Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
6th March 2019, Education Centre, Ashford Hospital

PRESENT:	Tom Allan	Staff Governor – Hospital Volunteers	**TA**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	David Carpenter	Public Governor – Elmbridge	**DC**
	Brian Catt	Public Governor – Spelthorne	**BC**
	Iftikhar Chaudhri	Appointed Governor – Runnymede Borough Council	**IC**
	Maurice Cohen	Public Governor – Woking and Guildford	**MC**
	Lilly Evans	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Godfrey Freemantle	Public Governor – Hounslow, Kingston and Richmond	**GF**
	Sue Harris	Staff Governor – Nursing and Midwifery	**SH**
	Deborah Hughes	Appointed Governor – Woking Borough Council	**DH**
	Oscar Garcia-Casas	Staff Governor – Medical and Dental	**OG**
	Chris Marks	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**CM**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Julian Ruse	Staff Governor – Ancillary, Admin, Clerical and Managerial	**JR**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Bhagat Singh Rupal	Public Governor – Hounslow, Kingston and Richmond	**BSR**
Lead Governor	Danny Sparkes	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**DSp**
	Matt Stevenson	Staff Governor – Allied Health Professionals	**MS**
APOLOGIES	Maureen Attewell	Appointed Governor – Spelthorne Borough Council	**MA**
	Melaine Coward	Appointed Governor – University of Surrey	**MCo**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Sinead Mooney	Appointed Governor – Surrey County Council	**SM**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	Bertie Swan	Public Governor - Elmbridge	**BS**
IN ATTENDANCE			
Item 04/19	David Elliott	Consultant Orthopaedic Surgeon	**DE**
	David Fluck	Medical Director	**DF**
	Chris Ketley	Non-Executive Director	**CK**
	Neil Hayward	Non-Executive Director	**NH**
	Simon Marshall	Director of Finance and Information	**SM**
Until 7pm	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMn**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
Item 12/19	Nicola Oliver	Fundraising Manager	**NO**
	Suzanne Rankin	Chief Executive	**SR**
	James Thomas	Director of Operations, Planned Care	**JT**
	Sue Tranka	Chief Nurse	**ST**
	Meyrick Vevers	Non-Executive Director	**MV**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute		Action
COG-01/19	**Apologies** Apologies as listed on the previous page.	
COG-02/19	**Declarations of Interests in the Proceedings** None	
COG-03/19	**Minutes of the Meeting on 5th December 2018** The minutes of the meeting held on 5th December 2018 were AGREED as a correct record apart from: Page 9 – Committee Structure Governance and sub-board committee model Steve McCarthy considered there was an action here to update the Council which the Associate Director of Corporate Affairs agreed to take forward. Page 7 – Performance Report (including A&E) Julian Ruse clarified that the Trust was compliant in seven out of eight cancer measures. The updated Action Log was noted.	**SM**
COG-04/19	**MSK (Musculoskeletal) Service Update** David Elliott, Consultant Orthopaedic Surgeon, provided some background information advising that in 2014 bids had been invited to be the lead provider for the Surrey Integrated Musculoskeletal Service (iMSK). The Trust was successful and had been awarded a five year contract beginning in 2016. The Trust was the only NHS organisation being awarded a contract in iMSK. Work being undertaken was within budget with 92% of the referral to treat target being achieved. The service had also managed to reduce the physiotherapy wait to three weeks. In response to Steve McCarthy, David advised that a review of the service was undertaken every month. As was to be expected, there were constant challenges due to changing the pathway and organising staff to meet the demands on the service. David advised the trauma pathway was separate to the MSK pathway. Steve understood that there was no scope to re-provide cancelled appointments. Patients were advised to call regularly in order to secure a cancelled appointment should there be one. David confirmed that this was currently the case and also confirmed that every referral went through the multi-disciplinary team. The Medical Director highlighted that since the treatment for the conditions presenting were not life-saving, there were other non-invasive ways of dealing with them. The Medical Director was very proud the MSK service at the Trust had managed to implement a successful pathway and that it was the top performer in the country. Previously patients had had to wait 6-7 days to be seen in the fracture clinic. Now cases were reviewed virtually and patients were seen in less than 1.7 days. The service continued to strive to do even better. Neil Hayward highlighted how remarkable it was that an in-house team had secured the contract and had delivered such excellent improvements. He added that it was important to keep improving on performance as bids would be invited	

again once the contract came to an end in 2021. Neil queried whether there were any aspects of the service that needed further focus and David explained that the MSK service had managed to reduce the wait time for patients to be seen by chronic pain services from 13 weeks to 6 weeks using a biopsychosocial approach which focused on the whole patient and involved the whole team. The next stage was to overhaul chronic pain services.

Denise Saliagopoulos advised that she herself had only heard positive stories on social media and wished to congratulate the Trust. The Chairman advised that he had walked around Dickens Ward that day and all patients were very happy with the care they had received from doctors and nurses. Chris Marks wished to reiterate the praise for the team. Chris queried what the three biggest lessons learnt were. David advised that data was very important to identify variations in clinical practice. Ensuring good care was cost effective was crucial. It was also important to work as a team to encourage inclusivity. Finally, agility was needed so that bad practices were changed. An example of how working practices had been improved was that now the first patient on the operating list came in at 7.45am and this helped to facilitate operating lists running on time.

Tom Allan congratulated David on his presentation. Tom wondered whether this good practice could be transferred to other departments. The Medical Director advised that the Trust was working hard to embed the Getting It Right First Time (GIRFT) model and that the Director of Operations for Planned Care was leading on this piece of work.

The Chief Executive thanked David for his presentation and agreed data was crucial in order to decipher variation in clinical practice. She was aware that not all wanted to change their working practices and often shared their frustrations with her. The Chief Executive relayed a conversation she had with an ex-colleague at another Trust where Tim Briggs, National Director for Clinical Quality and Efficiency for the NHS, had been speaking. During his presentation he had cited Ashford and St Peter's as an exemplar organisation in the GIRFT model.

The Chairman advised it was important that the work around Digital was clinically led or else without the buy in from clinicians it would not succeed.

The Council thanked David Elliott for his update.

FEEDBACK FROM GOVERNORS

COG-05/19 **Governor Activities**

Danny Sparkes, Lead Governor, presented the paper and highlighted the two recruitment events which she and other Governors had been involved in. One of these was the recruitment stand before Christmas at St Peter's Hospital and the second was at the Careers Fair held at Ashford Hospital. Fifty new members had been recruited during this time. Danny requested further assistance from Governors at recruitment events held in the future. Danny advised of other ways Governors could be involved and these included the Schwartz Rounds, members' events and PLACE inspections which would be taking place in October this year.

The Chairman thanked Governors for their involvement in all these activities.

The Council NOTED the report.

Minute		Action
COG-06/19	**Patient Experience Group Report**	
	Keith Bradley, Chair of the Patient Experience Group, advised that the Group had met once since the last Council of Governors' meeting. There had been two visitors: 1. Sue Wales, Associate Director for Transformation Projects 2. Giselle Rothwell, Associate Director of Communications and Engagement for Surrey Heartlands Health and Care Partnership and CCGs Keith advised there had been some overlap with the visitors so that Giselle had been able to advise that Surrey Heartlands was leading on the Outpatient Transformation Programme and had invited Governors to a workshop taking place in March. Keith advised that the Associate Director of Quality had attended to provide background information on the quality report. Keith advised there was a Quality Account Assurance Group meeting taking place the following day which all Governors were invited to attend. Finally, Keith advised that Tom Allan had come along to the meeting as an observer and welcomed other Governors' attendance in a similar capacity. Keith requested that anyone wanting to attend should contact the Membership and Engagement Manager.	**All**
	The Council NOTED the report.	
COG-07/19	**Membership and Community Engagement Group Report**	
	Danny Sparkes, Chair of the Membership and Community Engagement Group, advised that the Group had met once since the last Council of Governors' meeting. The Group had discussed the next edition of Aspire and recruitment of new Governors. Danny advised that the Group needed a staff governor and anyone interested in becoming a member should speak with either her or the Membership and Engagement Manager. Chris Ketley advised he was pleased to note that 70 members had been recruited during Quarter 3 and requested a breakdown of the type of members recruited. Danny advised that the new members were across the board. The Careers Fair had many young people in attendance and of the 29 recruited, 20 were teenagers. In response to Brian Catt, Danny confirmed the vast majority of members lost were deceased. The Membership and Engagement Manager clarified that membership reports and the membership database only covered public members. Although staff were automatically members unless they opted out, it was difficult to access monthly information on the numbers of staff that were recruited and the numbers that had left the Trust to provide any meaningful data. The Annual Report and Accounts provided a full breakdown on members; public, staff and volunteers. The Chief Executive agreed events were useful and reminded Governors of the Open Day being held on Saturday 6th July and confirmed that Governors could bring along guests.	**Staff Governors**

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The Chairman was pleased that two of the new Governors would be featuring in Spring edition of Aspire and encouraged others to do the same in future editions.

The Council NOTED the report.

STATUTORY

COG-08/19 **Council of Governor Elections 2019**

The Membership and Engagement Manager presented highlights from her paper which provided an update on the forthcoming Council of Governor elections; plans to recruit new Governors; training for new Governors and governance arrangements. The Membership and Engagement Manager advised that existing Governors in eight of the 13 positions up for election would be coming to the end of their maximum three terms on 30th November 2019 and highlighted the plan to recruit new Governors. In addition, the Membership and Engagement Manager advised that she had spoken with the Lead Governor and a few of the Governors to produce a video message which would share what it meant to be a Governor. This would be publicised on the Trust's website and other suitable stakeholders' websites.

The Membership and Engagement Manager advised she was very pleased that since becoming a Foundation Trust, all vacant positions had been filled. The only vacancies that had arisen had been mid-term when either the post-holder had left the area or could no longer continue in the role. This was very different to other trusts that were often unable to fill their vacancies. In 2018, the Trust had not only filled all vacant positions but all of the elections had been contested. This highlighted that publicity campaigns were working and that members were interested in becoming Governors.

The Membership and Engagement Manager highlighted the training provided to new Governors including the additional Core Skills course led by NHS Providers. Two of the current Governors would be attending this course in July. Other initiatives included opportunities to shadow existing Governors on Groups and the provision of training when joining the three Council of Governor committees.

The Membership and Engagement Manager advised that the yearly one to ones with the Chairman would be preceded with a self-assessment questionnaire.

Finally, two meetings per year had been added to the calendar to allow Governors to meet informally.

Chris Ketley suggested that one of the Governor/Non-Executive Director meetings took on an induction remit so that Non-Executive Directors had the opportunity to outline their roles and what they were hoping to achieve. **AF**

Tom Allan considered staggering new Governors' terms would be useful. The Chairman reminded Council members that Governors had considered increasing the number of terms a Governor could serve on the Council and it was agreed that a changeover was needed in order to gain a fresh perspective from new Governors.

The Chairman requested that all Governors use their contacts to recruit a member and encourage them to consider becoming a Governor. Neil Hayward suggested consideration be given to how experienced Governors could share **All**

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their knowledge with new Governors. Brian Catt advised that Governors had spoken about putting a one page summary together about what they had done. This could be developed further into a marketing document which outlined experience and included quotes. Brian advised he was a member of his local residents association and could place an article in the regular newsletter and it could also be shared via social media. **All** **BC**

Keith Bradley advised that it would be feasible to make the Woking and Guildford positions two year terms as all Governors in that constituency were currently on their third term. It was agreed to consider this at the next Constitution Group Committee. **AF/AS**

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-09/19 **Assurance Report**

The Chief Executive presented her report and highlighted that the Trust remained under great pressure. Areas for improvement in the complaints process were being identified as part of the Experienced Based Co-Design project. The Chief Executive advised that she had experienced direct communication on Twitter which she had been unable to respond to quickly due to the nature of issues raised. The Chief Executive advised that the Hyper Acute Stroke Unit (HASU) had moved to the Acute Medical Unit (AMU) creating a direct access area for emergency stroke patients by bypassing A&E.

The Chief Executive advised a new Team Member of the Month scheme had been introduced and her paper highlighted the winners from November to January. Patients and team members were able to nominate colleagues. Winners were mentioned on the Trust's internal bulletin, received a personal message and had their photo displayed on boards around the Trust. Winners also received e-points, the new recognition and reward system which could be used in high street and online retailers.

Danny Sparkes commented favourably on the Da Vinci robot and the Chief Executive agreed there were some benefits in investing in the robot and the team was currently considering a business case.

Julian Ruse highlighted the Team Member of the Month scheme and whether picking just one staff member was adequate and whether there should be a Team of the Month. The Director of Workforce Transformation highlighted that this was just one example of an initiative and was not meant to take away from others. For example all divisions will be able to thank members of staff and allocate e-points. This will first be introduced in the divisions of:

- Theatres, Anaesthetics, Surgery and Critical Care
- Diagnostics, Therapies, Trauma and Orthopaedics

The Chief Executive added that the Trust continued to hold the annual Staff Awards Ceremony. Last year over 150 staff members attended and many received either individual or team awards. The Chief Executive agreed that a lot of staff members were outstanding every day and would take forward the team idea.

The Chief Executive advised that she had a positive meeting with the Executive Director of NICS (GP Federation in North West Surrey, consisting of 40 GP practices). As well as incorporating LIVI (an app which allows patients see a GP by video in minutes, on their mobile or tablet) they had agreed to allocate 9,000 extra GP appointments. However, January's data showed that increased access had not reduced pressures on A&E. The Chief Nurse added that patients were presenting with complex needs and due to increased lengths of stay other patients were not able to receive the care they needed. Brian Catt highlighted that it took some time for people to become used to new ways of being seen and added that although his GP practice looked after 20,000 patients, only a few came along to open evenings. It would seem that people were only interested when they needed care. The Chief Executive suggested undertaking a piece of work to understand what people needed.

In response to Denise Saliagopoulos, the Chief Executive advised that the LIVI app allowed a face to face conversation with a clinician. People could connect in as little as five seconds and although patient records were not available, advice was provided and, when necessary, a referral to hospital. The Director of Operations for Planned Care advised that his team were currently working on the Outpatient Transformation Programme to help work through any issues with the system and also look at ways of working differently using digital technology and other ways of communicating. Denise added that younger people preferred on-line options and the sexual health provision was a good example of how well this worked.

Danny Sparkes requested an update on the HASU rating which had dropped from a B to a D. The Chief Executive advised that although data was not available yet, early indications were that the rating had improved. The Chief Nurse confirmed this.

Deborah Hughes requested that the Trust consider transport links and access when working through the Outpatient Transformation Programme. The Chief Executive advised that the aim was to reduce outpatient attendance and thus avoiding the need to travel. It was important that the vision the Trust had was shared with members of the public. The Medical Director added that it had been found that 5% of road traffic attributed to the NHS.

The Director of Finance and Information advised the Month 10 position highlighted twice the expenditure than expected. A surplus of £34.3m was forecasted which included £24m of money from the Provider Sustainability Fund. This provided the Trust with a real opportunity to transform the organisation.

The Council NOTED the report.

COG-10/19 **Performance Report (including A&E)**

In the absence of the Director for Operations for Unplanned Care, the Director of Operations for Planned Care advised that January had seen the highest number of attendances in A&E. Admissions were slightly lower than previous months but this was partially due to issues with patient flow. The 4 hour target performance had dropped slightly in December to 86.1% and length of stay had increased slightly.

In response to Lilly Evans, the Director of Operations for Planned Care advised that the Urgent Care Centre was proving to be a success and in turn increasing

attendance numbers, as having more access points would do. The Medical Director advised that A&E had seen an increase in paediatric patients. Parents were assured of a very good service and often chose to bring their children to A&E for that reason.

The Director of Operations for Planned Care advised that Ashford Hospital had been used to meet elective activity whilst St Peter's Hospital had been used for Paediatrics. Fewer procedures had been cancelled on the day when compared to the previous two months.

The Director of Operations for Planned Care turned to Cancer Care and advised that multi-disciplinary team meetings had been re-provided to avoid the impact of the bank holidays. Delays in treatment were mostly due to complex pathways and some due to patient choice.

In response to Maurice Cohen, the Director of Operations for Planned Care advised that all targets had a purpose but when the A&E target was being missed nationally, the validity of this target came into question. Maurice queried whether there were more sick patients or whether A&E was used differently by members of the public. The Medical Director advised that over the last 150 years the average age had risen with many living with chronic diseases. Maurice considered that patients having access to their own records would allow them to take ownership for their own care and not needing to constantly refer to their GP or A&E. Neil Hayward advised that the Modern Healthcare Committee assessed the data there and took a balanced view; for example considered what the best the Trust could be which may differ to the targets set.

The Council NOTED the report.

COG-11/19 **NHS Long Term Plan Overview**

The Chief Executive highlighted that the NHS had been allocated £20.5 billion and that the NHS was the only public sector department receiving a cash injection. The key principles of the plan were:

- New service model
- Action on prevention and health inequalities
- Improvements in care quality and outcomes
- Digitally enabled care
- Value for money

The Chief Executive considered the plan to be a good one but was concerned that social care had not been included. There was no investment in capital which was much needed; although the Trust was generating funds to work on its capital programme. Furthermore, the most concerning omission was there not being a workforce plan. Prevention was more health centric and did not recognise that unhealthy behaviours often led to health conditions.

The plan identified opportunities such as digital, artificial intelligence, robotics and genomics.

The Chief Executive highlighted the work that was underway advising that the Trust's own Strategy aligned closely with many of the ambitions set out in the Long Term Plan.

Maurice Cohen queried how the Trust could work on preventive measures when patients were seen when they were ill. The Medical Director advised that supporting ventures in the community would be key. The aim would be to prevent people becoming ill in the first place.

The Chairman added that there were a lot of opportunities to work more efficiently and effectively. Maurice considered patients presenting at the Trust were beyond the preventative stage and Deborah Hughes highlighted that even when patients were ill there were still ways of preventing them getting worse.

The Council NOTED the update.

COG-12/19 **Fundraising at Ashford and St Peter's**

Meyrick Vevers highlighted that a lot of progress had been made which was down to the Fundraising Manager's hard work. It was important to maintain a focus on what could be done and what could not; ensuring regulations were adhered to. Meyrick introduced the Fundraising Manager and requested that she talk about the ambassador role.

The Fundraising Manager outlined the ambassador role and suggested the Governors were most suitable for the role due to their influence in the community. Nicola welcomed anyone interested in the ambassador role, even for a small time commitment, to get in contact with her. Anything Governors could do to share contacts and raise the visibility of the Charity would be appreciated. **All**

The Chairman advised that Iftikhar Chaudhri had already undertaken a lot of fundraising work for the Trust and welcomed assistance from other Governors. In response to Danny Sparkes, Meyrick advised that staff had been encouraged to spend charity monies although guidelines on what could be purchased had become tighter. The Chairman considered that members of the public should be informed what their donations had gone towards purchasing and also what the Trust was raising funds for in order to equip people who were trying to raise money for the Trust's Charity. In response to Brian Catt, Meyrick advised that the Trust would be liable if it used funds meant for one charity fund elsewhere. That was why it was important to ensure funds were flexible and could be spent when and where needed, although it was appreciated that donors may wish to place donations in a specific fund.

In response to Denise Saliagopoulos, the Chief Executive advised that she would be meeting with the donors with reference to their generous donation to the Breast Unit to talk about how they wished to proceed.

Simon Bhadye highlighted the work of the League of Friends and the Fundraising Manager advised that she would be meeting with League of Friends at St Peter's Hospital soon to discuss their work. She would also be arranging a meeting with the League of Friends at Ashford Hospital after the Wellness Centre, which was connected to the Infusion Suite, had been completed.

The Council NOTED the update.

COG-13/19 **Nursing and Midwifery Retention Project**

The Director of Workforce Transformation passed around two posters; one on the ITU and one on the Emergency Department which represented a quarterly view

of recruitment and retention within each department. Similar posters were displayed in staff rooms. The Director of Workforce Transformation was pleased to report that considerable progress had been made resulting in fewer staff leaving with less than 12 months service. The Trust also had a greater understanding of the reasons why staff were leaving. Recruitment events had taken place and further events would be held in the future. Healthcare Assistants were encouraged to go into further education. Teams were encouraged to identify development needs and support staff. Teams were encouraged to share what they were doing which was highlighted on the poster.

Neil Hayward commended the Director of Workforce Transformation and her team on this piece of work which made teams more accountable for the workforce in their own departments. Chris Marks considered the work an excellent piece of analysis. Neil advised that the data helped identify problem areas.

Brian Catt queried whether the analysis identified leadership needs. The Director of Workforce Transformation highlighted the various ways management skills could be acquired, through MBA opportunities and the Leadership Development Programme.

The Chairman highlighted the importance of looking after staff.

COG-14/19 **Any Other Business**

None

COG-15/19 **Questions from the Public**

David Mason considered his question at the last Council meeting had not been detailed and it was advised that a summary of questions and/or responses was provided where needed.

David then went onto to talk about North West Surrey leases in Weybridge and queried whether these were opportunities for co-location. The Chief Executive advised that although this was a wonderful concept, it was not a decision the Trust could make. The Director of Finance and Information advised that the Trust's own land-sale had been open to bids from the Public Sector. However, there was a lot of industrial waste on the land and therefore the private sector was better placed to make use of it.

Further Meeting Dates for 2019

5th June, 4-6 pm, St Peter's Hospital
4th September, 4-6 pm, St Peter's Hospital (Ashford Education Centre being unavailable)
4th December, 4-6 pm, St Peter's Hospital

Signed……

Andy Field
Chairman

5th June 2019

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
6.3.19	**COG-03/19**	**Minutes of the Meeting on 5th December 2018**	Update on Committee Structure Governance and sub-board committee model	SM	5.6.19	On the agenda	
6.3.19	**COG-06/19**	**Patient Experience Group Report**	Anyone wishing to observe the PEG to contact the Membership and Engagement Manager	All	8.4.19	Next meeting is 1 July	
6.3.19	**COG-07/19**	**Membership and Community Engagement Group Report**	Any staff governor wishing to become a member of MEG to contact Danny Sparkes/Membership and Engagement Manager	Staff Govs	17.4.19		
6.3.19	**COG-08/19**	**Council of Governor Elections 2019**	Governor/NED meeting to include an induction remit	AF	7.5.19	Complete	✔
6.3.19	**COG-08/19**	**Council of Governor Elections 2019**	Recruit members and potential Governors	All	31.8.19		
6.3.19	**COG-08/19**	**Council of Governor Elections 2019**	Produce a one page summary of what you have done	All	31.5.19	A few of the Governors have produced their summaries	
6.3.19	**COG-08/19**	**Council of Governor Elections 2019**	Share article with local residents association	BC	31.5.19	Complete	✔
6.3.19	**COG-08/19**	**Council of Governor Elections 2019**	Consider making the next Woking and Guildford election a two year term	AF/AS	16.5.19	On Constitution Group Committee agenda	✔
6.3.19	**COG-12/19**	**Fundraising at Ashford and St Peter's**	Contact the Fundraising Manager if you wish to become a Charity Ambassador	All	ASAP		