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

SPECIAL MEETING OF THE COUNCIL OF GOVERNORS
11th July 2017 in Room 3, Chertsey House, St Peter's Hospital

PRESENT:	Keith Bradley	Public Governor, Woking and Guildford	**KB**
	Maurice Cohen	Public Governor, Woking and Guildford	**MC**
	Melaine Coward	Appointed Governor, University of Surrey	**MC**
	Richard Docketty	Staff Governor, Hospital Volunteers	**RD**
	Lilly Evans	Public Governor, Runnymede, Windsor & Maidenhead	**LE**
	Godfrey Freemantle	Public Governor, Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**GF**
	Aileen McLeish	Chairman	**AMcL**
	Steve McCarthy	Public Governor, Elmbridge	**SM**
	Barbara Mogensen	Public Governor, Elmbridge	**BM**
	John Sermon	Staff Governor, Admin, Clerical and Managerial	**JS**
	Bhagat Singh Rupal	Public Governor, Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**BSR**
	Danny Sparkes	Public Governor, Runnymede, Windsor & Maidenhead	**DSp**
	Matthew Stevenson	Staff Governor, Allied Health Professionals	**MS**
	Bertie Swan	Public Governor, Elmbridge	**BS**
APOLOGIES:	Maureen Attewell	Appointed Governor, Spelthorne BC	**MA**
	David Bittleston	Appointed Governor, Woking Borough Council	**DB**
	Simon Bhadye	Public Governor, Spelthorne	**SB**
	Brian Catt	Public Governor, Spelthorne	**BC**
	John Collins	Public Governor, Surrey Heath	**JC**
	Arun Gupta	Staff Governor, Medical and Dental	**AG**
	Sue Harris	Staff Governor, Nursing and Midwifery	**SH**
	Chris Howorth	Appointed Governor, Royal Holloway University	**CH**
	Mark Maddox	Appointed Governor, Runnymede Borough Council	**MM**
	Judith Moore	Public Governor, Woking and Guildford	**JM**
	Andrew Ryland	Public Governor, Runnymede, Windsor & Maidenhead	**AR**
	Denise Saliagopoulos	Public Governor, Spelthorne	**DS**
IN ATTENDANCE:			
	Heather Caudle	Chief Nurse	**HC**
	Charlotte Goodrich	Senior Manager, KPMG	**CG**
	Neil Hayward	Non-Executive Director	**NH**
	Neil Hewitson	Director, KMPG	**NHe**
	Simon Marshall	Director of Finance and Information	**SM**
	Hilary McCallion	Non-Executive Director	**HM**
	Suzanne Rankin	Chief Executive	**SR**
	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

The Chairman welcomed the Governors noting that this was a special single topic meeting for the Council of Governors to be presented with the Annual Report and Accounts 2016/17 prior to the Annual Members' Meeting on 18th July 2016.

The Director of Finance added that the Annual Report and Accounts formed an important summary of the Trust's overall performance including our financial results and quality statistics together with the findings of the external auditors.

COGS-1/17 Declarations of Interests in the Proceedings

There were no declarations of interest in the proceedings.

COGS-2/17 External Audit Assurance on the Quality Report

Neil Hewitson, Director of KPMG, introduced the Annual Audit Report to the Council of Governors. He confirmed the following:

1. Financial statements – unqualified (clean) opinion on the financial statements (2016/17 unqualified opinion)
2. Value for money – unqualified (clean) conclusion on the Value for Money (2016/17 clean conclusion
3. Quality Report – clean limited assurance opinion on the content of the quality report (2016/17 clean opinion). Qualified opinion on the 18 week referral to treatment (RTT) and 4 hour A&E indicators (2016/17 qualified opinion on 18 week RTT and 4 hour A&E)

Finally, on the Governors' selected indicator on cancelled operations. If an opinion was required the auditors would be unable to issue a limited assurance opinion on this indicator, due to the way the indicator was calculated and this related to data and not to patient care.

The Chairman queried how the Trust compared to other trusts and Neil advised that the vast majority achieved the first target and around 50% achieved the value for money target. With regards to the RTT and A&E targets most did not achieve a clean opinion.

Charlotte Goodrich, Senior Manager for KPMG, referred Governors to page 3 in the presentation which highlighted:

1. Accounts – good first draft delivered in time with no material amendments noted.
2. Annual Report – all reporting requirements met and all required disclosures made. Process for production and review of the report was good.
3. Remuneration Report – financial data was requested early and completed on time with the first draft being correct.
4. Long form audit report – more narrative and the Audit Committee commented on audit risks in the Annual Report.

Further slides highlighted the detailed work undertaken.

Minute **Action**

In response to a query about whether data was now being recorded more accurately, Neil advised that how data was recorded was improving. The Chief Executive added that electronic records were key in helping to improve the quality of data by reducing human errors.

Maurice Cohen queried how electronic records would make a difference and the Director of Finance and Information advised the obstacles a doctor had inputting manually at the correct time when busy examining a patient. Problems with collected data were when no reference was made to why manual or electronic data had been selected. It had been decided recently that only electronic data would be used and if for any reason it was not, an explanation why manual data was used had to be provided. It was advised that the system in A&E required replacing.

The Chairman highlighted that most trusts were about to experience a difficult time ahead financially. Governors could be reassured that there was a solid management team at ASPH and there were clear plans for investment which would help alleviate the difficulties.

The Council of Governors NOTED receipt of the Annual Audit Report.

COGS-3/17 Quality Account Review 2016/17

The Chief Nurse took the Governors through the 9 quality account priorities.

Richard Docketty queried how agreeable staff were to collect data as well as care for patients. The Chief Nurse advised that every quarter a review was conducted on data collection and some areas were a challenge. Vitapac was helping the process. Richard highlighted the issues with data collection KPMG had highlighted. The Chief Executive clarified that data collection was very important as it was a component of delivery of care. It was important that support was provided to help data collection so the Trust understood how it was performing.

An audit over a couple of years of a patient's care could only be undertaken with accurate data in order to be meaningful. The Chief Nurse advised that digital systems were helping to record data. Neil Hayward highlighted the "Be the Change" initiative at the Trust and how being a Change Champion helped increase staff's confidence and provide a degree of ownership.

Steve McCarthy queried how the Governors' selected indicator was part of this process. The Chief Nurse advised that Council of Governors was a key stakeholder and improvements were undertaken through discussion with Governors and gaining their support. In response to the query how the Governors could get an opinion on cancelled operations the Chief Nurse advised that although a clean opinion could not be achieved, the Trust was still committed to fixing the issues around cancelled operations. The Chief Nurse reminded Governors how the same had applied to the sepsis bundle when it had been selected and the Trust had still worked to improve outcomes for patients.

The Chief Nurse advised that she had provided feedback to the Audit Committee and met regularly with Charlotte Canniff, Clinical Chair at North

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West Surrey CCG. She added that results were reported back at the Quality Account Assurance Group. The Chief Executive considered it was important to highlight processes which did not go well as well the successful ones.

COGS-4/17 Annual Report and Accounts 2016/17

The Director of Finance and Information went through his presentation highlighting that the Trust had reported a surplus of £1.1 million before Sustainability Transformation Fund monies of £6.3 million and re-valuations of £1.3 million. The total surplus posted was £8.7 million. £10.3 million of efficiencies were also delivered.

The Director of Finance and Information then turned to the slide highlighting where the Trust's money came from. Total income was £288.3 million during 2016/17 and £254.5 of this came from income from activities relating to the CCGs and NHS England.

Next, the slide outlining what this money was spent on was highlighted. The majority (63%) was spent on staffing. Richard Docketty queried how much was spent on agency staff and it was advised that it was less than 9% of the staffing total and temporary staffing was increasingly shifting to bank staffing. The Chairman added that the agency spend had decreased by £13 million over the year. The Chief Executive highlighted the difficulties in securing staff due to there not being enough trained staff. The Chairman also advised that a lot of nurses were leaving the profession or approaching retirement age. Maurice queried whether the STP development provided a partial solution and it was advised that the STP encouraged services to consolidate and this led to better care provision. The Chief Executive added that consolidating services enabled a compliant rota on one site.

Hilary McCallion advised that since 2010 average nurses' pay had risen by around £700. Policemen's pay had decreased during the same time-frame. It was apparent that working on the bank was more profitable in some areas. Hilary advised that she was aware there were no vacancies at East London NHS Foundation Trust as staff there had undertaken efforts to reach out to the local community, which was mostly of Bangladeshi descent, and encourage them to work in healthcare.

The Director of Finance and Information moved to the slide on the services provided with the monies secured with the largest first:

- Emergency Inpatients
- Outpatients
- Planned Care (day cases)
- Drugs and devices
- Maternity
- Other
- Accident and Emergency
- Critical Care

Steve McCarthy queried income from overseas visitors and it was advised

that the Trust was working harder to recoup fees but it was not always possible to recover all and this risk was shared with the CCGs. For example, fees for critical care always proved to be a challenge to collect

The Director of Finance and Information turned to cost improvements and explained how it was becoming more difficult to deliver on these.

The Director of Finance and Information advised that the Trust compared very well against other trusts in productivity and efficiency. However, the Trust did not do as well in effectiveness of care. It was advised that the Trust was in a much better place than most.

In response to Maurice's query on CIPs the Director of Finance and Information advised that these were undertaken every year and it was a continual challenge to improve services. There were areas not examined yet and it was important to continue efforts. The Chief Executive added the importance of ensuring every clinical intervention was meaningful with no down time waiting for needless blood tests or medications. There were genuine opportunities to streamline services to make them more cost efficient.

Maurice noted that clinical negligence claims had risen and it was advised that the Trust paid £7 million in insurance premiums whilst some trusts paid in excess of £20 million.

Hilary highlighted the problem of DNAs (Did Not Attend) in outpatients and requested that Governors helped to inform the public that cancelling appointments was their responsibility.

The Director of Finance and Information turned to the slide on investment and explained that this was only possible by maintaining a tight control on finances. Maurice queried whether the Trust had any help with capital expenditure and it was advised that it was possible to borrow money but this incurred interest charges.

Maurice queried how much further forward the Trust was to allowing patients to keep their own records and it was advised the Trust needed to sort out Information Governance issues and link up with partners to incorporate every part of the patient's journey. Lilly Evans considered it a risk when it was difficult to control other areas and the Chief Executive advised that it was only possible to change how the Trust did things and staff were keen for patients to own their records.

The Chairman highlighted that the A&E development was dependent on the land sale which would be discussed with the Governors. The Director of Finance added that the Endoscopy Unit had moved into its new area recently and Neurophysiology would be moving soon. Administrative staff would be moving into the area vacated by medical records. It was advised that planning permission would be sought during the latter half of the year and it was considered there was support from the Council due to the need for more housing.

Keith Bradley was concerned that Health Watch Surrey's statement was

much the same as the previous year and it was advised that the same statement had been given to all Surrey trusts. The Chief Executive advised that the Trust had made efforts to engage but disappointingly this had not been reciprocated.

The Council of Governors NOTED receipt of the Annual Report and Accounts 2016/17.

Date of Next Meeting

Wednesday 6th September 2017 at Ashford Hospital, 6.00 – 8.30 pm

Signed:

Aileen McLeish
Chairman