASAP		

Keep Blanche Heriot Unit at St Peter's Hospital Open

The Blanche Heriot Unit at St Peter's Hospital is a hospital based Level 3 Clinic providing a Consultant led Sexual Health, HIV and Genitourinary Medicine Service. It was established in 1992. There is one other hospital based Level 3 Clinic in Surrey – at Frimley Park Hospital. Both Units have been under threat – imminently so in the case of the Frimley Clinic which is due to close on 16 June.

This situation has come about as a result of a procurement exercise carried out jointly by Surrey County Council (SCC) and NHS England (South East) for 'Integrated sexual health services & HIV Treatment & Care Service for Surrey' to take effect from 1 April 2017. Previously these services were provided in a range of community clinics by Virgin Care Services Ltd and, at the Blanche Heriot Unit and Frimley Park Hospital, by Ashford & St Peter's Hospitals NHS Foundation Trust and Frimley Health NHS Foundation Trust respectively. SCC are responsible for Contraceptive & Sexual Health Services and Genitourinary Medicine as they fall within the remit of Public Health which, since 2013, has been a Local Authority rather than NHS responsibility. The bulk of the contract funding is provided by SCC with NHS England funding HIV treatment & care services in the community and sexual health services in prisons. SCC set a maximum annual contract value of £4m on the invitation to tender – this effectively cut the budget for these services by one third leading SCC to announce savings of £2m per annum when the contract was awarded. None of the existing providers submitted bids for the new contract which was awarded to a sole bidder, Central & North West London (CNWL) NHS Trust.

Surrey has the lowest funding per head in Public Health in England. In June 2015/16 the Chancellor cut the public health budget nationally by 6.2%, which equated to a cut of £2.2m in the Surrey Public Health grant allocation. This appears to have been loaded almost entirely on the Sexual Health Services contract. The Surrey spend per head on public health in 2016/17 is £31 per head compared with the average figure for England as a whole of £62. Neighbouring East Sussex's Public Health funding per head is £59.

Since taking over from Virgin Care in April, CNWL have ceased the provision of sexual health services at 13 clinics located throughout Surrey. They have introduced a 'hub and spoke' model of service with just three main clinics – at Woking Community Hospital; Buryfields, Guildford and Earnsdale, Redhill. It is not clear how the 'spoke' element is intended to work but they do talk about 'outreach' and 'clinic in a box' provision. They also refer to residents being able to go online in due course and order home sampling kits for STI and HIV screening. This is a model of service that may well enable Level 1 and Level 2 community services to be delivered more efficiently – although there are conflicting views about relying on home testing for such serious conditions – but it does not begin to equate to the depth of specialism and range of services offered by a hospital based Level 3 centre.

CNWL had stated that they would not require the use of the Blanche Heriot Unit premises (nor the clinic premises at Frimley Park Hospital) but during the mobilisation period following the award of the contract last September CNWL failed to produce proposals for the reprovision of these services. Surrey County Council therefore gave the Blanche Heriot Unit and the Frimley Park Clinic an extension of six months until 30 September 2017. This was decided on 20 March 2017 and the published minute states that the reason for this is "to allow for sufficient time to exit from these contracts safely". It further states that "the model of care proposed by CNWL (which begs the question – what model of care?) will result in a significant change in location of service for ASPH cohort of patients – a six month extension to current arrangements will allow NHS England and CNWL to undertake appropriate levels of consultation with these patients." I can tell you that there has been no consultation to date with these patients let alone any details about a proposed model of care that would, to any extent, match the excellence, range and accessibility of the service provided for the past 25 years by the Blanche Heriot Unit. Insofar as Frimley Park is concerned

that has not stopped Surrey County Council reneging on its commitment to keep the Frimley Clinic open for six months – that Clinic is now due to close on Friday (16 June) without any satisfactory replacement services for its patients being put in place. I suspect that a substantial number of those patients will migrate to the Blanche Heriot Unit which already has over 15,000 attendances a year.
The Blanche Heriot Unit is fully integrated on the St Peter's site with clinical and operational interdependencies with A&E, medical wards, ITU, antenatal and post-natal services, maternity, gynaecology, colorectal, dermatology, pathology and laboratory services. These are absolutely fundamental co-dependencies for conditions that are volatile and prone to complication. If a patient attends for example with a profuse discharge, this can be investigated straight away, a biopsy taken with the equipment available in the clinic, if it is ? malignant it can then be reviewed by the BHU Consultant with the Gynae oncologist and if it is indeed cervical cancer a treatment plan put immediately into action. The NHS working at its best and its most inter-connected!

Let me quote from one of the many highly supportive comments posted on the petition site:
"This unit literally saved my life as well as my wife's. Early treatment for HIV and regular checkups were critical in the early detection of my malfunctioning thyroid, subsequent throat cancer and hemochromatosis. For my wife they also prescribed anti retro viral meds in time to prevent her progressing to full blown AIDS after contracting TB. This service is not optional!! Removing this clinic would simply place more pressure on local GPs but unfortunately after it is too late. Blanche Heriot is specialised, anonymous and saves lives and money."

Around 80 patients attended a meeting with representatives of the commissioners on Saturday 13 May. That meeting was instigated by the patients. The representatives from Surrey CC and NHS England could offer no information about the future provision of the services if the Blanche Heriot Unit was to close. It was clear that the implications for patients of breaking up the service were not understood. Healthwatch Surrey also attended at the request of the BHU. They were unaware of the threat to the Blanche Heriot Unit. The commissioners' level of engagement and consultation with service users and the public has been woefully inadequate.

The campaign to keep the Blanche Heriot Unit is going from strength to strength. The number of signatures has now passed the 1500 mark. These are from patients, patients' families and friends and from local health professionals. Local MPs are becoming involved. Local GPs, who look to the Blanche Heriot Unit for advice, training and rapid clinical response, are expressing mounting concern. There has been coverage in the local print and broadcast media. The inadequacy of the procurement process, and the lack of realism that this contract can be delivered at the required levels of outcome and quality with a £2m (30% +) budget cut, are becoming ever more apparent.

The aim of the campaign is that, at the very least, the current six months reprieve should be extended for a further six months so that, if it is still CNWL's intention to close the BHU service, full and proper consultation on a detailed set of proposals for service reprovision can be carried out with patients and with local stakeholders including, of course, Healthwatch Surrey. A further option would for the Surrey County Council Health Scrutiny Committee to refer this matter to the Secretary of State for onward consideration by the Independent Reconfiguration Panel. Ideally, the commissioners would act now, in the light of the closure of the Frimley Clinic, to adjust the contract so that CNWL continues to provide the community element of the service – which is where their strength lies – and ASP are funded to continue to run the remaining hospital based Level 3 service at the Blanche Heriot Unit.

The lack of certainty about the future of the Blanche Heriot Unit is, I am sure, causing great anxiety for its dedicated staff and enormous distress for the patients who depend on the unit for diagnosis, specialist care and ongoing management and review. There is no clinical or service rationale for dismantling the BHU service. It is scandalous that such a centre of excellence should be faced with such uncertainty.

Support the Keep Blanche Heriot at St Peter's Hospital Open campaign – sign our petition at - www.change.org/p/keep-blanche-heriot-unit-at-st-peter-s-hospital-open

Stephen Fash
For the Blanche Heriot Unit Patient Action Group
14.06.17