

SHADOW COUNCIL OF GOVERNORS MEETING

Tuesday 12 April 2016

6.00 – 8.00 p.m.

Post Graduate Education Centre – Atrium

Name		Position	Attendee/Apologies
Alan McCarthy	AMc	Chair	✓
Michael Wilson	MW	Chief Executive Officer	Apologies
Fiona Allsop	FA	Chief Nurse	✓
Gillian Francis Musanu	GFM	Director of Corporate Affairs	✓
Colin Pink	CP	Head of Corporate Governance	✓
Barbara Bray	BB	Elected Governor – Staff: Medical & Dental	Apologies
Pauline Lambert	PL	Non-Executive Director & Senior Independent Director	✓
Paul Biddle	PB	Non-Executive Director & Chair AAC	✓
Laura Warren	LW	Head of Communications	Apologies
ScOG			
Adrian Baillie		Elected Governor – Mid Sussex	✓
Alison Berridge		Elected Governor – Crawley	✓
David Bloomfield		Elected Governor – Horsham	✓
Richard Burford		Elected Governor – Reigate and Banstead	✓
Lisa Bowerman		Elected Governor – Reigate and Banstead	✓
Lesley Copus		Elected Governor – Staff: Non Clinical	✓
Sue Carr		Elected Governor – Staff: Nursing & Midwifery	Apologies
Dr Anthony Clarke		Nominated Governor – East Surrey CCG	Apologies
Professor Kevin Davies		Nominal Governor – Brighton and Sussex Medical School	✓
Kevin Fairclough		Elected Governor – Staff: Other Clinical	✓
Dr Steve Fisher		Nominal Governor – Horsham and Mid Sussex CCG	✓
Dr Frank Hardiman		Elected Governor – Croydon	✓
Dr Jude Gunasegaram		Nominated Governor – Crawley CCG	Apologies
Gill Harrison		Elected Governor – Horsham	Apologies
Janet Hall		Elected Governor - Tandridge	✓
Jo Josh		Nominated Governor – Surrey Community Action (Voluntary Sector)	✓
Yvonne Kraku		Elected Governor – Patient	✓
Judy McMahan		Elected Governor – Horsham	✓
Jane Ritchie		Elected Governor – Crawley	✓
Len Roberts		Elected Governor – Tandridge	✓
David Sheldon		Nominated Governor – West Sussex County Council	✓
Suzy Shettle		Nominated Governor – Surrey Downs CCG	Apologies
Philippa Shimmin		Elected Governor – Mole Valley	✓
Caroline Vaughan		Elected Governor – Reigate and Banstead	✓
Mrs Helena Windsor		Nominated Governor - Surrey County Council	✓
Gillian Cruse		Executive PA - note-taking	✓

1	Welcome, Apologies and Declarations of Interest	Action
	<p>AW welcomed everyone to the meeting. Apologies were noted from Michael Wilson, , Laura Warren, Barbara Bray, Sue Carr, Dr Anthony Clarke, Dr Jude Gunasegaram, Suzi Shettle</p> <p>There were no additional Declarations of Interest declared.</p>	
2.	Notes of the last meeting held on 26 January 2016	
	<p>The date of the next meeting had been recorded as 19/4/16 and should read 12/4/16.</p> <p>David Bloomfield and July McMahon were noted as apologising for absence but were present at the meeting.</p> <p>With the exception of the points noted above the minutes were recorded as a true and accurate record of the meeting.</p>	
3.	Matters Arising and Action Log	
	<p>GFM updated on action log</p> <p>Action 1: Governor Training Session. A very positive feedback had been received from those attending the initial session. A second date for Governor Training takes place on 20th April. A further will be planned later in the year.</p> <p>Action 2: Draft Constitution presented as agenda item for this meeting.</p> <p>Action 3: Patient Experience presentation. This had been circulated to members as requested.</p> <p>Action 4: Follow up from Patient Experience Legacy report relating to Governors' involvement. Agenda item.</p> <p>Action 5: Contact to be made for Governors from SCT for the Crawley area. Action ongoing.</p> <p>Action 6: Communications Plan. Action ongoing</p> <p>There were no other matters arising from previous meeting.</p>	<p>Closed</p> <p>On the agenda</p> <p>Closed</p> <p>On the agenda</p> <p>GFM</p> <p>GFM</p>
4	Trust Update	
	<p>FA presented an update on developments within the Trust. Key points noted below with presentation attached for further clarity.</p> <p><u>Finance</u> The Trust is forecasting an end of year deficit of £6.6M with four areas outlined as primary reasons key to above figure.</p> <ul style="list-style-type: none"> The Trust has had to borrow £12.5m of cash to cover the deficit and the figure includes a £3m non-recurrent income from Capital to revenue transfer. 	 <p>4.0_CEO Trust Update to CoG - 12.4</p>

- Operationally the past few months have been very challenging with 800 additional patients attending A & E in March resulting in very high pressures.
- The junior doctors' industrial action has impacted on workload. Some reduction recorded in elective work which resulted in reduced income.
- High usage of agency medical and nursing staff remains an issue. Reduced number of vacancies recorded and this is still the major source of financial concerns.

SCoG questioned the cost to the Trust following the junior doctor's strike. FA confirmed that each day of industrial action costs the Trust in the region of £400K. FA also advised that consultants have covered work to ensure patients safety which impacts on daily schedules and costs. SCoG noted that the terminology "Junior doctors" related to anyone below Consultant level.

SCoG questioned the rules from NHS relating to delayed bills. GFM confirmed that payments were being controlled tightly and paid only on deadline. In addition a number of restrictions have been placed on internal purchasing.

PL asked what information was sent out to patients regarding delayed electives. FA confirmed that patients' needs have been prioritised. The normal procedure is to telephone first and then write to patients with new date where possible. Some patients have been allocated stand-by dates. Each cancellation has a knock on effect. Additional clinics have been taking place but these will not be able to continue on a regular basis. Patient booking teams and nursing workforce are assisting with liaison with patients.

SCoG questioned the view of the Consultant's body. FA advised that conversations are on-going regarding junior doctors engagement. In general the consultant body are generally supportive of junior doctors. AMc advised that both NHS Confederation and NHS providers are all involved with lobbying the Government.

Performance

Performance targets are measured against 5 key CQC domains and colour coded as red, amber and green. Grey areas indicate areas where data is still being validated.

A lot of analysis work is undertaken and statistics distributed every week. The whole health system is currently under pressure, not just SaSH and problems regarding community services are leading to a combination of pressures.

Following on from the Mid Staffs report, the SCoG raised concern regarding the safety of our services in A&E with the large numbers attending and asked about staffing levels. In response FA spoke about the huge ongoing programme around recruitment currently taking place to ensure safety. Recruitment of additional nurses from the Philippines, Europe and the UK is ongoing. The impact of enhanced numbers only just beginning to show but will be more visible in 2016/17.

Some improvement in medical training being undertaken but there is still a need to undertake more. There are approximately 30,000 European doctors working in the UK at the present time.

One Team One Way

The Trust has launched a new "Standards of Behaviour" to all staff with 5 key

	<p>points identifying expectations from staff and how they work together.</p> <p>Action: Copy of Behaviour booklet to be put on Governor’s link pages in PDF format.</p> <p><u>Staff Survey</u> AMc noted that 62% of staff responded to the last Staff Survey and the results have indicated that the Trust is among the top 20% best performing Trusts nationally in a number of areas. Two negatives have emerged’ the Trust is poor on the number of appraisals currently carried out and there is a high number of incidents of bullying and abuse from patients / carers to staff. The Trust is investigating this and trying to monitor why this is occurring.</p> <p><u>Foundation Trust</u> AMc advised that the Trust has to submit a Long Term Financial Model to NHS Improvement by 3.6.16. After feedback has been received a decision will be made as to how the Trust moves forward. It is hoped that a final decision will be made by the end of Summer 2016 with authorisation. The Trust would then be able to establish the Council of Governors as a legal entity.</p> <p>SCoG raised a question as to whether the Trust would be able to develop its own pay structure if FT status achieved. In response AMc advised that nothing had been discussed in relation to this issue and other FT Trusts have remained with the Agenda For Change national terms and conditions.</p> <p><u>STPs (Sustainability & Transformation Plan)</u> In MW absence, AMc advised the SCoG about STPs. NHS England has requested that all health and care systems in England create local plans to implement the Five Year Forward View.</p> <p>44 STP footprints have been created with a designated CEO to cover each area. MW has been nominated by NHS England to head the steering group covering the Sussex and East Surrey areas. The first submission of the plan is due on 15/4/16 and the final plan submission due on 30/6/16.</p> <p>AMc was very supportive of the plans and believed it would create far better opportunities to move forward. All CEOs are working together for the benefit of patients in order to provide high quality services across the health system</p> <p>Further information will be given to the SCoG as the plans progress.</p>	GFM
5	Feedback from Individual Governors	
	<p>SCoG raised a number of points / questions. Concerns have been expressed from Tandridge area regarding increased number of houses in the area leading to additional input of patients into hospital and also in primary care. For example Oxted Health Centre cannot find replacements for new appointments when doctors retire due to pressure of work and thus patients come into A & E. What planning is there for the future as numbers increase? Dr Fisher also noted that no provisions had been provided in Horsham when additional houses have been built and further numbers planned.</p> <p>NHS England has advised that there is a lack of finance available. A request was made for funding for 4 new GPs in the Horsham area which was the least expensive option but this has not been approved and existing approved schemes have now been halted leading to crisis conditions. 40/50 increase in</p>	

	<p>house numbers noted plus potential of the 2nd runway at Gatwick.</p> <p>An updated Joint strategic health needs assessment (JSNA) is required which is led by Health & Wellbeing Boards. First phase – identify gaps up to 20/20 and requirement for growth in community funding.</p> <p>7% of GDP currently spent on health. There is a need to get efficiency correct first. Up to 20% of GPs currently coming up to retirement age. Clearly a need for the right workforce with the right skills in the right places is required.</p> <p>There are public concerns on level of acuity and failure in planning processes. Also a solution as to why people do not want to join the medical profession.</p> <p>Regarding nurse recruitment and retention, FA advised that nurses recruited from the Philippines had a 90% retention record and were very loyal to the Trust. A lot of support is given to encourage them to stay.</p> <p>80,000 applications received for medical training but funding is down. Must have integrated services – if not the NHS will not be sustainable.</p> <p>Jane Ritchie advised the Shadow Council of her involvement in improvement workshops which were held last week at the Trust which focussed on the discharge process. This is part of the Virginia Mason (SaSH +) work. AMc recommended that all governors attend one of the taster session workshops.</p> <p>AMc summarised, confirming that the STP is looking to address the issues above and when more work has been done on STP the subject will be brought back to future meetings to discuss solutions</p>	
<p>5.1 Feedback from the Membership Development Group</p>		
	<p>JH reported back on the last meeting. Owing to the lack of confirmation of FT status it had been decided not to recruit any further members in the immediate future. A number of actions will be brought forward in September.</p> <p>The group reviewed the demographics of each constituency and agreed there is a need to target younger members of 14+, students and under 50s. Currently the group is focussing on establishing network / events etc. and working with voluntary services / district councils etc.</p> <p>An introductory letter from governors has gone out to all members. A second letter to be drafted and sent out to all staff members. The analysis from responses will be added to governor section of the web-site.</p> <p>Suggested that in future a quarterly newsletter be sent to all members to focus on what is going on in the Trust.</p> <p>GFM advised that she is currently reviewing opportunities to employ a bank/temporary administrator to support work of governors.</p> <p>In response to a question regarding analysis of response to letters, GFM confirmed that subject to resourcing this will happen and results will be shared.</p> <p>The next meeting of the membership development group will take place on 31st May 2016.</p>	

6	Patient Story Presentation on WHO checklist	
	Owing to time restraints, the patient story presentation was deferred until next meeting.	GFM/BB
7	Draft Constitution	
	<p>GFM presented. This document identified how the authorised FT should work and includes all of the governance arrangements and is based on the Monitor Model Constitution.</p> <p>Following discussion, and due to the fact that both Healthwatch Surrey and Healthwatch West Sussex had indicated that they could not take up their position as a jointly nominated governor due to their perceived conflict of interest, the Shadow Council of Governors approved the recommendation to withdraw the seat from Healthwatch and reduce the Council of Governors from 29 to 28. The Council approved the recommendation.</p> <p>Action: This recommendation will be presented to the Trust Board for ratification.</p> <p>Action: GFM to post Draft Constitution document on Governors only section of the web-site to include both original document and revised version with tracked changes.</p>	<p>GFM</p> <p>GFM</p>
8	Work of Audit & Assurance Committee	
	<p>PB presented as Chair of the Audit & Assurance Committee (AAC).</p> <p>PB advised that the role of the AAC within the Trust was similar to that of the audit department in a public company.</p> <p>The AAC is in place to ensure that the Trust Board is well maintained and controlled under four key areas:</p> <ol style="list-style-type: none"> 1. Good governance, control, risk management 2. Effective Internal audit function, currently working with RSM who also offer Counter Fraud services 3. External Auditors are Grant Thornton 4. Review Annual report and annual financial statements <p>Moving forward focussing on 3 key lines of defence:</p> <ol style="list-style-type: none"> a. Basic lines of process, division and duties b. Overview by Executive Committee and Risk Management c. External view by External Audit for our functions <p>A clean audit report was received last year with one exception report relating to resources and the deficit in 2014/15.</p> <p>The Statement of Annual Governance highlights all the reviews carried out and overall result noted as “Good”. All reviews throughout the year carried out by Internal and External Audit and focus on any areas of concern.</p> <p>The AAC monitors and ensures that all basic lines of control stay in place and due diligence are shown. Ongoing concern at present time is to protect suppliers due to the financial cash forecast.</p>	

	<p>Questions raised by SCoG related to membership of AAC. With representatives from Internal and External Audit, Executive Committee members and NEDs on Committee, was there sufficient expertise in place to deal with all the different modules like finance, clinical, governance etc. PB confirmed that there was sufficient expertise in place and based on best practice.</p> <p>Action: The Chairs of other sub-Committees will be invited to future SCoG meetings to brief on the role of other Committees such as Finance & Workforce and Safety & Quality Committee.</p>	GFM
9	Proposals for Governor Involvement	
	<p>GFM presented a paper outlining the roles for Governors going forward, identifying areas where Governors would like to be involved.</p> <p>Discussion took place around proposed initial involvement opportunities (P5) of document. Anyone having a special interest or expertise in any particular group to speak to GFM and any feedback on whether these are the right areas to focus on would be welcomed. Important and beneficial to use relevant expertise/skills, e.g. research / teaching / training.</p> <p>SCoG agreed that this was a good list but would like to include social media, Facebook, Twitter etc. Also agreed that a nominated member of the public would be beneficial. GFM confirmed that social media was already included in the role of the membership development group which currently had 5 – 6 governors on the group.</p> <p>PL specifically asked for support for Organ Donation Committee. Adrian Baillie volunteered and would liaise with PL regarding future meetings.</p> <p>SCoG felt that Staff Health & Wellbeing has a wide remit and would be a beneficial area to be covered by staff governors. Action: GFM to review this with Mark Preston.</p> <p>Another area discussed was the idea of “Opportunity Walks” to specific areas to review quality / access improvements and give the Governors a wider understanding of specific areas. This was well received.</p> <p>Action: Volunteers are requested to email or speak to GFM indicating which areas they would like be involved with for assessments in allocated areas. Anyone can apply. GFM will review biographies of Governors to tie up expertise.</p>	GFM
		ALL
10	Any other business	
	No additional business raised by members.	
11	Review of the Meeting	
	<p>Requested additional time for questions, especially regarding finances and would appreciate material in advance in the meeting so members could prepare questions.</p> <p>AMc advised that any outcome and update regarding FT discussions will be circulated or updated at the next meeting.</p>	

Date of future meetings
19 th July 2016 18 th October 2016

