

<b>Minutes of</b>	Council of Governors		
<b>Date</b>	7 November 2018	<b>Time</b>	6.00 pm – 8.00 pm

<b>Members Present</b>		
Richard Shaw	RS	Chairman
Pauline Lambert	PL	Non-Executive Director
Michael Wilson	MW	Chief Executive
Gillian Francis-Musanu	GFM	Director of Corporate Affairs
Anouska Adamson-Parks	AA-P	Director of Strategy
Richard Durban	RD	Non-Executive Director (Chair)
Caroline Warner	CW	Non-Executive Director
Philippa Shimmin	PS	Elected Governor – Mole Valley
Ian Mackenzie	IM	Director of Information & Facilities
Paul Biddle	PB	Non-Executive Director
Richard Burford	RBu	Elected Governor – Reigate and Banstead
Lisa Bowerman	LB	Elected Governor – Reigate and Banstead
David Sadler	DS	Non-Executive Director
Colin Pink	CP	Head of Corporate Governance
Angela Stevenson	AS	Chief Operating Officer
David Bloomfield	DB	Elected Governor - Horsham
Caroline Vaughan	CV	Elected Governor – Reigate & Banstead (Joint Lead Governor)
Jo Josh	JJ	Nominated Governor – Surrey Community Action
Jane Ritchie	JR	Elected Governor – Crawley (Joint Lead Governor)
Yvonne Kraku	YK	Elected Governor - Patient
Helyn Clack	HC	Nominated Governor – Surrey County Council
Alison Pendlington	AP	Elected Governor - Crawley
Frank Hardiman	FH	Elected Governor - Croydon
Lisa Bowerman	LB	Elected Governor – Reigate & Banstead
Janet Hall	JH	Elected Governor – Tandridge
Philippa Shimmin	PSh	Elected Governor – Mole Valley

Paula Fitzgerald	PF	Note Taker
<b>Apologies</b>		
Apologies were noted from: Laura Warren, Adrian Baillie, Lesley Copus, Kevin Davies, Steve Fisher, Gill Harrison, Viral Parikh, Judy McMahon, Paul Simpson		

Notes		Actions / Attachments
1	There were no Declarations of Interest	
2	<p><b>Notes of the last meeting held on 17 July 2018</b></p> <p>The minutes were approved as a true and accurate record of the meeting.</p>	
3	<p><b>Matters Arising and Action Log</b></p> <p>See action tracker</p>	
4	<p><b>Trust Update</b></p> <p>MW presented the key highlights:</p> <ul style="list-style-type: none"> <li>• It has been a challenging few months since summer with emergency admissions remaining high.</li> <li>• Finance – The Trust delivered a £1.1m surplus in the first 6 months of 2018/19. This compares favourably to our planned £0.8m deficit position for this point in the financial year.</li> <li>• The overall plan for 2018/19 is a £16.1m surplus so there is a long way to go, but we are making good progress.</li> <li>• Challenges include the closure of 2 theatres and following major works 2 temporary theatres are up and running.</li> <li>• Elective activity is back on plan and we are fully utilising all our activity.</li> <li>• Work has commenced on the new decant ward and gynaecology/obstetrics dental outpatients. The new ward will open early January 2019 and increase capacity by 26 beds, supporting us to get through the winter pressures.</li> <li>• The Committee noted the highest ED attendance on record yesterday (347).</li> <li>• The Secretary of State has written to Surrey and Sussex Councils inviting bids for using money for re-ablement of patients from hospital. Surrey CC has responded and the Trust will be bidding for funding as part of this. A response from West Sussex is awaited.</li> </ul>	

- The Trust flu campaign commenced at the end of September and we are working towards the national target of 75% of staff receiving the flu vaccination. Discussion took place about vaccinating frail elderly patients who come through ED. However there is an issue with the Trust not having access to this vaccination.
- The recent CQC Focus Groups and NHSi Use of Resources events seem to have gone well. The inspection of core services took place on 16<sup>th</sup> and 17<sup>th</sup> October and Well Led inspection on 13<sup>th</sup> and 14<sup>th</sup> November.
- A big thank you was extended to the finance team for their part in the Trust achieving a positive liquidity. In addition it was noted that the Trust is the most efficient in England with a reference cost of 82 (average is 100).
- 800 staff attended the Staff Well-Being day last month.
- The national staff survey process will close early December and we have had a good response so far (68%).
- Surrey County Council are looking to improve the A23/Three Arch Junction by the entrance to the hospital and will be running a consultation on the design of the new junction. Staff and governors are actively encouraged to join in the consultation.
- As part of the Reigate and Banstead Council Development Plan SASH has applied to be largely removed from the green belt. If successful this will allow further development of the site which is currently restrained by our planning status.

Questions from governors were asked about aggression towards staff from the public and what the Trust is doing about this. In response Governors were informed that the Trust monitors incidents via the Datix system and that the number of incidents recorded is low. However, the Trust is working on a number of initiatives including training around de-escalation of aggressive situations, and security measures in ED including additional security staff and fitting security staff in ED with body recorders. In addition staff will receive training on managing patients who present challenges due to their conditions e.g. dementia. It was noted that social media can also present challenges and a discussion took place about a strategy to manage specific incidents.

Questions were also raised about delays in recruiting to posts such as the fundraising manager and complaints manager. Governors were assured about the recruitment process and there were no current delays.

Discussion took place about the Trust maintaining the current level of complaints management with the Complaints Manager vacancy. Reassurance was given that the post was being recruited to that there was a team of staff/departments involved in processing/managing complaints in addition to leads within each division. Furthermore the Trust monitors the length of time taken to respond to complaints.

	<p><b>Action: GF-M</b> to email CEO presentation to Governors</p>	
5	<p><b>Matters Raised by Governors</b></p> <p>GF-M tabled the key questions raised by Coordinating Governors at the pre-meeting and invited any additional questions from Governors.</p> <p>Discussion took place on the need for clearer guidance about different types of services available in an emergency for example the new hubs which operate from 8.00 am – 8.00 pm, Monday to Friday. GF-M responded that the Trust is working with our partners to ensure use of appropriate services by the public. It was suggested that information about hubs could be loaded onto the screens around the hospital. <b>Action: GF-M</b> to discuss and action with the Communications Team.</p>	
6	<p><b>Administrative Process for Outpatients</b></p> <p>AS presented the presentation which highlighted the programme of work around clinic utilisation and improved booking management. This included:</p> <ul style="list-style-type: none"> <li>• Revisions to central outpatient booking office staffing model which now has supervisors to work with teams and provide a level of seniority and training around engaging with patients and opening communication channels.</li> <li>• In-house development of the text based reminder service</li> <li>• Roll out of E-referral system so appointments can be made in GP surgeries</li> <li>• Elective pathway centre/booking centre</li> <li>• Real time empty slot reporting</li> <li>• Move to mutual agreement of appointments with patients and improved responsiveness to telephone calls</li> <li>• The impact has seen an increase in clinic utilisation and reduced cancellations.</li> <li>• There is an ongoing piece of work to review and standardise a suite of Letters through the Outpatient Board and Patient Information Review group.</li> </ul> <p>Work to transform the medical records service includes a new purpose built medical records library, radiofrequency case note tracking and expansion of the service to 24 hour, seven days a week. Offsite storage has moved more locally to Salfords. As a result there are very few cases of temporary notes in clinic and clinic appointments can be offered at less than 24 hours' notice.</p> <p>The Trust uses SASH+ methodology and outpatients staff are included in the decision making process. Ideas and initiatives generated as a result include production boards to share daily performance, daily huddles to enable reflection and shared learning, 'bugs and ideas' boards.</p> <p>There was discussion about the follow-up process and reducing unneeded follow ups, replacing them with appointments offered quickly on the basis of clinical need (e.g. 'hot clinics').</p>	

	<p>Governors asked about ophthalmology where the use of pagers were being rolled out for follow-up patients. AS confirmed that there was a lot work in relation to follow ups and the need for all patients to physically re-attend for appointments. A further question was asked about whether patients can get immediate appointments. AS confirmed that this was possible particularly where there were open clinics but also based on clinical need.</p> <p>Governors congratulated the Trust and welcomed what was taking place in this area. A further question was asked in relation to other clinics which are dotted around the Trust and at other sites and also whether patient records at remote sites arrived on time. AS confirmed that outpatients were under the umbrella of single management team and the developments and improvements described earlier related to all clinics.</p> <p>A question was asked about whether any of the work will address integration with other clinics. AS confirmed that was the direction of travel and also the Trust has a desire to take forward the electronic patient record (EPR) with a view to being able to digitise more.</p>	
7	<p><b>Update on Way Finding at SASH</b></p> <p>IM presented the Wayfinding update.</p> <p>Governors were interested to hear a progress update on the work the Trust had undertaken to improve wayfinding across the Trust. This was a development that governors and patients had previously been involved in and were keen to understand current progress and next steps. The developments were welcomed and governors were encouraged to hear about the feedback which had come directly from patients and visitors and looked forward to being involved in the next phases of the programme.</p> <p>Governors asked whether they are going to be involved in discussions about directional boards. IM confirmed that interested parties will be invited to attend meetings next year.</p>	
8	<p><b>Draft Mental Health Strategy</b></p> <p>AA-P presented the Mental Health Strategy which seeks to address what the future mental services look like, what can we measure so that we can improve, how does this strategy fit with our other strategies and what does the strategy mean for us.</p> <p>AA-P highlighted:</p> <ul style="list-style-type: none"> <li>• Approximately 16,000 patients with a mental health problem are admitted to SASH per annum</li> <li>• Between 2000 and 4000 of these patients are supported to varying degrees by the psychiatric liaison team</li> <li>• There is a potential gap in mental health support for these 16,000 patients which could be an underestimate for reasons of non-disclosure or under reporting</li> </ul>	

	<ul style="list-style-type: none"> <li>• The most common mental health diagnosis for inpatients are depression, anxiety disorder, dementia/delirium and substance misuse</li> <li>• Mental Health Trusts in the area are Surrey and Borders Partnership NHS Foundation Trust (SABP) and Sussex Partnership NHS Foundation Trust</li> <li>• There is variation in service provision and approach for assessment, referral, thresholds for admission between SABP and Sussex Partnership.</li> <li>• A strategy is needed for faster pathways for mental health patients</li> <li>• There is some variation in CAMHS services</li> <li>• The substance misuse offering requires improvement</li> <li>• An approach to medicines management is required that ensures fast and easy access to medicines</li> <li>• Staff across the NHS need to have training that equips them to understand mental health problems</li> </ul> <p>AA-P informed Governors that this is a first draft of the strategy and feedback is being sought from Mental Health Trusts, Community and other stakeholders. The draft strategy will be published on our website for comments. Governors were invited to send any feedback/comments/additions to AA-P by the end of the week.</p>	
9	<p><b>Governor Newsletter</b></p> <p>Lisa Bowerman and Janet Hall presented the Governor Newsletter for comment and feedback. It was noted that this is still in draft. The feedback from both governors and Trust staff was very positive.</p> <p>Discussion took place about the role of Governors in terms of being an independent body from the Trust and whether the briefing should look different to that of Trust documentation. GF-M clarified that the role of the Council of Governors was not independent to the Trust rather they represent the interest of the members of the Trust and partner organisations in the local health economy in the governance of the Trust. On that basis, the design/layout of the briefing should be consistent with the Trust's communication guidelines.</p> <p>It was suggested that information about the governor elections should be added to the newsletter. <b>Action: GFM/CP</b> to help with wording.</p> <p><b>Action: Lisa &amp; Janet</b> to update the newsletter with feedback from Governors including how to access appropriate emergency services, adding a 'did you know' section with figures, adding information on flu vaccination.</p>	
10	<p><b>General Feedback from Governors</b></p> <p>Governors fed back on staff who were complimentary about their employment with the Trust, compliments were received about SASH+.</p> <p>Governors asked whether the Trust's VMI work is shared with other Trusts. MW confirmed that there are 5 other Trusts involved with whom we work with.</p>	

	<p>However, it was noted that due to the VMI contract, we are not able to share work with the wider health system.</p> <p>Discussion took place about how VMI has impacted services and specific examples such as improvement in treatment pathways for sepsis and improvement in medical records processes.</p>	
11	<p><b>Any Other Business</b></p> <p>11.1 A question was raised about whether the Trust is still using faxes and concern about confidentiality. It was noted that the Trust is looking to phase out faxes; however some external partners still use faxes (for example GPs for referrals).</p> <p>11.2 <b>Action: GF-M</b> will recirculate dates of Council of governor meetings for 2019</p> <p>11.3 RD welcomed Richard Shaw as the new Chair of the Trust and Richard addressed the governors and confirmed that he was looking forward to working with them and had noted the value that they added to the Trust. Richard would be chairing future meetings.</p>	
12	<p><b>Date of next Meeting</b></p> <p>Tuesday 15<sup>th</sup> January 2019</p>	