Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
4th September 2019, Chertsey House, St Peter's Hospital

PRESENT:	Tom Allan	Staff Governor – Hospital Volunteers	**TA**
	Simon Bhadye	Public Governor – Spelthorne	**SB**
	Keith Bradley	Public Governor – Woking and Guildford	**KB**
	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**
	Óscar Garcia-Casas	Staff Governor – Medical and Dental	**OG**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Chris Marks	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**CM**
	Steve McCarthy	Public Governor – Elmbridge	**SMc**
	Judith Moore	Public Governor – Woking and Guildford	**JM**
	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**
	David Carpenter	Public Governor – Elmbridge	**DC**
	Melaine Coward	Appointed Governor – University of Surrey	**MCo**
	Deborah Hughes	Appointed Governor – Woking Borough Council	**DH**
	Sinead Mooney	Appointed Governor – Surrey County Council	**SM**
	Julian Ruse	Staff Governor – Ancillary, Admin, Clerical and Managerial	**JR**
	Denise Saliagopoulos	Public Governor – Spelthorne	**DS**
	Bertie Swan	Public Governor - Elmbridge	**BS**
IN ATTENDANCE			
	Matthew Barker	Deputy Chief Nurse - Workforce	**MB**
	Chris Bell	Director of Facilities and Estates	**CB**
	Helen Collins	Head of Patient Experience and Involvement	**HC**
	Laura Ellis-Philip	Director of Digital (CIO)	**LE-P**
	David Fluck	Medical Director	**DF**
	Neil Hayward	Non-Executive Director	**NH**
	Chris Ketley	Non-Executive Director	**CK**
	Keith Malcouronne	Non-Executive Director	**KM**
	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Yvonne Obuaya	Associate Non-Executive Director	**YO**
	Tom Smerdon	Director of Strategy and Sustainability	**TS**
	James Thomas	Chief Operating Officer	**JT**
	Meyrick Vevers	Non-Executive Director	**MV**
	Marcine Waterman	Non-Executive Director	**MW**

SECRETARY: Anu Sehdev Membership and Engagement Manager **AS**

Minute		**Action**
COG-33/19	**Apologies and Welcome** Apologies as listed on the previous page. Marcine Waterman introduced Yvonne Obuaya, Associate Non-Executive Director. Yvonne had joined the Trust on the aspiring Non-Executive Directors' programme and would be spending several months with the Trust. Marcine advised that she would be acting as Yvonne's mentor, guiding her through the non-executive director role. Yvonne would be attending sub-committee meetings as well board meetings.	
COG-34/19	**Declarations of Interests in the Proceedings** None	
COG-35/19	**Minutes of the Meeting on 5th June 2019** The minutes of the meeting held on 5th June 2019 were AGREED as a correct record. The updated Action Log was noted.	
COG-36/19	**Matters Arising** As the Chief Nurse was unable to attend the meeting, the actions below would be followed up at the next meeting: • Provide an update on the Emerge Improvement Project • Provide an update on Patient Care Experience Co-ordinators	**ST**
	FEEDBACK FROM GOVERNORS	
COG-37/19	**Governor Activities** Danny Sparkes, Lead Governor, presented the Governor Activities paper and advised it clearly outlined how busy the Governors were. Danny wished to remind Governors of the Board meetings adding that dates and venues for meetings were available on the website. Danny highlighted the Schwartz Rounds and it was agreed to send the dates for the remainder of the year to the Governors. Danny advised that she and the Head of Patient Experience and Involvement had recently attended the Patient and Public Engagement Group meeting at Guildford and Waverley Clinical Commissioning Group which she had found most enlightening. The Council NOTED the report.	**AS**
COG-38/19	**Patient Experience Group Report** Keith Bradley, Chair of the Patient Experience Group, advised that this was his 28th and last report to the Council as he would be coming to the end of his three	

terms.

Keith advised that the Associate Director of Quality had continued to provide further clarification on the quality report and had responded to queries. Keith advised that it was Organ Donation week and that Judith Moore, Chair of the Organ Donation Committee, had been very involved in the publicity and being on hand at the stand in the main entrance to talk to visitors, patients and staff.

Keith advised that the Group had visited the IT Department and had learned how every department and ward was reliant on their service. Keith reminded Governors of the next Quality Account Assurance Group meeting taking place on 11th September at 12.30pm.

Keith encouraged Governors to come along to the next two Patient Experience Group meetings taking place this year, especially since six of the ten members would be coming to the end of their three terms on 30th November and it would be important to find their successors. Keith considered the Group made a real difference and was directly responsible to the Council. A lot of sensitive information was shared with Group members and due to their probing; services had been further examined, for example the outpatient review. Group members had a better understanding of how departments within the Trust functioned and what the concerns were.

Steve McCarthy referred to the tour of IT and how the Trust was experiencing difficulty in securing highly skilled personnel as it was unable to compete with private firms. The Director of Digital (CIO) advised that there was a low staff turnover in the IT Department and although there was an element of churn, she was not overly concerned. The department had many very talented, knowledgeable people and sharing this knowledge with new staff was difficult. The Director of Digital (CIO) advised that she had liaised with industry with regards to providing holiday support and back-up.

Brian Catt recalled the tour and highlighted that the department did not have enough staff to make it the best it could be. The Director of Digital (CIO) advised that all trusts shared similar issues. The Trust was small but performed better than its counterparts. It was added that a business case had been submitted on cyber security to increase the footprint.

Neil Hayward wished to thank all the Governors stepping down and welcomed some personal reflection and advice to the next Chair of the Patient Experience Group. Keith considered it important not to be over-controlling and to allow everyone to contribute. He stressed the importance of acknowledging that staff were sorry when things went wrong but went on to learn from mistakes.

Judith Moore added that it had been a privilege to be a member of the Patient Experience Group, especially as the Group had visited so many areas of the Trust and had had the opportunity to ask questions. The Chairman expressed his gratitude for the great work undertaken by the Governors on the Patient Experience Group. Brian highlighted that it was the best group to be a member of if Governors wanted to learn more about the Trust.

Chris Howorth added his gratitude to Keith as Chair of the Patient Experience Group. Chris considered encouraging the interface between the Patient Experience Group and Executives was important.

The Council NOTED the report.

COG-39/19 **Membership and Community Engagement Group Report**

Danny Sparkes, Chair of the Membership and Community Engagement Group, advised that a very successful Annual Members' Meeting had taken place. The NHS Day and Community Day recruitment exercises had been very effective with recruitment of new members and raising the profile of the forthcoming Council of Governor elections. Danny referred to members' events and advised the Membership and Engagement Manager was working on dates for 2020.

Danny advised that the Group would be losing one of its members as they had come to end of their three terms and there was space for more members, especially a staff governor.

The Council NOTED the report.

STATUTORY

COG-40/19 **Council of Governor Elections**

The Membership and Engagement Manager presented highlights from her report. She wished to express her gratitude to those Governors who had particularly assisted with getting the message out, namely Brian Catt, Keith Bradley, Deborah Hughes, Bertie Swan and Sue Harris. The Membership and Engagement Manager also wished to thank those Governors that had helped with the NHS Day and Community Day recruitment stands, namely: Danny Sparkes, Bertie Swan, Chris Marks, David Carpenter, Lilly Evans, Keith Bradley and Iftikhar Chaudhri.

The Membership and Engagement Manager advised that postcards had been sent to all members that lived in the constituencies up for election. These provided concise details about the elections, how to get further information, as well as how to put in a nomination. Social media had also been utilised, as per Marcine Waterman's suggestion, to tweet a message as well as using the Trust's Facebook page.

The Membership and Engagement Manager was pleased to advise that the Governor Open Evening for interested members had been a great success with a high calibre of individuals with varying life experiences and a range of diversity attending. It was advised that nominations had opened on 7th August and would close on 4th October.

The Membership and Engagement Manager advised that going forward she would be working closely with ERS, the Trust's election providers, to keep up to date with nominations and take action to improve numbers where necessary. Email reminders would be sent weekly up until the close of nominations. An article would also be featuring in the summer edition of Aspire. After the nominations closed, regular reminders would be sent to members to encourage them to vote.

The Chairman highlighted the three Governors who were members of the Nominations and Appointments Committee were coming to the end of their three terms and it was now considered that shadowing existing Governors at the next meeting would be important. The Chairman understood that Danny had written to

Governors asking for their interest not only in the Nomination and Appointments Committee but the Remuneration and Appraisal Committee, Patient Experience and Membership and Community Engagement groups. The Chairman encouraged Governors to come along to these meetings and consider becoming members. Danny advised that she had already received a couple of replies. She encouraged the Governors to put themselves forward in order to maintain continuity. **All**

The Council NOTED the report.

STRATEGY AND PERFORMANCE

COG-41/19 **Assurance Report**

In the Chief Executive's absence, the Chief Operating Officer presented the Assurance Report. He highlighted the Community Day which had been very impressive with many staff giving up their Saturday in order to help. As well as Trust staff, staff from the South East Coast Ambulance Service, Surrey Police, St John's Ambulance, Unison and Radio Wey attended.

The Chief Operating Officer moved to the Inpatient Survey results where the overall experience of care had been rated 8.1 out of 10 with some areas of excellence (rated as 9 or above). The Chief Operating Officer advised that the Board was very proud of staff for achieving this level.

The Chief Operating Officer mentioned the two HSJ awards received on the 2nd July:

- Quality Improvement Initiative of the Year for Improving Medication Safety
- Best HealthTech Solution for Patient Safety - Outpatient local anaesthetic Trans-urethral Laser Ablation of Non Muscle Invasive Bladder Tumours (TULA)

The Chief Operating Officer highlighted the changes in the catering and retail outlets and the temporary changes to current outlets in preparation for the new cafes, restaurants and shops opening in 2021.

Chris Marks commended the Trust on the Community Day and the number of students that had visited the hospital seeking careers advice. He wondered whether this could be replicated more formally and in a way students could experience working here. The Director of Workforce Transformation advised that the Trust did a lot of work with schools and regularly attended their careers events. Last January the Trust had held a careers event at Ashford Hospital. Part of the Trust's strategy was to become an anchor institution. One of the reasons that so many young people attended the Community Day was that invites had been sent to local schools and colleges.

The Chief Operating Officer moved to the Finance update and advised the Trust's underlying position was slightly behind by £1million. This was mainly as a result of staffing escalation areas due to the extra pressure on the Trust and having to utilise bank/agency staff. In response to Chris Marks, the Chairman advised that after quarter two the Audit and Risk Committee would be looking at the Trust's position more closely.

The Council NOTED the report.

COG-42/19 **Performance Report (including an update on Making Every Day Count)**

The Chief Operating Officer presented the Performance Report and advised that an external company – Prism Improvement – had been commissioned to provide coaching and support to the Making Every Day Count (MEDC) Programme. Prism Improvement was currently in week 7 and improvements were already being seen. Feedback from Prism was that there was a willingness and enthusiasm from staff for change. The following work-streams had been identified:

1. Improve Emergency Department Flow
2. Improve Front End Model of Care
3. Improve Site Operations and Escalation
4. Optimise Discharge and Length of Stay

Daily meetings took place with divisions and the Emergency Department.

The Chief Operating Officer moved to the main report and advised that the 4 hour performance had improved over four successive months and in August was at 81%. There were also a lower number of ambulance handover delays.

The Chief Operating Officer highlighted the pressure on beds with inpatient stays of 21 days or more and advised that since June the Trust had collaborated in the national pilot to review weekly those patients with a long length of stay. Senior nurses on wards focused on conducting a robust review and improving partnership working. Lengths of stay had reduced by 25% and this had further improved patient flow through the hospital. August had seen a similar amount of activity but attendances were lower.

The Chief Operating Officer advised that the Trust was sustaining compliance in the 18 week RTT (referral to treat) target. The Trust had now been compliant for five consecutive months.

The Chairman highlighted that the Trust could have chosen to take the easy route by waiting until the new build was in place but instead had opted to take action sooner to improve waiting times.

Brian Catt queried whether the Trust had an idea of the capital and staff needed for the new build and it was advised that the Trust understood the additional capacity needed and also the importance of working on initiatives, such as same day emergency care, to reduce the need for multiple attendances. The Medical Director reinforced the importance of engaging with the public in order to meet their needs.

The Council NOTED the report.

COG-43/19 **Strategic Update: Workforce**

The Director of Workforce Transformation together with the Deputy Chief Nurse for Workforce tabled their presentation on Workforce Strategy. The Director of Workforce Transformation advised that the Governors had provided a wide brief including a request for an analysis on the global and national position which the first two slides provided information on. Globally, there was a shortage of 18 million staff. There was a 3.9 million shortage of doctors and nurses in India which meant the Trust needed to be mindful of recruiting staff from India and

when recruited that staff were able to take learning back. Nationally, there was currently a shortage of 1.1 million staff in the NHS.

The Director of Workforce Transformation highlighted the slide on how recruitment initiatives aligned with the Trust's Strategic Objectives. Six people strategic objectives had resulted:

1. Sustainable workforce
2. Recruit and retain
3. Inclusive culture
4. Building a high performing workforce
5. Developing our talent
6. Wellbeing and resilience

The Trust had formulated a People Strategy for Nursing and Midwifery staff which had resulted in nine work-streams.

The Deputy Chief Nurse for Workforce briefly outlined some of the work being undertaken to attract applicants and highlighted the Trust was leading on initiatives across Surrey Heartlands. The work included recruiting from overseas, allowing nurses to work towards becoming registered nurses in two years and the nurse associate programme. Other initiatives included the "Together we Care" recruitment brand, making the job page more attractive and YouTube videos. The Benefits and Reward initiative which included buying and selling annual leave and a new Trust recognition scheme was highlighted. A new "refer a friend" initiative was also about to be finalised. Further work to improve relationships with universities and increasing apprenticeship opportunities was highlighted.

The Director of Workforce Transformation advised that the Trust had already worked hard to improve its presence in schools and had had its first Careers Day at Ashford in January which had been hugely successful. Connecting with the work being undertaken by the Director of Strategy and Sustainability to help make the Trust an anchor institution was important. Overseas recruitment had been up-scaled, including new campaigns in Dubai, UAE and Australia.

The Director of Workforce Transformation advised that the nursing and midwifery vacancy rate had been 24% in August 2018. The vacancy rate in July 2019 had dropped to 19.8% meaning initiatives were working and helping the Trust move in the right direction. The Trust had significantly improved upon staff retention too.

The Deputy Chief Nurse for Workforce highlighted the new ways of working within iMSK (Integrated Musculoskeletal Service) which had improved processes in line with the GIRFT (Getting It Right First Time) initiative. Governors were asked to pass on details of any acquaintances that were ex-health professionals and may want to return to work. **All**

Iftikhar Chaudhri commended the presentation and queried whether the Trust had considered having a presence in busy high streets. The Deputy Chief Nurse for Workforce advised that there was regular cycle of recruitment events with varying success. Iftikhar highlighted the importance of sharing how people could enrol on courses.

Neil Hayward thanked the Director of Workforce Transformation and Deputy Chief Nurse for Workforce for their presentation. He advised that the non-

executive directors scrutinised initiatives in the People and Modern Healthcare committees. Neil advised that previously HR was considered to be at fault when staffing numbers were low but there had been a cultural shift and staff had realised that the whole Trust had to work together to attract staff and retain them. The Trust was fortunate that the Chief Executive was the Chair of SHWAB (Surrey Heartlands Workforce Action Board).

Chris Marks highlighted that most people left their job because of their boss and considered good management to be very important. Chris also highlighted that many staff were coming to the end of their careers and looking at ways they could mentor and support staff would be paramount. The Deputy Chief Nurse for Workforce advised that succession planning was indeed very important. Staff that were retiring were being approached to come back on reduced hours or try something different.

Chris Howorth queried whether a positive impact on bank and agency costs had been felt. The Chief Operating Officer advised bank and agency staff were being utilised to cover escalation beds in addition to beds that were funded. However, the Trust had indeed experienced a positive impact.

Brian Catt queried whether issues with bad management were being dealt with. Neil Hayward advised that the non-executive directors were looking at areas with the highest turnovers. The Director of Workforce Transformation advised that in exit interviews issues regarding management were less frequently being raised and in response to Brian's query whether staff could move to different departments it was advised that they could. The Deputy Chief Nurse for Workforce added that finding out why a member of staff was unhappy was crucial and offering them a break by moving them to another ward/department often helped to re-invigorate them.

The Chairman acknowledged that many Governors were concerned about the recruitment and retention of nursing and midwifery staff.

The Council NOTED the report.

COG-44/19 **Car Parking Update**

The Director of Facilities and Estates outlined the plans for the new deck car park located in front of main reception and how the visitor outpatient car park would be relocated to the ramp car park (currently staff parking). Blue badge spaces would be moved to the A&E car park. The same number of visitor spaces would be provided during the build, but there would be fewer spaces for staff. Signage would be put in place to direct visitors on where to park.

The Director of Facilities and Estates advised there would be fewer spaces for staff over a period of 10 months with peak times being Monday to Thursday, 8am to 3pm. Temporary car parking would be created for staff on the west site, a little further from the operational site. The 446 bus service would be free for staff and increased to every half an hour to Chertsey and Woking stations. The hopper bus frequency would also be increased. Staff would be encouraged to work from home or other locations and to car share, cycle or walk. It was added that staff would be discouraged from holding any large events/meetings at St Peter's Hospital during peak times.

The Director of Facilities and Estates advised that an additional month had been

added to the works as an unexploded bomb survey would need to be conducted.

Sue Harris highlighted the importance of ensuring patients with mobility issues were supported during this time. The Director of Facilities and Estates advised that wheelchairs would be relocated and the Head of Patient Experience and Involvement advised that staff would be walking the site to look at where wheelchairs, assistance and volunteers would be needed.

Maurice Cohen suggested meetings that were held at St Peter's Hospital took place at the latter part of the business day when pressure had eased. The Director of Facilities and Estates also suggested departments would need to consider whether it was necessary to provide services during peak times. The Chairman advised that Board and Council meetings had been moved to Ashford during this time. Where possible, sub-committees were also being moved. The Chairman added that a virtual dial in facility was being looked into.

The Medical Director highlighted that decreasing pressure on car-parking was not just for the interim but something the Trust needed to consider for the future to avoid patients having to travel to hospital needlessly and, where possible, holding clinics closer to home. Brian Catt suggested that relatives could speak with patients virtually via tablets and Marcine Waterman considered patients benefitted more from seeing their visitors in the flesh. Tom Allan considered virtual meetings a good initiative. Tom further advised that he had been speaking with the Director of Facilities and Estates about cardiac rehab classes moving from the physio gym at St Peter's to River Bourne Health Club in Chertsey. At St Peter's rehab patients received free parking but at River Bourne they had to pay for parking. Tom referred to his work with Heartbeat and how he was aware how much cardiac patients benefitted from rehab sessions and how many would be discouraged to attend if they had to pay for parking. The Medical Director advised that he would look into this. **DF**

The Council NOTED the update.

COG-45/19 **Electronic Patient Record (ePR) Update**

The Director of Digital (CIO) presented her paper and welcomed any questions.

The Chairman advised that the Board was on the point of signing the new contract for ePR.

In response to Brian Catt about whether ePR was leading onto the digitisation programme the Director of Digital (CIO) advised that all paper medical records had now been scanned and destroyed. The initiative had been largely successful and no one wished to go back to paper records. The head count had also reduced in the Medical Records department.

Maurice Cohen queried whether patients were able to access their medical records and it was advised that patients were currently able to put in a subject access request. Maurice queried whether patients could have a copy of their records whilst in clinic and it was advised that patients were given discharge summaries when they were discharged. However, it was not possible to provide information in clinic as it was important that the consultant was able to check the information first. The Medical Director clarified that in the future patients would have complete access to their medical records when a safe way of accessing had been determined.

Keith Bradley queried how long it would take before electronic records were available at clinics in the community. The Director of Digital (CIO) advised that initially it was important to ensure the system was on-line within trusts.

Chris Marks requested reassurance from the non-executive directors that all legacy systems would be made redundant. The Director of Digital (CIO) added that there were 120 legacy systems and over time these systems would be retired as it was impossible to continue to support them financially.

Chris Ketley wished to commend the team on the progress made, especially with including the Royal Surrey since they had their own systems too. Lilly Evans advised that patients from the Runnymede/Surrey Heath area were often referred to Frimley Health by their GPs and queried whether electronic records would be accessible there. The Director of Digital (CIO) advised that the system would work across many areas, including the Thames Valley, Milton Keynes, Oxford and Berkshire areas.

COG-46/19 **Experience Based Co-Design Project**

The Head of Patient Experience and Involvement explained the methodology behind the project which was around improving the complaints process. The process began in November 2018 with the first workshop which staff, patients and Governors attended. Two areas of focus were determined:

- Frontline de-escalation – dealing with issues there and then
- How complaints are handled

Much of this had now been achieved. It was also highlighted that Datix (the software used to log complaints) required rebuilding and that many Trust policies were out of date.

A further workshop took place in July where a presentation highlighting actions regarding quality of responses had taken place. Improvements had resulted in fewer follow-ups. Letters were more compassionate and individualised, as well as fewer mentions of “sorry” as complainants had highlighted how irritating they found this.

The Head of Patient Experience and Involvement advised the Complaints Team was now centralised which meant each team member was supported.

The Chairman highlighted how absurd he had found it that previously bereaved relatives and complainants had the use of the same waiting room and he was glad this situation had now been resolved.

Chris Marks expressed how impressed he was with the changes. Tom Allan referred to an issue he had raised recently by telephone and how he had received a telephone call a week later advising him that procedures were changing as a result. The Head of Patient Experience and Involvement added that many more concerns were being resolved at the front-line as this was much better for the patient.

Minute **Action**

COG-47/19 **Any Other Business**

The Chairman wished to thank the eight Governors leaving on 30th November and since it was their last Council meeting presented them with a commemorative paperweight. On behalf of the Trust the Chairman thanked each of the Governors for their commitment over the nine years and reflected on what great role models they were. The Council applauded the eight Governors leaving:

1. Keith Bradley
2. Maurice Cohen
3. Judith Moore
4. Steve McCarthy
5. Godfrey Freemantle
6. Brian Catt
7. Simon Bhadye
8. Sue Harris

Tom Allan advised that he had received an email from a volunteer which mentioned the lack of recycling at the Trust. Tom suggested that one of the non-executive directors took on the role of overseeing the Trust's recycling initiative. The Director of Strategy and Sustainability advised that he was the Executive responsible and the Sustainable Development Group he led was very active. The Chairman advised that he was due to meet the non-executive directors later on in the week and would decide then which non-executive director would oversee this. **AF**

Maurice Cohen wished to thank the Membership and Engagement Manager for all her efforts for organising the Governors and meetings. He also wished to thank Board members for their openness and for developing their relationship in such a way as to increase Governors' confidence. The Chairman confirmed that the openness would continue when the new Governors came into post.

The Chairman wished to thank Hilary McCallion, Non-Executive Director, who had left the Trust after three years. Hilary had been instrumental in reworking the Quality Care Committee, making it function much better.

COG-48/19 **Questions from the Public**

David Mason queried whether the contract for ePR had been signed off and the Director of Digital (CIO) advised that it had not. The Chairman advised it was the Business Case that had been signed off by the Board.

David considered that the Cerner contract was more a priority than parking and requested an infographic style update at Board and Council meetings. The Director of Digital (CIO) advised that Cerner currently had preferred bidder status and hence discussions would continue to take place in the closed sessions of the Digital Committee. Once the contract was signed, updates would be more readily available in the board reports.

Further Meeting Dates for 2019

4th December, 4-6 pm, Ashford Hospital (please note change of venue)

Signed……

Andy Field
Chairman

4th December 2019

KEY	
✔	Complete
ND	Not due
---	On track

Summary Action Points

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
5.6.19	**COG-21/19**	**Patient Experience Group Report**	Provide an update on the Emerge Improvement Project	ST	4.12.19	Included as part of the Assurance Report	✔
5.6.19	**COG-21/19**	**Patient Experience Group Report**	Provide an update on Patient Care Experience Co-ordinators	ST	4.12.19	Currently being monitored to see the impact they will have on timely discharge, improving flow and also improving the patients' experience during their stay. If successful, rolling out to other areas of the Trust will be considered.	✔
4.9.19	**COG-37/19**	**Governor Activities**	Send Schwartz Round dates to Governors	AS	ASAP	Sent 2019 and 2020 dates to Governors	✔
4.9.19	**COG-40/19**	**Council of Governor**	Newer Governors to put themselves forward to shadow and/or become members of the committees/groups seeking new members	All	ASAP	Chris Marks, Lilly Evans and Tom Allan have attended and have become members of the Patient Experience Group	✔
4.9.19	**COG-43/19**	**Strategic Update: Workforce**	Pass on details of any acquaintances that were ex-health professionals and wanted to return to work to the Deputy Chief Nurse for Workforce	All	ASAP		

4.9.19	**COG-44/19**	**Car Parking Update**	Find out about parking arrangements for rehab patients at River Bourne Health Club	DF	ASAP	It has been advised that River Bourne is working well and is a much better environment for patients. Patients use a big mirrored studio which is air conditioned and have the use of shower and changing facilities. Patients do not get free parking as the car park is owned by Runnymede Borough Council and not River Bourne Club. No one has complained about having to pay for parking since the programme has moved. The situation will be kept an eye on to see if it affects uptake/attendance.	✔
4.9.19	**COG-47/19**	**Any Other Business**	Advise which NED will be overseeing recycling initiatives	AF	ASAP	Meyrick Vevers	✔