


HADOW COUNCIL OF GOVERNORS MEETING

Tuesday 19 July 2016

6.00 – 8.00 p.m.

Post Graduate Education Centre – Atrium

Name		Position	Attendee/Apologies
Alan McCarthy	AMc	Chairman (Chair of meeting)	✓
Michael Wilson	MW	Chief Executive Officer	✓
Gillian Francis Musanu	GF-M	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	✓
Richard Durban	RD	Non Executive Director and Deputy Chair (Chair of F & W)	✓
Laura Warren	LW	Head of Communications	Apologies
Governors			✓
Adrian Baillie		Elected Governor – Mid Sussex	✓
Alison Berridge		Elected Governor – Crawley	Apologies
David Bloomfield		Elected Governor – Horsham	✓
Richard Burford		Elected Governor – Reigate and Banstead	Apologies
Lisa Bowerman		Elected Governor – Reigate and Banstead	Apologies
Lesley Copus		Elected Governor – Staff: Non Clinical	✓
Sue Carr		Elected Governor – Staff: Nursing & Midwifery	✓
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	✓
Gill Harrison		Elected Governor – Horsham	✓
Janet Hall		Elected Governor - Tandridge	✓
Jo Josh		Nominated Governor – Surrey Community Action (Voluntary Sector)	Apologies
Yvonne Kraku		Elected Governor – Patient	✓
Judy McMahon		Elected Governor – Horsham	✓
Jane Ritchie		Elected Governor – Crawley	✓
Len Roberts		Elected Governor – Tandridge	✓
David Sheldon		Nominated Governor – West Sussex County Council	Apologies
Suzy Shettle		Nominated Governor – Surrey Downs CCG	✓
Philippa Shimmin		Elected Governor – Mole Valley	Apologies
Caroline Vaughan		Elected Governor – Reigate and Banstead	✓
Mrs Helena Windsor		Nominated Governor - Surrey County Council	✓
			✓
Gillian Cruse		Executive Assistant - note-taking	✓

1	Welcome, Apologies and Declarations of Interest	Action
	<p>AW welcomed everyone to the meeting. Apologies were noted from Barbara Bray, Laura Warren, Dr Anthony Clarke, Jo Josh, David Sheldon, Philipps Shimmin, Lisa Bowerman and Alison Berridge</p> <p>There were no additional Declarations of Interest declared.</p>	
2.	Notes of the last meeting held on 12 April 2016	
	<p>Page 1: Should read AMc welcomed everyone to the meeting and not AW.</p> <p>With the exception of the point 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: Copy of behaviour booklet to be put on Governor's link pages in PDF format. Completed</p> <p>Action 2: The recommendation to reduce the Shadow Council of Governors from 29 to 28 will be presented to the Trust Board for ratification. Completed</p> <p>Action 3: GF-M to post Draft Constitution document on Governors only section of the web-site to include both the "clean" and tracked changes version. Completed</p> <p>Action 4: The Chairs of other sub-committees will be invited to future SCoG meetings to brief on their roles such as Finance & Workforce and Safety & Quality Committee. FWC is on July agenda and SQC will be presented in October. Ongoing</p> <p>Action 5: SCoG felt that Staff Health & Wellbeing has a wide remit and would be a beneficial area to be covered by staff governors. GF-M to review this with Mark Preston. Ongoing</p> <p>There were no other matters arising from previous meeting.</p>	
3.1	Governor Involvement Update	
	<p>GF-M has given the names of Governors who wish to assist on certain Committees to the respective Committee lead.</p> <p>Any other ScoG members who want to be involved to send names to GF-M.</p>	All
4	Trust Update	
	<p>MW presented an update on developments within the Trust.</p> <p>Key points noted below with presentation attached for further clarity.</p> <p><u>Performance and Quality</u> The presented chart outlined the five measured areas of the Trust and current</p>	 4.0_Trust Update to SCoG - 19.7.16.pdf

figures indicated by red, amber and green status.

- 95% is the national target for A & E.
- Bed occupancy currently at 93.6%
- Activity levels have risen with very high attendances over the past month
- There are challenges ahead and the Trust is now preparing for winter pressures

Finance

- YTD actual deficit is £2.5m which is £1.5m better than plan.
- Planned required end of year surplus is £15.2m
- Planned total savings for 2016-17 are £9.2m
- Agency ceiling is £15.3m and it is important that the Trust stays within this ceiling.

It was noted that it cost approximately £0.5m for each day of the doctors' strike. If Trust does not meet savings this means less money for patient care and transformation of services and less money for investment.

FT Status Update

- Long Term financial model forecast is completed and submitted to NHSi in June.
- Ongoing discussions now taking place.
- There is a potential for a new FT model in September 2016.
- Decision now to be taken by NHSi regarding the next steps
- NHS now taking more interest in STP than previous FT programme
- New performance framework will be the mechanism for managing CCGs, FTs and NHS Trusts. Two areas that NHS England is concentrating on nationally are A & E performance and financial risks.

Board Leadership

AMc advised that SaSH had been awarded the National Board Leadership Award for patient safety at the Patient Safety Awards in July. It was also short-listed for overall category of patient safety.

SasH Star Annual Awards


Staff and governors can nominate colleagues within 9 categories recognising individual skills and team work via the Trust Website. The closing date is 9th September.

General notes and questions

AMc noted that there has been some tension noted within the hospital in relation to rumours over Brexit and concerns that overseas nurses/staff will not be required at SaSH. The Trust is continually emphasising that we need these people. He was not happy about the negative messages from GMC which were setting an incorrect tone. Everyone must challenge any negativity.

KF noted that recruitment for nursing staff takes place all over the world and should be a positive news item.

SF noted that European rights etc. will be the key to success and there is currently uncertainty. Will be reviewing very closely and it would be helpful to have a positive message given to staff that governors support and appreciate all staff including overseas nurses. It was agreed this should be included in the next

	<p>CEO weekly message. Action: GFM. Governors were interested in the number of overseas nurses currently at the Trust. Action: GFM</p> <p>A question was raised regarding current views of the junior doctors. MW believed that junior doctors within SasH were of the opinion that they were well supported. There is a need to review training opportunities for overseas doctors but it was felt that SaSH was doing better than anticipated in the recruitment of junior doctors.</p>	<p>GFM GFM</p>
	<p><u>STPs (Sustainability & Transformation Plan)</u></p> <p>Key points only noted and MW presentation attached</p> <p>The STP covers the whole of Sussex and East Surrey and is the driver for change within the 5 year forward plan for the whole NHS.</p> <ul style="list-style-type: none"> • There are 5 key areas within the local context • Long waits for planned care services under pressure because of increasing demand in A & E. • Over the whole area there are up to 20,000 patients on elective waiting lists. • Patient care is very stretched with many new patients. <p>There is a need to work together to streamline services to resolve problems in different areas. e.g. For patient transport services there are four different operators and this will be reviewed and amalgamated where possible to avoid duplication.</p> <p><u>Priorities</u> 3 main priorities in frontline improvement areas and need to avoid overlaps.</p> <p><u>Place-based Models of Care</u> With the growing population the area is experiencing high pressure with more complex conditions, housing and community care issues. There is a need to find a simpler, more integrated health service and care system.</p> <p>The chart highlighted the growth in population within the geographical areas and the model that would produce the most effective way to address the aims.</p> <p><u>Key characteristics</u> 9 key points (on slide). Acute services networked in with other areas. Workforce number key area for focus.</p> <p><u>Public Health Care</u> Focus will be on 5 significant areas: 1. Smoking 2. Diet 3. Exercise 4. Alcohol 5. Emotional Wellbeing and Loneliness</p> <p>Need to review opportunities for remote self-care rather than coming into A & E.</p> <p><u>New Models of Care</u></p> <ul style="list-style-type: none"> • Working together as a network, sharing resources to increase efficiency • A meeting with accountable officers of each organisation are being held every 2 weeks. MW is chair of the local STP. <p>Decisions will have to be taken over the next few years and the SCoG will be</p>	<p> 4.1_STP - July 2016 Public Presentation.ppt</p>

	<p>updated regularly to ensure they understand fully the context and complexity of any decisions being made.</p> <p>Questions from Governors: Q. What can we do to break down bureaucracy? A. STP is designed to enhance joint working e.g. Urgent care. All services offer different hours, will need to rotate staff and inform patients exactly what services are offered within their community. Consolidation of services will benefit the patients.</p> <p>Q. Can we help to move things along? A. Not at the present time but just need to be aware of the issues as they arise.</p> <p>The scoping plan was finalised at the end of June and submitted to the NHS. Written feedback expected by the end of September.</p> <p>A question was raised regarding authority of the STP to make changes. MW noted that the majority of the changes are not new problems. 23 organisations within our area now all going in the right direction but will need significant change. MW also noted that the 23 will need to be smaller and more responsibility will need to be made at local levels with single leadership.</p>	
5	Feedback from Individual Governors	
	<p>JR had attended the Organ Transplant Committee and found it very interesting. Committee is increasing awareness by visiting local schools etc. A logo is being designed and the committee also going to review how other organisations work.</p> <p>AB expressed his compliments to Alan and team regarding the potentially very serious incident with the “burning ambulances” at the trust and the excellent way in which this been handled as an organisation with appropriate communication to governors. AMc believed that both good and bad news should be circulated to give everyone an honest update of what was going on.</p>	
	5.1 Feedback from the Membership Development Group	
	<p>JH reported back on the last meeting of the above group held two weeks ago. The main discussion topic was around feedback from the letters sent out which was quite limited but no real patient concerns or negativity noted.</p> <p>DB noted that members come from right across society and a blank mailshot will always have low feedback.</p> <p>6 people had un-subscribed but this was not felt to be a problem.</p> <p>One suggestion raised was around the possibility of the group sending out reports in a simple format offering simple facts / figures giving assurance from the SCoG. Any information from Council could hopefully be noted as impartial.</p> <p>Quarterly newsletter to be produced identifying Trust Board events, news stories. Two items suggested for Issue 1: a) What being a member means b) What does governance mean?</p> <p>YK noted that at the present time there was nothing on the governor forum. Action for GFM and CP to review. A suggested topic around EU workforce may</p>	<p>GF-M/CP</p>

	<p>be something to consider.</p> <p>The group is also looking at increasing the number of young members and a visit to sixth form schools/colleges where parents are present could be helpful. It was also felt that training for governor on recruiting members would be beneficial.</p>	
6	Work of Finance & Workforce Committee (FWC)	
	<p>RD presented as Chair of the Finance & Workforce Committee (FWC). This is a monthly meeting and is a sub-committee of the Trust Board.</p> <p>The aim of the meeting is to offer assurance around financial matters and the Committee has the authority to sign off capital projects to the value of over £1m. Nine directors are on the FWC made up of Executives and Non Executives. It is a 2 – 2½ hour meeting which is aimed to make the role of the Trust Board much easier.</p> <p>Five main items covered last year:</p> <p><u>Productivity</u></p> <ul style="list-style-type: none"> • Doing more with less resource • Quarterly benchmarking report highlighting measures and opportunities around Theatres, LoS, OPD • SaSH VMI. Keeps idea on progress and productivity. Benchmarking against other Trusts (Part 2 private meeting) • Partnership working (Part 2) <p><u>Financial Security and Assurance</u></p> <ul style="list-style-type: none"> • Headlines of the FWC are shared with the Trust Board on a monthly basis • Quarterly forecast and performance updates are discussed <p><u>Strategy</u></p> <ul style="list-style-type: none"> • When RD commenced at the Trust there was very limited strategy in place, now more focussed on clinical setting strategy. <p><u>Workforce & Organisational Development</u></p> <ul style="list-style-type: none"> • HR process and reporting much improved over the past few months with the new Director OD and People in place. <p><u>Benefits Management</u></p> <ul style="list-style-type: none"> • Much stronger than in previous years, spending money in more appropriately <p>A number of questions were raised by the Governors who appreciated being able to understand the board remit of the finance and workforce committee.</p>	
7	Any other business	
	<p>GF-M noted that Dr A Clarke (East Surrey CCG) had resigned due to heavy workload. A review will be made for a further Nominated Governor.</p> <p>Len raised a question regarding Private Medicine within SaSH. Agreed that this would be tabled in October. D Holden/P Simpson to nominate a presenter.</p> <p>Due to time restraints the agenda item regarding a Patient Story was not</p>	<p>GF-M October</p> <p>BB</p>

	<p>discussed at the April meeting. BB not available for this meeting so may be added to October agenda.</p> <p>R Shaw (NED) will present an update on the work of the Safety & Quality Committee (SQC) in October.</p> <p>Further quarterly meetings dates to be circulated.</p>	<p>October</p> <p>GF-M / RS October</p> <p>GF-M</p>
7.1 Review of the Meeting		
	<p>Overall it was felt to be a good meeting particularly the discussion on the STP and the latest understanding of developments.</p> <p>No additional questions or comments were raised.</p> <p>The meeting closed at 20.10.</p>	
Date of future meetings		
<p>18th October 2016 18.00 – 20.00</p> <p>Further quarterly meeting dates to be circulated</p>		