

Minutes of	Shadow Council of Governors		
Date	16th January 2018	Time	6.00 pm – 8.00 pm

Members Present		
Alan McCarthy	AM	Chair
Michael Wilson	MW	CEO
Gillian Francis-Musanu	GF-M	Director of Corporate Affairs
Laura Warren	LW	Head of Communications
Pauline Lambert	PL	Non-Executive Director & Senior Independent Director
Alison Berridge	AB	Elected Governor - Crawley
Richard Burford	RB	Elected Governor – Reigate & Banstead
Paul Simpson	PS	Chief Finance Officer
Judy McMahan	JM	Elected Governor - Horsham
Paul Biddle	PB	Non-Executive Director
Anouska Adamson-Parks	AA-P	Director of Strategy
David Sadler	DS	Non-Executive Director
Mark Preston	MP	Director of Organisational Development & People
Frank Hardiman	FH	Elected Governor - Croydon
David Bloomfield	DB	Elected Governor - Horsham
Helyn Clack	HC	Elected Governor – Surrey County Council
Adele Kendrick	AK	Head of Education, Training & Organisational Development
Caroline Vaughan	CV	Elected Governor – Reigate & Banstead
Sarah Rafferty	SR	Chief of Medical Education
Colin Pink	CP	Head of Corporate Governance
Professor Kevin Davies	KD	Nominated Governor - Brighton and Sussex Medical School
Jane Ritchie	JR	Elected Governor – Crawley
Alison Pendlington	AP	Elected Governor – Crawley
Lisa Bowerman	LB	Elected Governor – Reigate & Banstead
Janet Hall	JH	Elected Governor – Tandridge
Jo Josh	JJ	Nominated Governor – Surrey Community Action (Voluntary

		Sector)
Apologies		
Apologies were noted from Adrian Baillie, Lesley Copus, Barbara Bray, Gill Harrison, Yvonne Kraku, Len Roberts, Philippa Shimmin & Suzy Shettle.		

Notes		Actions / Attachments
1	The Chair welcomed everyone to the meeting. No additional declarations of interest were recorded.	
2	Notes of the last meeting held on 17th October 2017 The minutes were recorded as a true and accurate record of the meeting.	
3	Matters Arising and Action Log Action 1: Item on bringing more information on governors assisting with infection and control audits. Discussion still taking place on whether the audits should be with undertaken with non-executive directors and Governors jointly or by pairs of governors. To be discussed at the next meeting Action 2: Strategy document on Education and Training Action 3: Item on including governors in Trust communication distribution list Action 4: Item on Involvement opportunities timetable Action 5: Item on comments on draft PPE strategy. Following discussion at the last meeting, GF-M has received feedback from a number of stakeholders and from the Governors. This will go to Executive Committee and Board for ratification in February. Action 6: Item on running sessions for governors, to give advice and support to undertake site visits. GF-M is working with the Chief Nurse and will involve JH and DB.	To be brought back to the April meeting Completed Completed Completed Completed
4	Trust Update MW gave a presentation to governors. The key highlights were: <ul style="list-style-type: none"> • Current quality & performance update • NHS news • Financial performance update • SASH+ developments • Hot Topic event • Making a difference – saying thank you to SASH staff • Progress updated on the work of Sussex & Surrey STP 	

Quality and Performance:

MW highlighted that the Trust had been very busy, particularly at the moment in A&E. In December there had been 2,991 ambulance arrivals at A&E, 8,497 A&E attendances, 3,314 emergency admissions.

Q3 performance was 92.3%, with the Trust in the top 18 nationally. MW discussed this within the context of the current issues across the whole urgent care pathway and highlighted that many hospitals had seen performances of less than 70% and in some areas as low as 38% for patients seen within 4 hours. MW highlighted that this was a particular issue in the SE coast, SW England and London.

MW reported on 2 C-diff cases in December and explained that the Trust was in the process of reviewing these to ensure they were not Trust apportioned.

MW indicated that the Trust had started preparing for Winter some time ago by redesigning the front end of A&E at a cost of £1m and GP streaming was placed within A&E. In January 2017, The Trust spent £1.9m on building a dedicated surgical day centre for protected day cases for elective work as well as a dedicated ambulatory care facility to accommodate approximately 30 patients with 10 treatment rooms and acute physicians working 12 hours a day, 7 days a week. All together the Trust has spent £6m on building works and improving the environment for patients.

Financial Performance:

MW reported a £9.7m surplus at the end of Q3.

In terms of workforce the Trust was under considerable strain and had been on Opal 4 for the last week with between 30-40 more patients per day being admitted than the Trust had capacity for. In terms of cancelled operations, only 28 out of 1000 patients were cancelled in the last week.

SASH+:

MW reported on the positive effects of SASH+ innovation and performance improvement sessions. Staff were engaged in how people think about their services and their current and future design. This included 10 surgeons who were on the Lean for Leaders training programme.

Hot Topic Event:

The next Hot Topic event focusses on therapies and is taking place on 8th February 2018 between 6.00 pm and 8.00 pm. All governors were invited to attend.

MW asked governors to consider ideas and suggestions as to how the Trust might celebrate 70 years of the NHS. National and local celebrations would take place in July 2018.

	<p><u>STP Update:</u></p> <p>MW gave an update on the Sussex and East Surrey STP. Bob Alexander had been confirmed as the new full time Executive Chair and would be reviewing the governance structures and future planning for the STP.</p> <p><u>Flu:</u></p> <p>MW reported that there were 17 patients admitted with flu; 2 children and 3 adults of working age were in intensive care. 71% of frontline staff and 66% back-office staff had been vaccinated. On admission frail elderly are being tested for their flu status and being offered vaccination. Patients in residential and nursing homes and community hospitals are also being offered vaccinations. In terms of people refusing the vaccine, discussion is taking place with the national team in terms of delivering the right message from day one.</p> <p>A shared Associate Director for integration had been appointed to focus on system wide flow.</p> <p>MW gave an overview of the changes within Central Sussex CCGs agreeing to establish a single leadership structure and the appointment of Adam Doyle as Accountable Officer for Sussex CCG.</p> <p>The following questions were raised by governors:</p> <p>Q: What projects have been decided this December and January that the Trust is doing for next year?</p> <p>A: It would be more around how we work differently in the hospital to get people home and standardising good practice. For example the 16% productivity challenge in theatres. In addition the Trust will be working with the GP Federation to look at the back-end of the hospital and how patients are discharged to the appropriate place.</p> <p>Q: How much input does the Trust seek directly from staff in terms of developments?</p> <p>A: There are lots of opportunities for staff input. For example 'Let's Talk' in every area of the hospital. The Trust has focussed on a more bottom-up approach and there are a lot of interesting ideas coming through. Within the Trust's Health and Well-being strategy are key priorities for engaging staff and also Ideas to Innovation Factory is an important way of improving services using ideas from staff.</p> <p>The Council of Governors welcomed the presentation.</p>	
5	<p>Overview of Inclusion Strategy and Health & Wellbeing Plan</p> <p>MP gave an overview of the SASH One Team Diversity and Inclusion Strategy which sets out the key equality objectives for SASH from 2018 -2020, and the plan</p>	

to meet these. The objectives are aligned to key feedback channels from staff (i.e. Workforce Race Equality Standard, National Staff Survey, Staff FFT, CQC). Whilst the Trust's overall feedback from staff is positive, MP highlighted that there is still work to do to ensure all staff are treated equally and have equal opportunity for career progression and promotion. Feedback from the National Staff Survey continues to improve, however the Trust needed to review certain areas of concern:

- Number of staff experiencing discrimination at work
- Number of staff experiencing harassment, bullying or abuse from patients, relatives or the public
- Number of staff experiencing physical violence from patients, relatives or the public

Q: Were there any equality and diversity issues?

A: This is difficult to say as we do not have the specific information. Issues are not always reported so we have developed an initiative as part of the 'It's not ok' campaign to try to get more feedback from staff.

Q: Can you explain more about the 'It's not ok' campaign?

A: This has been developed nationally and comes from the national staff survey. We are one of 30 Trusts included where we were lowest only in the area of patients' abuse towards staff. We have run a poster campaign and videos in patient areas such as A&E and onwards. In addition incidents are reported on Datix incident reporting system and we speak to staff members who have been the subject of abuse. Training is also provided to staff on diffusing difficult situations and conflict resolution and staff are encouraged to report if there has been an incident.

Q: What are the repercussions for the perpetrators?

A: The Trust has a mechanism of seeing the perpetrators or writing to them. However, for people with no capacity this is taken into account and staff try very hard to see beyond behaviour. However there are a number of patients who have verbally abused staff and the Trust involves the police in these cases and perpetrators are told not to visit the hospital unless it is an emergency situation.

MP went on to highlight the key points of the Trusts Health and Wellbeing Plan

Staff sickness has reduced over the last 12 months. For 2015/16, the average monthly rate for sickness absence across the twelve month period for SASH was 4.07%. For 2016/17, the average monthly rate was 3.68%, and for 2017/18 to date, (as at the end of December 2018), this is 3.8%. MP highlighted the proactive approach being taken to the Trust around staff sickness and the new purpose built occupational health unit, linking occupational health, with health and well-being and health and safety.

MP invited questions from the governors:

	<p>Q: What is the uptake of the initiatives?</p> <p>A: We do not have this information at the moment, but any thoughts on how we might begin to capture this information would be welcome.</p> <p>The governor welcomed the overview of the strategy and the plan.</p>	
6	<p>Overview of Education Strategy</p> <p>SR introduced herself as Chief of Medical Education and Adele Kendrick, Head of Education, Training and Organisational Development. SR gave an overview of the education strategy, the purpose of which is to create a vision of what education and development for all members of staff should be at SASH and an operational plan to achieve those goals.</p> <p>SR described the role of education in the organisation and management of the Trust and how this strategy supports SASH in the delivery of excellent care to patients.</p> <p>SR explained that the Trust will seek out opportunities for peer review and external validation of our education provision while aspiring to develop opportunities to create best practice on behalf of our HEE LETB.</p> <p>The already established Academy will expand to incorporate nurse associate and foundation programmes and we will enhance our mentorship programme in order to support emerging workforce roles.</p> <p>To support the implementation of the education and development strategy an operational plan has been developed that sets out the key deliverables linked to the Trusts five strategic objectives. The operational plan builds on the existing education and development framework and outlines critical steps to strengthen the culture and capacity for learning and move the organisation towards the vision and mission for education and development at SASH. The operational plan also builds on elements within the SWOT analysis to maximise opportunities and has been developed with multi-professional input.</p> <p>SR was pleased to announce that the Trust had received HEE funding for the Mouth-care Matters project.</p> <p>The operational plan focuses on activities within the next one to two years and will be reviewed annually. The strategy is underpinned by three principles:</p> <ul style="list-style-type: none"> • Developing talent - at all levels from entry level to senior roles maximising opportunities for career enhancement • Inclusive learning culture – enhancing the ‘one team’ values through building capacity for learning and development via a ‘blend’ of learning methods and maximising opportunities for multi-professional and work based learning 	

	<ul style="list-style-type: none"> • Continuous improvement and transformation – ensuring education and development delivery models are dynamic and take account of changing and future service needs and learner feedback <p>Discussion took place around the MRCP course which takes place every 2 years at SASH and attracting younger examiners.</p> <p>Q: Do staff get leave to attend training and is it paid?</p> <p>A: This varies. Medical staff on the training programme are entitled to up to 30 days' study leave. Qualified staff not on the training programme receive 10 days' leave. The non-medical workforce do not have access in the same way to funding or time. However, staff are released to do a course are paid if it is recognised and relevant to their work. Staff are also released for in-house training. In terms of external CPD courses e.g. an MA, there is usually a contribution of financial support and some time out from the Trust, but individuals are required to use their own time to complete the course which benefits the individual as well as the Trust. The Trust is reviewing the training and development policy so there is a consistent approach and a framework for protected time for learning, although this is not without challenges and more work is required around this.</p> <p>Governors welcomed the opportunity to hear about the development of and give input into the Education Strategy.</p>	
7	<p>Strategy Review</p> <p>AA-P outlined the Trust's 5 year strategy which focusses on the following areas:</p> <ul style="list-style-type: none"> • Achieving CQC Outstanding ratings • 7 day working • moving care closer to home, reducing delayed transfers of care, new ways of working with partners • An ever changing commissioning environment and an underfunded NHS • The need to continue to deliver all of our functions as an acute hospital • Ever increasing demand • A £260 million funding issue within our STP area <p>Q: Do people know about the strategy? Is it competing with the national message and perhaps there could be a focus on one priority at a time.</p> <p>A: The slides and priorities have been shared with staff and what this means for us. The Trust would welcome ideas on how to ensure the strategy is communicated.</p> <p>The aim of the strategy was clarified and how it differs from the communication strategy in that the strategy is aimed at our staff and gives us the opportunity to think about the things that drive our business and what we need to prioritise.</p>	

	<p>Q: What are the 3 key priorities?</p> <p>A: - The work of SASH+ to continuously improve is a key focus. Within the Trust Guiding Team the three key priorities are staff health and well-being, sepsis and falls prevention.</p> <p>In addition included in the plan was to build a new neonatal unit and invest in a new MRI scanner and invest in upgrading the kitchens.</p> <p>Governors acknowledged the difficulty predicting health needs in an ever changing environment. The Trust was working with other organisations across Chair to Chair and CEO to CEO networks, to think about how the system can be managed in the future.</p> <p>Discussion took place around how the good reputation of the hospital can be communicated to a wider audience and it was agreed that Twitter was helping to get the message out. Governors felt that they were in a position to gather a lot of market intelligence and would share their thoughts with GFM and LW.</p> <p>Action: Governors to share thoughts and ideas on getting positive messages out to the community.</p>	Governors
8	<p>Confirmation of Joint Coordinating Governor Role</p> <p>Following discussion at the April Council of Governors Meeting and further review at the governor development day in September, and further discussion at the October 2017 meeting, GF-M asked the Governors to ratify the approval of Caroline Vaughan and Jane Ritchie to the role of joint Co-ordinating Governors.</p> <p>The Council of Governors ratified Caroline Vaughan and Jane Ritchie to the role of Joint Co-ordinating Governors</p>	
9	<p>Governor Election Process and Timetable</p> <p>Governors discussed the single transferable vote as opposed to the current voting process used by the Trust. CP highlighted the benefits of the single transferable vote which supports inclusion of hard to reach and minority groups and explained that this is the method increasingly used by partner organisations.</p> <p>The Council of Governors agreed to move to the single transferable vote system with immediate effect for future round of governor elections.</p>	
10	<p>Governor Feedback</p> <p>JH reported on a number of visits herself and DB had made to different wards/departments in recent months:</p> <p>Maternity unit - staff had really tried to de-medicalise birth and provide lots of options for patients. The unit was modern, spacious, light and airy. They spoke to several patients and everyone was very pleased with the care.</p>	

	<p>Radiology – staff were enthusiastic and keen to engage. No patients were seen.</p> <p>Abinger – the environment was very dark and not ideal for patients.</p> <p>Meadvale – much better environment with more natural light in comparison to Abinger. Impressed with high emphasis on dementia training and care.</p> <p>Chaldon – Impressed with the ward. Met with 3 patients and 1 relative, whose family member had a number of other illnesses and comments were made that their relative had been treated as a whole.</p> <p>Kingsfold – very impressed with the environment, staff were helpful, spoke positively about the environment. However the corridors on the way in had a ‘temporary’ feel and some art work may help improve the look.</p>			
10	<p>Governor Briefing Sheet</p> <p>LW explained that the briefing sheet mirrors the key points raised and asked Governors to come back to her with any feedback. The briefing sheet should be used by governors to share key messages with members and patients as they came into contact with them.</p> <p>Governors had noticed the conversations taking place with patients on Twitter.</p>			
11	<p>Any Other Business</p> <p>11.1 The Chair informed Governors of the resignation of Barbara Bray, one of the staff Governors, who was retiring from the Trust and therefore resigning her role as governor. The Trust would be looking to appoint more staff governors over the next few months.</p> <p>11.2 Governors asked about the process for electing new governors and it was confirmed that awareness sessions would be held for nursing and midwifery, medical and dental, other clinicians and one patient and public governors for the Crawley constituency.</p> <p>11.3 Governors asked for their best wishes and thanks are passed on to Fiona Allsop, Chief Nurse who would be leaving the Trust at the end of March.</p>			
	<p>Date of Next Meeting: 17th April 2018.</p>			
Date of next meeting	17 April 2018 Governor Pre-meet	Time	6.00 pm Pre-meet at 5.15pm Rooms 7/8	Room Atrium, PGEC