Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
4th March 2020, Education Centre, Ashford Hospital

PRESENT:	Edwin Addis	Public Governor – Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**EA**
	Neal Adolphus	Public Governor – Spelthorne	**NA**
	Tom Allan	Staff Governor – Hospital Volunteers	**TA**
	Miranda Alcock	Public Governor – Woking and Guildford	**MA**
	Derek Barnes	Public Governor – Spelthorne	**DB**
	Tracey Bradshaw	Staff Governor – Nursing and Midwifery	**TB**
	David Carpenter	Public Governor – Elmbridge	**DC**
	Iftikhar Chaudhri	Appointed Governor – Runnymede Borough Council	**IC**
	Lilly Evans	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Shirley Holmes	Public Governor – Woking and Guildford	**SH**
	Colin Hood	Public governor – Spelthorne	**CHo**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Deborah Hughes	Appointed Governor – Woking Borough Council	**DH**
	Hina Malik	Public Governor - Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**HM**
	Helen Pernelet	Public Governor – Elmbridge	**HP**
	Julian Ruse	Staff Governor – Ancillary, Admin, Clerical and Managerial	**JR**
	Michael Smith	Public Governor – Woking and Guildford	**MS**
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	**MC**
	Óscar Garcia-Casas	Staff Governor – Medical and Dental	**OG**
	Chris Marks	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**CM**
	Sinead Mooney	Appointed Governor – Surrey County Council	**SM**
	Bertie Swan	Public Governor - Elmbridge	**BS**
IN ATTENDANCE			
	Ellen Bull	Interim Deputy Chief Nurse	**EB**
	Jane Dale	Non-Executive Director	**JD**
	David Fluck	Medical Director	**DF**
	Mike Hammerton	Assistant Manager, Mazars	**MH**
	Keith Malcouronne	Non-Executive Director	**KM**
	Simon Marshall	Director of Finance and Information	**SM**
	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Lucy Nutley	Director, Mazars	**LN**
	Yvonne Obuaya	Associate Non-Executive Director	**YO**
	Suzanne Rankin	Chief Executive	**SR**

	Jacqui Rees	Associate Director of Quality	**JR**
	James Thomas	Chief Operating Officer	**JT**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-01/20 **Apologies and Welcome**

Apologies as listed on the previous page.

The Chairman welcomed Jane Dale, Non-Executive Director, to her first Council meeting. He also welcomed Jacqui Rees, Associate Director of Quality, Ellen Bull, Interim Deputy Chief Nurse and Lucy Nutley and Mike Hammerton from Mazars. The Chairman advised that the Chief Executive had been asked to attend an urgent meeting on COVID-19 and would be attending the Council meeting later to brief Governors. The Medical Director and Director of Finance and Information would also be attending later due to prior engagements overlapping.

COG-02/20 **Declarations of Interests in the Proceedings**

None

COG-03/20 **Minutes of the Meeting on 4th December 2019**

The minutes of the meeting held on 4th December 2019 were AGREED as a correct record apart from a typo on page 6, first paragraph, 8th line which should have read:

In response to Sinead, it was advised that supported <u>accommodation</u> *(not accommodated)* and independent housing had also been discussed with Runnymede Borough Council.

COG-04/20 **Matters Arising**

None

FEEDBACK FROM GOVERNORS

COG-05/20 **Governor Activities**

Danny Sparkes, Lead Governor, advised that the Governor Activities paper provided a list of what Governors had undertaken since the last Council meeting although there were additional activities not mentioned that some of the Governors also undertook. Danny encouraged Governors to come along to Schwartz Rounds, Trust Board meetings and anything else which would assist them in undertaking their roles.

Danny followed up from Shirley Holmes' recent attendance at the NHS Providers Core Skills course and how she had advised that several Governors from other trusts had expressed how they were made to feel they were a hindrance and not welcome. Danny wished to thank the Chairman and Chief Executive for making the Governors here feel welcome and included. The Chairman advised that he was saddened to learn that colleagues at other trusts had difficult relationships with their governors. The Chairman further advised how during his 1:1s with the new Governors, he had learnt a lot about their many skill-sets and how he was looking at ways to utilise some of these skills.

The Council NOTED the report.

Minute **Action**

COG-06/20 **Patient Experience Group Report**

Chris Howorth, Chair of the Patient Experience Group, advised that the Group now had six new members to replace the ones lost after previous Governor terms had come to an end in November 2019. He was pleased to advise that the new members had settled in well, with useful discussions taking place. Chris guided Governors to the Action Log where links to various arts and therapy projects had been shared. There was also a mention about the work being undertaken to overhaul the Patient Panel. Danny Sparkes advised that she had met with the Interim Chief Nurse and Head of Patient Experience and Involvement recently and new Terms of Reference were being drawn up which would be implemented in May 2020.

Chris advised that the Patient Experience Group had visited two areas at their last meeting which they found most enlightening and uplifting. The new Infusion Suite was a wonderful area and it was great to learn about the work being undertaken and to see the new area which was bright, airy and comfortable. The Group had also visited the nursery which offered services to staff and the local community. This was a great example of realising the Trust's dream of becoming an anchor institution and including the local community in more than just health. The Group had found the staff in both areas were very happy and pleased to be working in such amenable environments.

Chris wished to add that he considered the relationship with Governors was positive because of the work put in at the start via the induction so that there was a real understanding of the Governor role.

The Chairman advised that he had also visited the Infusion Suite recently and patients were very happy with the new facility and had provided very positive feedback.

Chris reminded Governors that there was a Quality Account Assurance Group meeting taking place on 5th March at 1.00 – 2.30pm in Room 2, Chertsey House and that Governors were welcome to attend.

The Council NOTED the report.

COG-07/20 **Membership and Community Engagement Group Report**

Danny Sparkes, Chair of the Membership and Community Engagement Group, presented the minutes of the last meeting and highlighted the Careers Fair which took place at Ashford Hospital on 13th February when she, Chris Marks, Colin Hood, Derek Barnes and Edwin Addis had assisted the Membership and Engagement Manager in recruiting over 50 new members.

The rest of the meetings would now begin at 4pm enabling Hina Malik to join the Group.

The Chairman was pleased to see so many activities especially since Governors undertook these in their own time.

The Council NOTED the report.

Minute **Action**

STATUTORY

COG-08/20 **Local Audit Indicator for Testing 2019/20**

The Associate Director of Quality advised this was a prescriptive process with the Trust requiring to audit three indicators, two mandated by NHSI and one further local indicator that had to be chosen by the Governors.

The Associate Director of Quality advised that the paper outlined the two measures proposed to Governors for consideration as local indicators to be audited for 2019/20 and these were:

1) Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.
2) Emergency readmissions within 28 days of discharge from hospital.

The Associate Director of Quality advised that since the first option had been chosen the previous year it was proposed that the second option be chosen for this year.

It was advised that the rest of the paper outlined how the Quality Team would engage with the Governors going forward and Jane Dale, Non-Executive Director, advised that she would be supporting this process.

Michael Smith referred to the 62 day cancer wait and queried how the GP "watch and wait" process fit into the timescales and it was advised that such cases were not included in the audit. Colin Hood referred to emergency readmissions and how further clarification was needed, for example, whether the patient was medically fit or if it was an elderly discharge. He noticed that preventative measures were not included. The Chairman advised that this measure was more about providing assurance that there was a systematic approach to data flow and process, permitting accuracy in recording and reporting.

The Chairman advised that a lot of work was being undertaken to help keep people out of hospital. Much more needed to be done to join up healthcare provision across NW Surrey.

The Council AGREED with the Emergency readmissions within 28 days of discharge from hospital being their chosen local indicator.

Lucy Nutley, Director and Mike Hammerton, Assistant Manager, attended from Mazars and provided a brief assurance report to the Council which included their commitment to reporting and timescales. The Chairman added that indictors often highlighted areas where systems were not working efficiently. Electronic patient records, once implemented, would crucially enable there to be a single version of records.

Edwin Addis queried how feedback would be provided by Governors on the Quality Report and Lucy advised that a statement would be requested from Governors as a collective.

Minute **Action**

STRATEGY AND PERFORMANCE

COG-09/20 **Assurance Report**

The Chief Operating Officer advised that it was a busy time with a lot of initiatives up and running. He gave the example of physiotherapy being provided in the community at River Bourne Health Club in Chertsey. Therapy teams had been quick to mobilise and the benefits had been many including exposing patients to a gym setting and encouraging them to join.

The Chief Operating Officer turned to urgent care and advised that ambulance handovers were now much more swift allowing ambulance crews to return to their duties more quickly. In December only four patients had waited over an hour to be seen. It was advised that partners were on site assisting with patient care.

The Chief Operating Officer advised that at Ashford Hospital Chaucer Ward had moved to Wordsworth Ward and the new Infusion Suite was now up and running in a larger space which had been welcomed by patients and staff.

At St Peter's there were a number of new developments planned including a new ward at the end of March in the old therapies area which would be called Chestnut Ward.

Danny Sparkes requested an update on the flu vaccination take up with staff and the Director of Workforce Transformation advised that figures remained around the 70% mark as mentioned in the report. It was advised that it had been more difficult this year to improve upon the take-up. It was agreed to provide a further update at the next meeting. Danny queried whether there were areas where staff were more resistant to having a flu vaccination and it was advised that surprisingly, the medical workforce was more reluctant. Helen Pernelet wondered whether the Trust began vaccinations in October and it was confirmed that the Trust did but had to wait until the vaccine was available. Helen queried whether the Trust tracked staff who had the flu and it was advised that staff sickness records included the reasons for illness. Tom Allan queried whether volunteers were tracked and it was advised that non front-line staff were also included but it was agreed that the Director of Workforce Transformation would check whether volunteers were included in the data Public Health England requested. **LMcK** **LMcK**

Tracey Bradshaw wondered whether staffing levels would be adequate for the new ward. The Chief Operating Officer advised that the idea was to move wards around and drive down the length of stay. The new ward would be utilised to decant into and as an escalation ward.

The Chief Operating Officer advised that the NHSI Emergency Care Intensive Support Team considered the Trust to be a beacon site for "Fit to Sit" and encouraged other trusts to visit to see our model. Regarding the upcoming implementation of EPR, the Chairman advised that he and Royal Surrey's Chairman had visited East Surrey Hospital who were utilising an older version of Cerner but would upgrade and hopefully join the single instance at some point. It was added that Royal Surrey and ourselves continued to work very closely on this initiative which is due to kick off on 9th March 2020.

The Chief Operating Officer advised that the Well North work was gathering some pace and there had been a presentation at a recent meeting of the Trust Board. A further meeting was scheduled with Lord Mawson and discussions would include the new builds. David Carpenter queried why the Trust did not already have plans for the new

builds and the Chairman advised that the Trust did have plans on what would be provided and where but how these would look and feel was still up for discussion in the challenge to become an anchor institution. The Chairman further advised that the Trust would be incorporating the environment, wellness and community into the developments and Lord Mawson brought with him a number of useful contacts as well as huge experience. The Director of Finance and Information added that healthcare had changed a lot over recent years and would continue to evolve in the future. Finding ways to support patients in their own homes would be vital and finding further ways to expand Ashford Hospital would also be key.
Chris Howorth was pleased the work with Well North was progressing well. He considered it worthwhile keeping the Governors updated on the work either in a face to face meeting or written update. The Chairman advised that there were many options available to the Trust that still needed to be worked through. It would be vital to get GPs and community providers on board. It was early days yet but there was a lot underway already, for example the Skills Strategy which the Director of Workforce Transformation and her team were putting together. Deborah Hughes considered a presentation at Council would be well received. The Chairman advised that it would not be possible to enact in detail the anchor institution initiative everywhere in NW Surrey but certain areas would be selected. Chris considered that Spelthorne was a good place to start due to elements of deprivation. In response to Michael Smith, the Chairman advised that the new Trust EPR would interface with EMIS (Egton Medical Information Systems) used by GPs and that Central Surrey Health would also be moving to EMIS.

COG-10/20 **Performance Report**

The Chief Operating Officer advised that performance against the 4 hour target in A&E had risen to 84.4% in December. MEDC (Making Every Day Count) still had a presence at the Trust. It had been a busy winter. Changes with wards had led to better capacity for medical patients but some elective procedures had been delayed as a result. The Chief Operating Officer was pleased to advise that the Trust had continued to sustain a reduced number of ambulance handover delays. Bed days continued to increase, however, which led to further problems with flow through the hospital. The Chief Operating Officer guided Governors to the last graph in the report which highlighted where the Trust was positioned in national and regional performance over the past 13 months. During December 2019 the Trust's performance had improved to 11th out of 31 regionally and 24th out of 118 nationally.

Chris Howorth congratulated the Trust on its improvement in its performance. He queried whether the non-executive directors were assured that the Trust was continuing to work on improving recruitment. The Director of Workforce Transformation was pleased to advise that there was a downward trend in leavers and more staff were joining the Trust. This had led to an increased establishment in the Emergency Department whereas before this was supported with temporary staffing. The Director of Workforce Transformation highlighted the website where there was a dedicated section on Emergency Department careers and offered advice to staff on how to move forward in their careers. It was advised that Specialist Emergency Nurse Practitioners (ENPs) had been recruited for the Urgent Treatment Centre. The Director of Workforce Transformation advised that the non-executive directors received assurance at the People Committee and Modern Health Care Committee. Non-executive directors were provided with the recruitment tracker at the People Committee. The Chairman confirmed that the level of data the non-executive directors had sight of was very detailed. He thanked the Director of Workforce Transformation and her team for all their efforts.

The Chief Operating Officer was pleased to advise that it was the 9th consecutive month of RTT (Referral to Treat) compliance. He was aware that many trusts were struggling with this target. Going forward elective surgery would need to be cancelled so meeting this target would become much more difficult.

The Chief Operating Officer turned to cancer targets and highlighted that the Modern Healthcare Committee was aware of the difficulty of keeping up with Endoscopy referrals.

Danny Sparkes queried how it was possible to reduce Two Week Referrals to 7 days when there were a process to go through first and it was advised that delays were generally not experienced with the clearing system.

In response to Matt Stevenson, the Chief Operating Officer referenced the way cancer treatments and breaches are allocated and shared where treatment for a patient occurred at more than one site.

COG-11/20 **Any Other Business**

The Chief Executive advised that she had attended a meeting that evening which had provided an update on the COVID-19 virus. There was a lot of information out there but no vaccination was available yet since this was a new virus. Intelligence indicated the virus had a high contagion rate but mortality was not as high as with other viruses, for example SARS. Data was being collected from overseas which was helping to formulate an action plan for the worst case scenario. The importance of looking after staff and mobilising where necessary had been discussed. It was crucial that Public Health England messages around hand washing were adopted. It was most important to wash hands regularly for 20 seconds; this being enough time to sing "Happy Birthday" twice and to do this on entering and leaving areas/buildings and having contact with people, eating and preparing food. It was not known yet the scale of the disruption but the worst case scenario would disrupt the Emergency pathway and impact the whole Trust.

Tom Allan understood there had been a lot of regular communications about COVID-19 with staff but considered that volunteers fell outside the remit. A few of his colleagues had spoken to him about going on holiday and whether it would be safe to return to their positions afterwards. The Chief Executive advised that there was indeed advice for those that were travelling. If this information had not reached the volunteers then it would be ensured that this would be forwarded on. **LMcK/ SMa**

COG-12/20 **Questions from the Public**

A couple of questions arose regarding the Readmissions Deep Dive report at Annex 1 included in the Assurance Report. With reference to the first query, the Medical Director advised that it was evidenced that the more times a patient was readmitted the chances of developing other conditions and potentially death increased.

The second query was around COPD (Chronic obstructive pulmonary disease) and a GP leaflet was presented. It was considered such a leaflet could be shared more widely in the community. The Chief Executive agreed more could be done to support such groups.

Minute **Action**

Further Meeting Dates for 2020

3rd June, 4-6pm, St Peter's Hospital – cancelled due to Covid-19
2nd September, 4-6pm, St Peter's Hospital
2nd December, 4-6pm, St Peter's Hospital

Signed……

Andy Field
Chairman

2nd September 2020

KEY	
✔	Complete
ND	Not due
---	On track

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
4.3.20	**COG-09/20**	**Assurance Report**	Update on flu vaccination take up by staff	LMcK	2.9.20	75.6%	✔
4.3.20	**COG-09/20**	**Assurance Report**	Check whether volunteers were included in the data Public Health England requested.	LMcK	2.9.20	Included 25 volunteers who had the vaccine and met definition of frontline. One refused the vaccine.	✔
4.3.20	**COG-11/20**	**Any Other Business**	Sharing information re COVID-19 with the volunteers	LMcK/ SMa	ASAP	The Associate Director of Corporate Affairs and Governance spoke with the Interim Chief Nurse and the Interim Chief Nurse confirmed that all volunteers on the database had email addresses and information been shared with them. Further communications would follow and ways of encouraging volunteers to read their emails on a regular basis would be looked into.	✔