Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
2nd June 2021 via Microsoft Teams

PRESENT:	Edwin Addis	Public Governor – Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**EA**
	Neal Adolphus	Public Governor – Spelthorne	**NA**
	Derek Barnes	Public Governor – Spelthorne	**DB**
	Tracey Bradshaw	Staff Governor – Nursing and Midwifery	**TB**
	David Carpenter	Public Governor – Elmbridge	**DC**
	Rose Chandler	Appointed Governor – Spelthorne Borough Council	**RC**
	Melaine Coward	Appointed Governor – University of Surrey	**MC**
	Lilly Evans	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Óscar Garcia-Casas	Staff Governor – Medical and Dental	**OG**
	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**
	Sinead Mooney	Appointed Governor – Surrey County Council	**SM**
	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	Dami Adedayo	Non-Executive Director	**DA**
	Miranda Alcock	Public Governor – Woking and Guildford	**MA**
	Jane Dale	Non-Executive Director	**JD**
	Neil Hayward	Non-Executive Director	**NH**
	Hina Malik	Public Governor - Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**HM**
	Chris Ketley	Non-Executive Director	**CK**
	Andrea Lewis	Chief Nurse	**AL**
	Keith Malcouronne	Non-Executive Director	**KM**
	Suzanne Rankin	Chief Executive Officer	**SR**
	Tom Smerdon	Director of Strategy and Sustainability	**TS**
	Arun Thiyagarajan	Associate Non-Executive Director	**AT**
	James Thomas	Chief Operating Officer	**JT**
IN ATTENDANCE			
	David Fluck	Medical Director	**DF**
	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**
	Meyrick Vevers	Non-Executive Director	**MV**

	Jack Wagstaff	NWS Place Leader/Alliance Chief Officer	**JW**
	Marcine Waterman	Non-Executive Director	**MW**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-17/21 **Apologies**

Apologies as listed on the previous page.

The Chairman referred to Tom Allan who had recently resigned from his position as Staff Governor for the volunteers and thanked him for his service. It was advised that elections coming up later in the year would include filling this vacancy. The Chairman also thanked Iftikhar Chaudhri for his service as Appointed Governor from Runnymede Borough Council. Iftikhar had decided not to stand as a councillor in recent borough council elections and the Trust would soon be advised by Runnymede Borough Council on his replacement. The Chairman added that the Trust would also be hearing who would represent Surrey County Council but it may be that Sinead Mooney would continue in this role.

COG-18/21 **Declarations of Interests in the Proceedings**

None

COG-19/21 **Minutes of the Meeting on 3rd March 2021**

The minutes of the meeting held on 3rd March 2021 were AGREED as a correct record.

COG-20/21 **Matters Arising**

The updated Action Log was noted.

FEEDBACK FROM GOVERNORS

COG-21/21 **Governor Activities**

Danny Sparkes, Lead Governor, advised that Governors continued to attend meetings and events and that these continued to be held virtually due to the pandemic. Governors were currently undertaking non-executive director recruitment work.

Danny advised that she had dipped in and out of the Pride and Nursing Midwifery Day events but had missed the silver medal awarded to Charlotte Broughton, Head of Patient Experience by Ruth May, Chief Nursing Officer for England. The Director of Workforce Transformation advised that the day had been recorded and would share this with the Governors. **AS**

The Chairman expressed his delight that so many Governors took part in recent meetings.

The Council NOTED the report.

COG-22/21 **Patient Experience Group (PEG) Report**

Chris Howorth advised that at the last meeting the Group had heard from Nik Shah,

Minute **Action**

Consultant, Intensive Care and Anaesthetics and Paul Darling-Wills, Operational Lead for Resuscitation Services, on the ReSPECT Process. The Group had found this session very helpful and had learnt a lot, especially since the subject was such a difficult and emotional one.

Chris Howorth highlighted the concern raised about telephone appointments.

Chris Howorth highlighted the comments from Chris Marks around feedback devoted to compliments and how the Head of Patient Experience had advised that there would be increased focus on what the Trust did well once Viewpoint became more embedded. Chris Howorth urged Governors to read the full report to learn about the discussions that had taken place.

Chris Howorth turned to Tom Allan's retirement, and on behalf of PEG, thanked him for his robust challenge during meetings.

The Chairman queried whether the concern relating to telephone appointments had been responded to and the Membership and Engagement Manager advised that the Outpatients Manager would be attending the next PEG meeting to go through processes and respond to concerns.

Rose Chandler highlighted, in light of her personal experience, that patients on new wards were not asked to complete a patient experience survey and clarified that this was at Ashford Hospital. The Chairman agreed that the Head of Patient Experience would be asked to look into this. **AS**

The Council NOTED the report.

COG-23/21 **Membership and Community Engagement Group Report**

Danny Sparkes highlighted the difficulties of engaging with members during the pandemic. Danny considered that email bulletins were often ignored and it was unfortunate that events and recruitment through stands in the foyer or attending careers days could not continue. The Chairman considered the easing of the lockdown on the 21st June would help although there was the Delta variant to consider. The Medical Director considered other ways of engaging had to be looked into rather than bringing members on site since the risk of Covid-19 remained. The Medical Director suggested linking in with HR with visits to schools and the Director of Workforce Transformation agreed to assist with this.

PERFORMANCE

COG-24/21 **Assurance Report**

In the absence of the Chief Executive, the Director of Workforce Transformation presented the assurance report which had been previously shared at Board. The Director of Workforce Transformation advised that the report provided a summary on the strategic objectives, the Board Assurance Framework (BAF) and how the Trust was mitigating risks whilst continuing to provide high level quality of care.

The Director of Workforce Transformation advised that currently there were low numbers of patients with Covid-19 in the Trust, although a close eye was being kept on the Delta variant and the impact of increased socialising during the half term holidays.

The Director of Workforce Transformation highlighted the section which provided a summary of the capital spend and advised there had been some movement since then, for example work beginning on the refurbishment of the Emergency Department (ED) and theatres. The Surrey Safe Care project was beginning to accelerate also.

The Director of Finance and Information highlighted how the first half of the previous year had been dominated by Covid-19 and the second half of the year budgets had been set for the Trust and topped up.

The Director of Finance and Information advised that £40million had been spent on capital the previous year and work included expanding the ITU. The Trust reported a breakeven position at the end of the financial year. The current position was that the Trust was overspent by £300,000 which was not unusual at this stage.

Deborah Hughes raised concerns about the reference in the report to potential constraints upon capital spending and the possibility of scaling back planned estate projects. She had understood the Trust had been given money to rebuild the ED. Deborah queried what assurance there was that this had been mitigated. The Director of Finance and Information advised that the Surrey Heartlands system had planned capital spending of £120million and the systems plans were extensive due to the previous land sales across the system. Restrictions related to both the totality and pace of planned spend. It was advised that more information would be coming out over the next few weeks although some challenges had since been unlocked. The Chairman advised that the non-executive directors were concerned and that it was a technical HM Treasury issue. Dr Clare Fuller, Senior Responsible Officer for Surrey Heartlands Health and Care Partnership, had met with the Rt Hon Jeremy Hunt, MP and subsequently the forecast allocation had improved.

The Chairman stressed the importance of ensuring the ED expansion was the right plan for the Trust and the plans and a business case were currently being finalised. The work on the ED may need to slow down but it was anticipated that work would continue the following year.

Deborah Hughes queried the impact on quality. The Medical Director advised that the capital spend was to allow the Trust to deal with quality issues; for example, overcrowding and maternity theatres. Areas that needed improving were detailed in the plans. The Chairman stressed the plan was to improve both quality and safety. It was dis-heartening to ED staff that the refurbishment had been delayed and the Board was working to secure future plans. The Director of Finance and Information reminded the Council of the Surrey Safe Care investment which was at the heart of safety and still making good progress.

In response to Chris Marks, Meyrick Vevers highlighted how unusual the existing circumstances were. Lobbying for funds had been successful in the past and in light of the system context there would be a lot of operational change. Chris considered the underlying financial position was very important. The Chairman advised that the executives did not know the position yet, and what the centre decided affected the Trust, but they remained in regular contact. Marcine Waterman advised that the Trust was waiting to learn the costs incurred in improving its maternity provision in light of the Ockenden report. The Trust was working on ways to improve productivity and efficiency as well as quality in maternity.

The Director of Finance and Information highlighted the recovery period and the push to undertake more electives and how trusts were being incentivised via the accelerator

fund to reduce waiting lists. The Trust was on track so far and work had begun to accelerate during May.

Chris Howorth queried whether the non-executives directors understood the reasons why there had been a slow-down in the capital spend and whether the Trust would be able to recruit enough staff to deliver the extra activity. The Chairman advised that it was understood that all Government departments had had to undergo cost cutting in light of the money that had been spent across the board due to the pandemic and that the Treasury worked on the basis of cash accounting year by year. The Director of Finance and Information added that the Trust was spending more on capital than before although much of this was due to the land sale and cost efficiencies. With regards to undertaking increased activity, it would be paramount to plan lists well making full use of theatre slots and ensuring patients attended. It was added that staffing remained a concern.

Helen Pernelet suggested providing access to Governors to the BAF on Admincontrol as it provided a good overview of areas of concern. The Chairman advised that the assurance report was moving more towards a risk based report and the Director of Workforce Transformation reminded the Council that public board papers were available on the website and these included the BAF.

The Council NOTED the report.

COG-25/21 **Performance Report**

The Director of Finance and Information advised that the main focus was to increase work on electives whilst allowing staff to take leave in order to refresh. The aim is to reduce waiting lists so no patient is waiting over 78 weeks by the end of June (other than through patient choice) and then to reduce waiting lists so no patient is waiting over 52 weeks over the coming months and work was on track to achieve these targets. The Chairman advised that the Trust was in a similar position to other trusts. The aim was to improve performance in electives, diagnostics and theatres whilst supporting a tired workforce. The Chairman considered the earlier discussion had been very helpful. The previous week's situation had been mitigated somewhat and this would allow for further improvement in quality.

The Council NOTED the report.

STATUTORY

COG-26/21 **Constitution Group Committee minutes**

The Council RECEIVED the minutes.

COG-27/21 **Council of Governors – Effectiveness Survey Evaluation**

The Associate Director of Corporate Affairs and Governance thanked Governors for completing the survey. It was advised that the annual evaluation had been delayed by six months due to the pandemic.

The Associate Director of Corporate Affairs and Governance advised that the same methodology had been used in order to benchmark with the addition of a free text box so that Governors could comment on whether there was anything the Trust could have done more or less of during the pandemic.

Generally feedback had been very good with some neutral responses. All responses were anonymous and the free text had not been edited.

The Associate Director of Corporate Affairs and Governance wished to highlight the following findings:

- There was an appetite from some of the Governors to return to face to face meetings and how this could happen safely and how it would look like would be considered.

- There was a comment regarding meeting etiquette and how to address this would be looked into.

- There was one comment which suggested there were too many meetings and engagement with Governors would be looked into.

The Associate Director of Corporate Affairs and Governance advised that the report detailed two recommendations which were to survey Governors after induction and to consider the range, extent and timings for reintroducing face to face meetings whilst supporting delivery of the North Star objective.

The Chairman was pleased that the vast majority of Governors considered the Trust was doing the right thing at the right time although a few did not which was disappointing. The Chairman encouraged Governors to raise their concerns at meetings and during one to ones. Introducing some face to face meetings was the aim.

The Associate Director of Corporate Affairs and Governance thanked the Membership and Engagement Manager for arranging the survey and compiling the findings in the paper.

STRATEGY

COG-28/21 **North West Surrey Health and Care Alliance / Update**

The Chairman provided some context on this segment advising that the recent White Paper had been shared which indicated a lot of change at system level. No change to the Council of Governors structure and remit had been indicated. Trusts were encouraged to work towards provider collaboratives and place based systems and Jack Wagstaff, North West Surrey Place Leader/Alliance Chief Officer, was leading on the Place based work which was now gaining momentum. The Chairman welcomed Jack to the meeting.

Jack introduced himself advising that as well as being the lead he was accountable to Ashford and St Peter's, GPs and Councils. Jack's presentation covered the following:

1. Policy Context
2. Forming the NWS Alliance
3. Future direction for our Alliance

Jack advised that the Integrated Care System (ICS) would become a statutory body next April 2022 replacing Clinical Commissioning Groups (CCGs) and absorbing NHS England delegated functions, for example, specialist commissioning, primary care and dental. There would be two board structures these being ICS NHS Board and ICS

Partnership Board with LA (Local Authority). The focus would be on outcomes, patient experience and finance with two main vehicles for delivery being place systems and provider collaboratives. A slide outlining the roadmap to April 2022 and what the ICS was expected to look like was presented. Jack explained that there would some cross-over with Frimley Health and the Sussex Partnership.

Jack turned to the organisation of Surrey Heartlands ICS and how services would be designed and delivered. This would become clearer over the new few months as more guidance was provided.

Jack advised that he had seen the ICS development framework in draft form and the direction was as expected. Boundary discussions were ongoing and work would be undertaken to review and future-proof ICS governance. The Trust's Chairman and Chief Executive were closely involved in discussions.

Jack outlined the five key priority areas of focus:

1. Supporting staff including recruitment and retention
2. Delivery of the vaccination programme
3. Recovery and transformation
4. Expand and support Primary Care
5. Community urgent care and emergency care

Jack turned to the North West Surrey Alliance and advised how partners had come together to sign the North West Surrey Alliance agreement and set up an Alliance Board. This was one of the largest in the UK and it would work towards providing a more holistic approach. Jack highlighted the progress made despite the pandemic. For example, in the community, work undertaken in Sheerwater and the Cavell Centre in Staines; the continued shift of physiotherapy services to leisure centres; £300k invested in accommodation for vulnerable people; expanding the provision of voluntary sector transport and social prescribing. Work to optimise services included a single leadership model bringing together hospital discharge teams, developing an Urgent Care Review (UCR) service and a medical model across the partnership for End of Life care.

Jack outlined the tangible impacts of the work undertaken which included the quadrupling of ITU beds at St Peter's from 10 to 40; the COVID Vaccination Hub at St Peter's Hospital; moving 80% of face to face appointments to virtual appointment and reducing bed occupancy in the Trust.

Jack advised the next steps were to finalise the governance and delivery structure and focus on key towns to improve service delivery. The shared infrastructure approach provided an opportunity to reconfigure NHS work by sharing resources and staff. The aim was to provide accessible services to all. Jack considered there were exciting times ahead to allow the shaping of work and focusing on outcomes.

Deborah Hughes expressed how enthused she was with what she had heard and advised that she had been involved in some of the work. Deborah queried how the governance would link in. Jack advised that having one board was more sensible but NHSE/I were keen to have two board structures: ICS NHS Board and ICS Partnership Board with LA. Ensuring the right people were on the boards would be important so that work was not undertaken in silos. The Chairman added that both boards may be able to come together at the same meetings.

Michael Smith considered that Woking in the ICS model was out on a limb being three

miles away from Guildford and queried how it could be included in the collaboration. Jack explained that structurally there was not a lot of difference and a good foundation had been set. Ensuring what was put in place was as resilient as possible would be important. Working closely with Louise Stead, Chief Executive at the Royal Surrey, helped to sustain a holistic plan. The Chairman added that patient choice still featured in Government directives. The Medical Director advised that it was a cultural change; looking across the patch to ensure money was spent more wisely. This was better for staff and patients.

Lilly Evans advised that she was a Public Governor for Runnymede, Surrey Heath, Windsor and Maidenhead and two areas out of three were not represented. Jack advised that there would be some joining up of areas over the next few months. Lilly queried where patients fit into the discussions. Jack reiterated that patients still had a choice and that North West Surrey existed as a real boundary. There would a focus on where patients accessed services naturally and ensuring services remained accessible.

Chris Marks highlighted that Governors represented members/patients and queried how the new structure improved quality of care and access to services. Jack advised that the ICS could not make decisions without considering the needs of patients. For example improving accommodation, social prescribing and reducing the demand on health providers allowed the ICS to take a more holistic view. The Chairman added that Surrey Safe Care should allow the seamless movement of patients between providers.

The Chairman, on behalf of the Council, thanked Jack for his presentation.

COG-29/21 **National Staff Survey 2020 Headlines**

Marcine Waterman advised that the recent Staff Survey had received a lower response rate than the previous year although in many areas improvements had either been maintained or improved upon. The People Committee had examined the results and the action plan that had resulted.

The Director of Workforce Transformation referred to the lower response rate and advised that a wellbeing survey had been sent to staff just before the national survey and considered that staff had either been too busy or were tired of surveys. It was advised that the results were still important and highlighted improvement in some areas, referring to the second slide in her presentation which summarised the findings. There had been an improvement in staff feeling able to show initiative, feeling positive about working for the Trust, health and wellbeing and advocating the organisation to friends and family.

The Director of Workforce Transformation highlighted a set of actions with eight areas of focus and these were:

1. Health, Safety and Wellbeing
2. Flexible Working
3. Equality and Diversity
4. Culture and Leadership
5. New Ways of Delivering Care
6. Growing the Workforce
7. Recruitment
8. Retention

Colin Hood considered an 11% decline in response rate from 2019 with little change in

scores difficult to reflect as a positive. The Director of Workforce Transformation advised that the Trust's normal response rate was in the middle 40's and this had risen to 54% in 2019. A significant number of people had responded and results had allowed for themes to be generated.

Neal Adolphus referred to GP practices where morale was not good due to the number of frustrated patients and increased instances of abuse. He was astonished that morale at the Trust was good. The Director of Workforce Transformation advised that the ED was returning back to normal attendances with 400 patients presenting the previous week. Pressure was across the whole pathway. It was added that body cams had been introduced a couple of years ago and these had been very successful in defusing situations with people moderating their behaviour when they saw themselves live on the camera.

Edwin Addis referred to Equality and Diversity and queried whether mentorship had started and whether Stonewall had been considered. The Director of Workforce Transformation advised that the Trust was a Stonewall employer and that the mentorship of BAME staff had begun. In addition, there was a focus on how to attract and recruit staff from a BAME background. It was clear that staff from a BAME background were less likely to be promoted and ways of supporting completion of applications and how posts were advertised would be examined.

Chris Marks emphasised the importance of highlighting the positives and how it was an amazing achievement to continue to improve staff engagement during a time of huge pressure. The Director of Workforce Transformation considered the improvement was a result of every line manager stepping up at this time and staff working together as a team.

COG-30/21 **Any Other Business**

None

Date of Next Meeting

Wednesday 1st September 2021, 4-6pm

Signed……

Andy Field
Chairman

KEY	
✔	Complete
ND	Not due
---	On track

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
2.6.21	**COG-21/21**	**Governor Activities**	Share Pride in Nursing and Midwifery Day recordings with Governors	**AS**	ASAP	Shared links with Governors on 4.6.21	✔
2.6.21	**COG-22/21**	**Patient Experience Group (PEG) Report**	Find out when patients at Ashford will be asked to share their feedback.	**AS**	ASAP	The Head of Patient Experience and Involvement has advised: *The Viewpoint patient feedback dashboard is currently being reorganised to align with the new divisional restructure and not all inpatient areas have handheld devices for patients to use prior to discharge but every inpatient and outpatient also receives an SMS text after their admission which gives them the opportunity to answer the same survey from their mobile phone.*	✔