

**COUNCIL OF GOVERNORS MEETING**

**Tuesday 17 January 2017**

**6.00 – 8.00 p.m.**

**Post Atrium – Post Graduate Education Centre**

Name		Position	Attendee/Apologies
Alan McCarthy	AMc	Chair	✓
Michael Wilson	MW	Chief Executive Officer	✓
Fiona Allsop	FA	Chief Nurse	x
Gillian Francis Musanu	GFM	Director of Corporate Affairs	✓
Colin Pink	CP	Head of Corporate Governance	✓
Pauline Lambert	PL	Non-Executive Director & Senior Independent Director	✓
Laura Warren	LW	Head of Communications	x
<b>ScoG</b>			
Adrian Baillie	ABa	Elected Governor – Mid Sussex	x
Alison Berridge	AB	Elected Governor – Crawley	✓
David Bloomfield	DB	Elected Governor – Horsham	✓
Richard Burford	RB	Elected Governor – Reigate and Banstead	✓
Lisa Bowerman	LB	Elected Governor – Reigate and Banstead	✓
Lesley Copus	LC	Elected Governor – Staff: Non Clinical	✓
Sue Carr	SC	Elected Governor – Staff: Nursing & Midwifery	x
Barbara Bray	BB	Elected Governor – Staff: Medical & Dental	x
Professor Kevin Davies	KD	Nominal Governor – Brighton and Sussex Medical School	x
Kevin Fairclough	KF	Elected Governor – Staff: Other Clinical	x
Dr Steve Fisher	SF	Nominal Governor – Horsham and Mid Sussex CCG	x
Dr Frank Hardiman	FH	Elected Governor – Croydon	x
Gill Harrison	GH	Elected Governor – Horsham	x
Janet Hall	JH	Elected Governor - Tandridge	✓
Jo Josh	JJ	Nominated Governor – Surrey Community Action (Voluntary Sector)	✓
Yvonne Kraku	YK	Elected Governor – Patient	✓
Judy McMahon	JM	Elected Governor – Horsham	x
Jane Ritchie	JR	Elected Governor – Crawley	✓
Len Roberts	LR	Elected Governor – Tandridge	x
David Sheldon	DS	Nominated Governor – West Sussex County Council	x
Suzy Shettle	SS	Nominated Governor – Surrey Downs CCG	✓
Philippa Shimmin		Elected Governor – Mole Valley	✓
Caroline Vaughan		Elected Governor – Reigate and Banstead	✓
Mrs Helena Windsor		Nominated Governor - Surrey County Council	✓
Sue Jenkins	SJ	Director of Service and Strategy	x
Richard Shaw	RS	Non-Executive Director	✓
Des Holden	DH	Medical Director	x
Paula Fitzgerald		Executive PA - note-taking	✓

1	Welcome, Apologies and Declarations of Interest	Action
	<p>AMc welcomed everyone to the meeting. Apologies were noted from Len Roberts, Fiona Allsop, Paul Biddle, Richard Durban, Alan Hall, Laura Warren, Sue Carr, Frank Hardiman, Kevin Davies and Judy McMahon.</p> <p>No additional declarations of interest were recorded.</p>	
2.	Notes of the last meeting held on 18 October 2016	
	<p>Date of future meetings: The date of the July meeting was recorded as 18<sup>th</sup> in the minutes but 27<sup>th</sup> on the agenda. GFM will clarify the date of the meeting in July.</p> <ul style="list-style-type: none"> <li>• Page 2: Overseas Nursing data: 'induced' should read 'inducted'.</li> <li>• Page 4: CV pointed out that the sentence 'need to be seen to be doing things and acknowledge more for the role' was not appropriate and requested this be deleted from the minutes. AMc asked the governors present if they agreed that this request be actioned. All agreed.</li> </ul> <p>With the exception of the points noted above the minutes were recorded as a true and accurate record of the meeting.</p>	<p>GFM</p> <p>GFM</p>
3.	Matters Arising and Action Log	
	<p>GFM updated on the four actions on the Action Log:</p> <p><b>Action 1:</b> The role of doctors and other staff group would be added to the July agenda.</p> <p><b>Action 2:</b> GFM has had a discussion around the role of governors and it will be added to the next Board agenda.</p> <p><b>Action 3:</b> Angela Stevenson, Chief Operating Officer, will attend the April meeting.</p> <p><b>Action 4:</b> Mark Preston, Director of Organisational Development and People will be invited to talk about the Trust's Health and Wellbeing Strategy in July.</p> <p><b>There were no other matters arising from previous meeting.</b></p>	<p>Scheduled for the July meeting</p> <p>Completed</p> <p>Scheduled for the April meeting</p> <p>Scheduled for the July agenda</p>
4	Trust & STP Update	
	<p>MW presented an update on</p> <ul style="list-style-type: none"> <li>• Performance</li> <li>• Finance</li> <li>• SASH+ news</li> <li>• Finance</li> <li>• National staff survey 2016</li> <li>• STP Update</li> </ul> <p>MW reported that it had been a challenging Christmas period including the New Year but that staff had coped very well. Last weekend was particularly tough with high volumes of elderly frail people in A&amp;E. The national standard for A&amp;E is 95%. Last week's performance was 87%. This is compared with</p>	

some other hospitals who achieved only 60%. It is hoped that the situation is stabilised in the next couple of weeks. Clinical staff have been fantastic, coming in at weekends and keeping operations across the hospital safe which is to be commended.

**Finance Update:**

MW reported that this year for 2016/2017 the Target to deliver a surplus of £15.2m would not be achieved. The STF value was £9.7m. The Trust had received £5m and will not receive the remainder because we are not meeting the national standard in A&E. In addition to this, we were only achieving a surplus of £2m. We are working very hard to achieve an end of year surplus without needing to go into the deficit.

**Performance:**

MW reported the new tariffs for next year were £15m and although we had done a large amount of work, we would not receive it until next year. The Trust's reference costs were 86 which put us in the top 5 of the most effective hospitals in the country.

Readmission rates are 7% as opposed to the national average of 15%. The Trust could do more, however the only way we can make up the surplus is with increased activity. The constraints are around A&E with a 5% increase in attendance. Sussex has an overall 18% increase in activity.

Next year the Trust will have to deliver £22m surplus which will go back to the national pot. We are working hard to work with CCGs but they are also struggling with a £37m financial deficit.

Questions from governors which were responded to by AMc and MW:

Q: Can you explain what this means for patients?

A: Pressure is affecting the flow in A&E and elective work. You will hear the same message from the government.

Q: What action is being taken?

A: We are doing a couple of things. We are on track to build the new Day Case Unit on site. 75% of the waiting list is day case work. We are redesigning internally to look at length of stay and integrating services. For example the day care team working more closely with social care. Community providers and colleagues in social care are working in a very different way but funding constraints continue to be a problem. Up-to-date no cancer patients have been cancelled. A lot of Chief Executives across the country are communicating with each other. All of us recognise there is more to do with community services and adult social care. The Government will be clear on what can and cannot be done by March.

A: Is there anything the Council of Governors can do to help?

Q The Trust appreciates the support of governors but it is best to leave it to the Trust at the moment. It is the first time there has been a national debate. There was a planned level of activity which was scaled down over the Christmas period with the exception of cancer surgery. For two days at the weekend, other than cancer, there were no other

operations. We are now back to full day case activity with 40 at Crawley. On this site there are normally 17 day cases, 7 cancer and 45 patients per day. There would normally be double this activity, so it has been scaled down until the system stabilises. We have to discharge 80 patients a day to keep the flow through the hospital. 25-30 go to complex environments. However this does not happen at weekends. There were 50 patients discharged on Saturday and 55 patients on Sunday who did not need day care but had nowhere to go in the community.

Discussion took place around the ambulance service. MW highlighted that there was also a national debate taking place about ensuring ambulances are going to the people who need them.

Q: What are the changes you mentioned to the way social workers work?

A: Social workers are here 7 days a week and although they cannot arrange placements at weekends they can complete assessments and paperwork, so this helps.

**SASH+ News:**

MW reported it had been busy in December and January with visits from:

- Roy Lilley – Broadcaster and Commentator on Health
- Chris Wormald – Permanent Secretary Department of Health
- Jane Cummings – Chief Nurse NHS England

**National staff survey 2016:**

MW reported that the Trust had received a good response rate from the patient survey with 65% versus 42% in the nationwide survey. We await the actual results on the content of staff feedback which would be due at the end of March 2017.

**STP Update:**

MW highlighted the importance of integration and seamless services with mental health, community services and social care but that this would be a long journey in terms of implementing change.

The Trust is going to be challenged by workforce issues. In January this year the national bursary for nurses, worth £27k will be ending. Of the total number now registered, there has been a 30% drop out rate for people applying to do nursing and this brings huge workforce challenges.

There is a lot of debate about the number of GPs in primary care taking retirement and the lack of new GPs. Coastal towns presented particular challenges. For example life expectancy in Hastings is less than anywhere else in South East England. There is a need for acute services and there are not enough trained people nationally.

MW advised of the need to think differently due to the shortage of histopathologists and move to digital histology.

More work in relation to Brighton and Sussex University Hospital was required with a review of the regional business case to understand whether the plans were sufficient particularly in relation to population growth exponentially. The challenge was how to keep services going until 2024. In

West Sussex there are issues with recruiting staff.

MW informed Governors that the priorities are:

- Urgent and emergency care
- Out of area provision
- national111 service
- How to digitally connect across the STP
- Opening times for primary care and urgent care centres
- How to train and retain staff so we keep patients local for local practice
- Extension of the Frailty Unit
- Changing our mindset
- More home-based care but this is part of the process, not the end point

Additional questions from governors:

Q: Are we dealing with people coming in drunk into A&E?

A: Yes, during the festive period and weekend.

Q: Have we thought about a separate unit?

A: This is something to consider and could impact the whole STP area

Q: Do we have staff who think they will be made redundant or lose their jobs?

A: There are major changes with the move to 7 day a week services. We are not closing services but changing the way we work. We need to think this through. 7 day services will stretch the NHS workforce.

Q: What was the impact on staff over Christmas? Did they have to work extra hours?

A: There were one or two staff in A&E who were happy to do so, mainly out of choice.

Q: Does STP take into account more housing in the area?

A: Yes we use ONS data. There will be a lot of redevelopment here in the next 10 years.

Q: To what extent is the lack of GP appointments adding to the pressure in A&E?

A: The government push is for 12 hours on Saturdays and Sundays. NHS England need to tell us where the capacity is and this is a big piece of work. GPs have the information at practice level but we do not have the information across Surrey and Sussex and we need to take a view on what the issues are. There is more capacity in Surrey than Sussex. If we look at the demographic pointers there may not be sufficient GPs in East Grinstead. We know there are a lot of single-handed GPs in the North and East Sussex and it is difficult in the way GPs work in hospitals when there are more single-handed GPs.

	<p>The governors asked that their thanks and appreciation be extended to all staff across the Trust particularly during the times of winter pressures.</p>	
<p><b>5</b></p>	<p><b>Final Proposals for Governor Role</b></p>	
	<p>GFM asked for agreement on the proposals for the new role for governors. Following the seminar session on 15<sup>th</sup> December 2016 we have included some additional points from that session which are included in the updated document. The appendix contains; the discussions, comments and feedback and the updated proposal presented in December, in terms of the Governor role. The Lead Governor role has been added as there was general consensus to trialling this going forward.</p> <p>GFM informed the meeting that most items on the list were ticked and have been included in the Governor role and will be included in overarching Patient and Public Engagement strategy.</p> <p>The plan is for the proposals to go to the Trust Board at the end of the month for ratification.</p> <p>GFM invited questions about the proposals</p> <p>Q: Can you clarify the role of the Governor in terms of decision-making?</p> <p>A: In the commentary it is noted that decision making does not fit with the role of governor.</p> <p>Q: 1 or 2 Governors were noted to be frustrated in the notes. How far will the notes be distributed?</p> <p>A: They are not circulated to everyone in the Trust only the council of governors had received a copy. There are no negative or other comments other than we had a debate on 15<sup>th</sup>.</p> <p>AMc noted that the strength is that Governors are out of the decision-making process and independent.</p> <p>AM asked that if everyone is in agreement, and if so the proposal would come to the Board on 26<sup>th</sup> January.</p> <p>Adam Stacey-Clear, the Responsible Officer for consultant revalidation will confirm dates for sessions in February, which GFM will circulate. The sessions are for Governors to gain an understanding of the revalidation process. The Trust is keen to get Governors' involvement going forward.</p> <p>Q: There is less clarity on the role of CCGs as nominated Governors. It is good to have a place at the table but would patient representatives not be a better way of doing it and increasing patient representation?</p> <p>A: GFM will pick this up with the CCG and nominated governors directly. However it was important that the views and feedback from partner organisations was important and this brought a different perspective.</p> <p>AMc responded that the patient voice is really important, whether achieved through this or another process.</p> <p><b>The Shadow Council of Governors approved the Proposal.</b></p>	<p>GFM to take to Trust Board on 26 January</p> <p>GFM</p> <p>GFM</p>

<b>6</b>	<b>Work of the Safety &amp; Quality Committee</b>	
	<p>Richard Shaw, Non-Executive Chair of the Safety and Quality Committee, updated the meeting on the work of the Committee via a presentation which had been circulated in advance and gave a comprehensive overview of the safety and quality committee.</p> <p>RS invited questions:</p> <p>Q: If we have achieved 95% ED target does that mean 5% of patients are not urgent and if so can we do more to educate people who are not urgent not to come in the first place? When people come in to triage are they told they will not be seen for 4 hours as they are not urgent?</p> <p>A: It is important to understand what the 5% represents. We cannot make assumptions but we should understand whether patients could be managed differently.</p> <p>Q: Do we make any efforts to analyse staff turnover or which staff have less turnover?</p> <p>A: Yes, the 'generation X' staff that MW related to – the younger staff want to move to London with the lure of London Weighting. The staff that stay are older with roots in the community, who have families and different motivations.</p> <p>Q: Have you recruited abroad? Do we know the pattern of retention from people in different countries?</p> <p>A: Yes, we have found that Filipino nurses stay longer than European counterparts. The latter come for shorter lengths of time.</p> <p>Q: In relation to reports from PALS and complaints and patient feedback, is it your responsibility to report on how it has been addressed? If not, how do you find out if something has been addressed?</p> <p>A: We do not go through every concern or complaint in detail but we get an overview of the issues, how many have been dealt with appropriately and the action taken.</p> <p>Q: How are lessons learned rolled out across the whole Trust?</p> <p>A: We have discussions with the surgical and medicine ward managers to understand what the difficulties are and how they can be resolved and acted on. Some things are relevant to one ward or department not the Trust as a whole, others are relevant across the Trust. For example nurses on one ward introduced badges with 'how can I help?' due to comments from patients about not wanting to bother nurses and this has now been rolled out across the Trust. SaSH has a number of ways in which we learn lessons.</p>	
<b>7</b>	<b>Feedback from individual Governors</b>	
	<p>DB acknowledged that staff worked hard over the Christmas period. Should the Governors not thank/congratulate them?</p>	

	<p>A: Yes, we will make sure this goes into MWs message</p> <p>JJ commented that a next door neighbour had a fall and was admitted to the Day Case ward. She was ecstatic about the care she received and her son could not praise the hospital enough on how well his mother had been looked after and supported.</p> <p>CV commented that she had never heard a critical comment about East Surrey.</p> <p>LB backed this up commenting that she had been a secret shopper 6 weeks ago on the clinical side as an inpatient and the care was very good.</p> <p>LB had one observation to make regarding a discharge date being moved and asked for more integrated communication at discharge stage, otherwise terrific.</p> <p>AMc responded that he was pleased to hear the positive feedback.</p>	GFM
<b>8</b>	<b>Review of Meeting</b>	
	<p>AMc asked how the meeting had gone. Governors responded that the two presentations were extremely interesting.</p> <p>AMc asked whether there was anything the Governors felt was not covered and whether there was anything the Governors wanted to know more about.</p> <p>LB asked whether the individual governors who sat on working groups could draft a short report on an agreed template and this would help them feedback reports on specific matters.</p> <p>AMc responded that this was how the Governor feedback started and that if anyone was available to write the reports he would be happy to include them in the agenda.</p> <p>CV commented that there were a lot of unknown unknowns in particular in relation to the STP.</p> <p>AMc echoed this sentiment commenting that it was unknown territory and that the Trust had to get organised so we were as fit and agile as we could be.</p>	
<b>9.</b>	<b>Date of Next Meeting</b>	
	18 April 2017	

Date of future meetings	
18 <sup>th</sup> April 2017	18:00 – 20.00
18 <sup>th</sup> July 2017	18:00 – 20.00
17 <sup>th</sup> October 2017	18:00 – 20.00