Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
2nd September 2020 via Microsoft Teams

PRESENT:	Edwin Addis	Public Governor – Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**EA**
	Tom Allan	Staff Governor – Hospital Volunteers	**TA**
	Derek Barnes	Public Governor – Spelthorne	**DB**
	Rose Chandler	Appointed Governor – Spelthorne Borough Council	**RC**
	Iftikhar Chaudhri	Appointed Governor – Runnymede Borough Council	**IC**
	Melaine Coward	Appointed Governor – University of Surrey	**MC**
	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**
	Chris Marks	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**CM**
	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**
	Bertie Swan	Public Governor - Elmbridge	**RS**
APOLOGIES	Neal Adolphus	Public Governor – Spelthorne	**NA**
	Miranda Alcock	Public Governor – Woking and Guildford	**MA**
	Tracey Bradshaw	Staff Governor – Nursing and Midwifery	**TB**
	David Carpenter	Public Governor – Elmbridge	**DC**
	Óscar Garcia-Casas	Staff Governor – Medical and Dental	**OG**
	Hina Malik	Public Governor - Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**HM**
	Sinead Mooney	Appointed Governor – Surrey County Council	**SM**
IN ATTENDANCE			
	Jane Dale	Non-Executive Director	**JD**
	David Fluck	Acting Chief Executive	**DF**
	Neil Hayward	Non-Executive Director	**NH**
	Chris Ketley	Non-Executive Director	**CK**
	Andrea Lewis	Acting Chief Nurse	**AL**
	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**
	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-13/20	**Apologies and Welcome** Apologies as listed on the previous page. The Chairman wished to thank Cllr Maureen Attewell for her time and commitment over the past five years and welcomed Cllr Rose Chandler who would be replacing Maureen as Appointment Governor from Spelthorne Borough Council. The Chairman considered links with stakeholders to be very important. The Chairman apologised that the presentation slides were received by the Governors late but it was considered important to present the most up to date information.	
COG-14/20	**Declarations of Interests in the Proceedings** None	
COG-15/20	**Minutes of the Meeting on 4th March 2020** The minutes of the meeting held on 4th March 2020 were AGREED as a correct record.	
COG-16/20	**Matters Arising** The updated Action Log was noted.	
	FEEDBACK FROM GOVERNORS	
COG-17/20	**Governor Activities** Danny Sparkes, Lead Governor, advised that although activities had been curtailed during Covid-19 she had been most impressed with the new Governors' attendance at virtual courses. Danny added that she had also attended the Non-Executive Director Recruitment Open Evening which took place on 27th July 2020. Danny expressed how she missed face to face meetings and hoped these would resume soon. The Chairman thanked the Governors that had attended the Non-Executive Director Recruitment Open Evening. The process was now at long-listing stage. There had been a good field of applicants and this said a lot about the reputation of the Trust. The Council NOTED the report.	
	STATUTORY	
COG-18/20	**Membership of the Council of Governors** The Membership and Engagement Manager advised that the paper reflected one change in membership; that being Cllr Rose Chandler replacing Cllr Maureen Attewell as Appointed Governor from Spelthorne Borough Council. In response to the Chairman, Rose advised that this was a three year appointment.	

Minute **Action**

STRATEGY AND PERFORMANCE

COG-19/20 **Assurance Report**

The Acting Chief Executive advised that a lot of what was covered in his report would be coming up in the presentation. The Acting Chief Executive reminded Governors that Suzanne Rankin had been seconded to work on the NHS Track and Trace initiative at the beginning of June and would be returning to the Trust in October. He was aware that Suzanne was very much looking forward to returning, as were the Executive Team to having her back.

The Acting Chief Executive advised that since the last Council meeting in March the Trust had undergone the peak of the pandemic. Staff had tackled an enormous workload, caring for nearly 1,000 patients with Covid-19. Although patients had died from the pandemic, many had also survived due to the great care they received from staff. Currently there were around 10 patients with Covid-19 in the organisation. It was the Trust's aim to return services back and this was a challenge in itself.

Danny Sparkes highlighted a relative's recent experience when attending an appointment. It was noted that the receptionist/nurse checking in the patient wore the same gloves the whole time and also handed the patient a mask instead of the patient being able to get one herself. The Acting Chief Nurse advised that this was not the correct procedure to be followed in Infection Prevention Control and would reinforce the message with staff.

Edwin Addis referred to primary cause and how the Government had changed the way Covid-19 deaths were recorded. The Acting Chief Executive advised that the reason the Government had changed the way deaths were recorded was that if someone had a Covid-19 diagnosis, recovered but died of another condition, this was recorded as a Covid-19 death. This was changed to deaths due to Covid-19 only being recorded which reduced overall deaths by around 5,000.

Michael Smith relayed a family member's experience where they had attended A&E and underwent a Covid-19 antigen test. Four days later they had to attend at another hospital and were eager to take the result of the test with them. After calling A&E they were advised to contact their GP who would have to make this request and then relay the results. Michael considered this a rather cumbersome process. The Acting Chief Executive agreed that a patient should be entitled to their results after undergoing tests. He was somewhat surprised that the patient had not been given a discharge summary in A&E outlining the results. However, having to visit another hospital in four days did not preclude the patient from needing another test as it was possible to develop symptoms during this time.

COG-20/20 **Performance Report**

The Chief Operating Officer advised that the Appendix to the Performance Report had not been through Modern Healthcare and the Board yet but had been provided to give Governors some additional up to date information. A&E performance had been very good during the pandemic but had struggled somewhat more recently due to a range of issues. These included having to reduce the bed stock in order to adhere to social distancing, how patients were being streamed out of A&E and the length of time for results to come through.

During the pandemic, elective care and routine diagnostics had ceased during the peak

of the pandemic as mandated by the Department of Health. During the peak referrals had greatly reduced. The recovery had begun in June/July and in all cancer targets the Trust had been compliant in July apart from in one patient's care. Currently there were 7,000 patients waiting over 18 weeks. One of the first recovery areas had been diagnostics during June/July.

In response to Rose Chandler, the Chief Operating Officer advised that North West Surrey ICP stood for North West Surrey Integrated Care Partnership and any reference to ICE should have been ICS which stood for Integrated Care System. It was further advised that currently numbers of patients with Covid-19 were low and also cancer treatment had not been compromised during Covid-19.

COG-21/20 **Presentation: Strategic, Operational, Estates and People Update**

The Director of Strategy and Sustainability provided an overview of the presentation advising that it was an opportunity to provide an update on where the Trust was strategically and how the Trust's strategy had been affected by Covid-19 and where it was now.

The Director of Strategy and Sustainability explained that the North West Surrey Integrated Care Partnership (ICP) was the partnership which operated across the local area from Spelthorne to Woking covering around a 450,000 population. This partnership covered the Trust, CSH Surrey (the community provider), primary care, mental health services, SeCAMB (ambulance provider), the borough councils and Surrey County Council Adult Social Care. The partnership had existed for 4-5 years now and it had been developed in order to find how these organisations could work together to ensure the organisation barriers that existed could be overcome without having to merge together into a single organisation by sharing investments and being able to move money around in order to provide stronger levels of care in the community. There were four ICPs across Surrey Heartlands. The priority now was the recovery of services post Covid-19 and this would be covered later in the presentation.

The Director of Strategy and Sustainability advised that it was important to sustain the new ways of working during the pandemic, including telephone/video clinics. Capacity had reduced due to social distancing measures so it was important to continue to work more effectively.

The Director of Strategy and Sustainability advised that a national review had been conducted of diagnostic services which was due to be published in the next month or so and it was considered that stand alone hubs in the community provided easier access with patients not having to travel to a hospital.

The Director of Strategy and Sustainability advised that work around the Well North initiative was progressing well and had now moved to working with Surrey Heartlands in order to find opportunities in the community, including potential redevelopments in Weybridge, Addlestone High Street and Woking Leisure Centre and High Street. In addition a location would be identified in Spelthorne. The Trust would be working with the community to ascertain what was needed and a couple of sessions had already taken place with faith partners and the voluntary sector. The Well North vision was how the Trust based its long term work about organising assets and bringing in community partners and this aligned with the NHS 10 year plan and ongoing work with Surrey Heartlands.

The Director of Strategy and Sustainability then referred to the Trust's Estates plan

which was now less connected to footfall, due to the recent pandemic, and more about infection control and avoiding the need for patients to attend the hospitals.

Michael Smith queried how Well North had contributed to the Trust to date and wondered how Well North had been chosen over other agencies. The Director of Strategy and Sustainability agreed that they were indeed a relatively lesser known organisation but considered this to be helpful in many ways. The experience they had, especially with Lord Mawson at the helm, and their approach with communities could not be found elsewhere and the Trust would have had to pay a lot more for services of another agency. Well North provided a vision which did not just encompass health but which found ways of providing all round care which resulted in a lesser need for healthcare. Public Health England championed Well North's work and their track record was proven. They challenged thinking on education, employment, housing and how local communities should be supported. Since the pandemic there has been a real need to move outpatient services into the community. The Trust considered it had found an organisation that challenged thinking and spoke the same language.

The Acting Chief Executive advised that conventional firms had been used in the past and no changes had resulted. Trying to understand the reasons for long term chronic conditions would be more useful than waiting for people to present when they were sick. Surrey Heartlands were now very engaged with this concept.

The Director of Strategy and Sustainability advised that it had only been a year since the Trust had recruited the services of Well North and he would not expect to see any tangible benefits at this stage. Well North supported the Trust's collaboration agenda.

Chris Ketley considered it was healthy to be sceptical and advised the Trust was already rethinking its retail strategy by bringing in local community traders. The Chairman added that since the Trust had developed a relationship with Well North, the Integrated Care Partnership and Surrey County Council had also realised their value and utilised their services. Chris Howorth considered a session on Well North would be useful for the Governors. The Chairman considered that the Director of Strategy and Sustainability and the Chief Executive should be involved in this session to and agreed that this should be set up. **TS**

The Chairman added that the Governors main duty was to hold the non-executive directors to account for the performance of the board and it was more appropriate to ask whether the non-executive directors were assured that Well North was providing value for money.

The Chief Operating Officer presented his slides and advised that it was envisaged that the Trust would return to full service provision and achieve 90-100% of targets from October onwards. Theatres were being utilised at Woking Nuffield and the Runnymede to reduce elective lists and Ashford Hospital was being remodelled to increase the number of theatres.

The Chief Operating Officer advised that cancer targets were now at pre-Covid rates but referrals were down to 80%.

The Chief Operating Officer considered the Trust was very fortunate to have Ashford Hospital which had become the dedicated green site. Many other trusts did not have more than one site and risk of cross-infection was greatly reduced by having a dedicated green site. It was advised that diagnostic work was being conducted at Woking Community Hospital and at Ashford Hospital.

The Chief Operating Officer advised that Endoscopy work had had to stop during Covid-19 but the Trust had secured mobile facilities to help with the backlog. Work was also being outsourced to the Royal Surrey on Sundays.

The Chief Operating Officer turned to his slide on urgent care and advised that Chestnut Ward would be adapted to become an additional critical care space. The team was looking at options in light of the reduction in the number of beds due to social distancing.

It was advised that the Trust was awaiting news on a capital bid to improve urgent care services and improve performance.

In response to Tom Allan about the difficulty of patients from the Woking area in attending Ashford Hospital, the Chief Operating Officer advised that it was great that the Trust was able to offer a ring-fenced space for elective work but appreciated there being travel issues. The Acting Chief Executive added that much of outpatients and diagnostics were planned to be delivered more locally to the patient but that Ashford Hospital would be used for elective work to keep people safe. Relationships with borough councils were good and conversations would be had if people were finding access difficult.

Shirley Holmes advised that parking was difficult at Ashford Hospital and due to social distancing time at appointments were longer. The Chief Operating Officer advised that the Trust was actively encouraging people not to spend too much time at the site. The Director of Finance advised that he was aware that parking problems were being experienced by staff at Ashford Hospital. A lot of appointments were moving to being held virtually and it was aimed to do much more at Woking.

In response to Colin Hood, the Chief Operating Officer advised that the national targets included all outpatient attendance, being face to face or virtual. First appointments tended to be face to face and following appointments were held virtually.

The Acting Chief Nurse presented her slides advising that she was very proud of the achievements of staff and how quickly they had reacted to the pandemic. The Trust had been ahead of national guidance and this was, in part, due to the norovirus outbreak prior to Covid-19. The Trust had introduced strict visiting restrictions, reassured staff with anxieties in relation to PPE and developed an Infection Prevent and Control (IPC) Strategy to support the new North Star Objective.

The Emergency Department had allocated Covid and non-Covid areas and these have been maintained all the way through the pandemic. Everyone coming into the Trust is temperature checked and enhanced cleaning is conducted in every area. Patients are swab tested and every 30 days clinical areas are cleaned via the fogging method. Wearing the right PPE and hand washing is emphasised to staff and patients. Daily, weekly and monthly audits are conducted.

The Acting Chief Nurse highlighted the diagram representing the Infection Prevention and Control Strategy and meeting the North Star Objective.

Tom Allan advised that cruise ships were introducing copper handles as copper did not retain the infection. The Acting Chief Nurse considered this was a good idea, but the adhering to the enhanced cleaning strategy meant handles were cleaned frequently.

Helen Pernelet referred to visiting restrictions and whether Tablets could be made available so that patients could Video chat with their family. The Acting Chief Nurse advised that this concept had been introduced at the start of the pandemic when there had been no visiting allowed. It was added that visiting arrangements were on a case by case basis.

The Director of Strategy and Sustainability touched upon the new operating model and advised this had been developed to meet the North Star Objective and this would involve deploying the key principles of the IPC Strategy.

The Director of Finance and Information provided an update on Estates which outlined completed, current and future projects. He advised that staff had now moved into the new multi-storey car park and that patients would soon follow. As mentioned previously, Chestnut Ward would be developed to become a critical care space when needed and infection control would be enhanced further in this area. Neil Hayward, Non-Executive Director, advised that the non-executive directors approved the proposals. Meyrick Vevers, Non-Executive Director, advised that the non-executive directors had undertaken additional work through the Modern Healthcare Committee to ensure the right decisions had been made.

The Chairman advised that the Trust was awaiting the decision on their bid for money for the A&E.

Chris Marks thanked the Board and efforts put into the presentation when so much time was being devoted to Covid-19.

The Director of Workforce Transformation updated the Council on the People aspect. The challenges were outlined and it was advised that new processes had been put in place to ensure there were enough staff during the pandemic when staff sickness had been very high. An antibody test had been introduced for staff and it was found that men, BAME, front line ward and support function staff were more likely to have had Covid-19. Around 400 staff had been shielding at home and although some could work from home, many could not.

The Director of Workforce Transformation advised that it was aimed to get services back, whilst keeping in mind a potential second wave and winter pressures.

Individual risk assessments were carried out with around a 95% completion rate. All those that had not completed an assessment had been contacted and had taken the decision not to complete one. 2.4% of the workforce was deemed high risk and 9% moderate risk.

The HR Department had resolved to support staff during the pandemic and support was to help with the psychological impact, the lack of food provisions in the beginning and now collating a wellbeing survey. Staff had been encouraged to work from home where possible to reduce the risk of infection.

Marcine Waterman, Non-Executive Director, advised that the HR Team has had to fast-track processes and adapt where necessary. Marcine wished to thank the Director of Workforce Transformation and her team for all their efforts during this time. The Chairman echoed these sentiments.

Chris Marks considered it important to retain EU workers, especially if a second wave was imminent. The Director of Workforce Transformation advised that her team was

Minute **Action**

working with employees to get settled status; although some were still to apply.

In response to Edwin Addis, the Director of Workforce Transformation advised that today was the final date to get in impact assessments.

COG-22/20 **Any Other Business**

None

Next Meeting

2nd December, 4-6pm

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
2.9.20	**COG-21/20**	**Presentation: Strategic, Operational, Estates and People Update**	Arrange a Well North session for Governors.	TS	Oct 2020	Arranged for 30th November 2020	✔