Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
8th June 2022 via Microsoft Teams

PRESENT:	Miranda Alcock	Public Governor – Woking and Guildford	**MA**
	Frances Ansell	Public Governor – Elmbridge	**FA**
	Derek Barnes	Public Governor – Spelthorne	**DB**
	Andy Brown	Staff Governor – Volunteers	**AB**
	Melaine Coward	Appointed Governor – University of Surrey	**MC**
	Lilly Evans	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Emma Gilmore	Public Governor – Spelthorne	**EG**
	Shirley Holmes	Public Governor (Lead) – Woking and Guildford	**SH**
	Colin Hood	Public Governor – Spelthorne	**CHo**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Mohamed Imam	Staff Governor – Medical and Dental	**MI**
	Hina Malik	Public Governor - Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**HM**
	Michael Smith	Public Governor – Woking and Guildford	**MS**
	Matt Stevenson	Staff Governor – Allied Health Professionals	**MS**
	Sylvia Whyte	Public Governor - Runnymede, Surrey Heath, Windsor and Maidenhead	**SW**
APOLOGIES:	Dami Adedayo	Non-Executive Director	**DA**
	Tracey Bradshaw	Staff Governor – Nursing and Midwifery	**TB**
	David Carpenter	Public Governor – Elmbridge	**DC**
	Jane Dale	Non-Executive Director	**JD**
	Chris Ketley	Non-Executive Director	**CK**
	Aidan Parsons	Staff Governor - Staff Governor – Ancillary, Admin, Clerical and Managerial	**AP**
	Anu Sehdev	Membership and Engagement Manager	**AS**
	Arun Thiyagarajan	Non-Executive Director	**AT**
	Marcine Waterman	Non-Executive Director	**MW**
IN ATTENDANCE			
	David Fluck	Interim Chief Executive	**DF**
	Chris Kane	Non-Executive Director	**CKa**
	Andrea Lewis	Chief Nurse	**AL**
	John Machin	Associate Non-Executive Director	**JM**
	Simon Marshall	Director of Finance and Information	**SM**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Tom Smerdon	Director of Strategy and Sustainability	**TS**
	Julie Smith	Chief Executive	**JS**
	James Thomas	Chief Operating Officer	**JT**
	Meyrick Vevers	Non-Executive Director (joined at 17:00)	**MV**
SECRETARY:	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**

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COG-14/22 **Apologies and Welcome**

Apologies as listed on the previous page.

The Chairman continued to welcome the Chief Executive to her first Council of Governors meeting.

COG-15/22 **Declarations of Interests in the Proceedings**

None

COG-16/22 **Minutes of the Meeting held on 2nd March 2022**

The minutes of the meeting held on 2nd March 2022 were agreed as a correct record.

COG-17/22 **Matters Arising**

The updated Action Log was noted.

Further clarification was received for the following actions:

Membership and Community Engagement Group Report – Lilly Evans to liaise with the Director of Strategy and Sustainability and Edwin Addis regarding linking in with the strategy and becoming a community hub.

The Associate Director of Corporate Affairs and Governance advised that this action had been completed.

Outpatient letter review update - Provide details to Susan Holton of perspective member of working group

The Chairman confirmed that the necessary details had been shared.

Modern healthcare-Urgent Treatment Centre Update (UTCU) – Request signage to UTC is improved

The Director of Strategy and Sustainability advised that this action had been completed.

FEEDBACK FROM GOVERNORS

COG-18/22 **Governor Activities**

Shirley Holmes, Lead Governor, advised that it had been a very busy three months and was pleased to report that there had been a high attendance rate at meetings. She continued to thank all who had attended, as well as those who had manned stands and engaged with members of staff. Shirley continued to thank those governors who had volunteered in the Trust to aid the achievement of targets on specific programmes, such as patient feedback. Finally, Shirley thanked the Medical Director for acting as Chief Executive in the intervening period, before welcoming Julie Smith as the new Chief Executive.

The Chairman responded by thanking the Governors.

The Council NOTED the report.

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COG-19/22	**Patient Experience Group (PEG) Report** Chris Howorth expressed his gratitude for work done to develop the new webpage and for the development of outpatient information. Chris continued to express appreciation of the new format of the Quality report, commenting that he hoped that the board were finding it more accessible. Chris highlighted that, whilst some elements within the report provided cause for concern, he felt reassured that these areas were being addressed by the board. The Chairman responded by expressing satisfaction with the new Quality report format. The Council NOTED the report.	
COG-20/22	**Membership and Community Engagement Group Report** Lilly Evans updated that she had received a good report from the Communications Manager and thanked the team all for their hard work. Lilly expressed that the Communications Manager felt particularly gratified to have witnessed the distribution of the Covid medals and suggested that the books which accompanied them should be distributed in libraries, to which Lilly agreed. Lilly mentioned that there were ongoing discussions regarding the engagement of the younger population, highlighting the work that the Director of Strategy and Sustainability had been completing alongside the Bourne Academy. The Director of Strategy and Sustainability TS responded that he would provide an update at the next meeting. The Chairman agreed that it was important to attempt to engage the younger population, stating that the involvement of the Bourne Academy was part of the Trust's Strategy to achieve this. The Council NOTED the report.	**TS**
	PERFORMANCE	
COG-21/22	**Assurance Report** The Medical Director thanked all attendees for the support he had received whilst working as the interim Chief Executive before welcoming Julie Smith as the new Chief Executive. The Medical Director advised that there had been a lot of change since the report was finalised, highlighting the implementation of the Surrey Safe Care Programme, to which he commented that the Trust had done a good job in deploying. A section within the report relating to finance was referred to, in relation to the current financial environment, which was expected to contribute to a financial gap. The Medical Director assured attendees that ongoing work was taking place to close this gap, all while maintaining high levels of care for our patients/community. The Medical Director communicated that the Surrey Heartlands Elective Centre at Ashford had been ear-marked to continue as an elective site, with scope for becoming a regional centre. Decisions relating to what elective care would be applied within the site were being considered to ensure that patients would receive care in a timely way.	

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The Medical Director highlighted the importance of looking after employees throughout the upcoming projects and throughout the recovery period, referring to the importance of recruitment and retention. The 'Edukitchen', 'Wellbeing Centre', 'Healing Arts' and garden area had been well received. The Medical Director thanked Marcine Waterman for her work relating to the Eternal Garden.

The Medical Director referred to the Maternity action plan, commenting that staffing issues still needed to be addressed. It was communicated that, in regard to finance, workforce and quality, there were issues between how risks were assessed and how the KPIs linked with this.

The Chief Executive thanked the Medical Director for the leadership demonstrated and the results over key priorities during his time as interim Chief Executive. The Council of Governors and other attendees were assured that previously planned work was in alignment with her objectives. The Chief Executive recognised the financial challenges alongside opportunities for collaboration across the system whilst moving out of the Covid Phase and concluded that a good foundation was in place on which to build.

Lilly Evans commented that the clinical research undertaken within the Trust during the Covid Period was an achievement which had been recognised worldwide. The Medical Director responded that the report included information about the publications and research award ceremony, confirming that the Trust had taken part in impressive research and publications over the last two years. The Medical Director offered to forward the links of all publications made.

COG-22/22 **Performance Report**

The Chief Operating Officer referred to the performance report from March, mentioning that it displayed the difficulty that had been experienced within the Trust. It was explained that the Covid Omicron outbreaks were large, impacting the flow of the organisation; There had been around 63 positive patients and 82 beds closed at any one time, with ambulance waiting times occasionally reaching over 60 mins.

The Chief Operating Officer explained that 111% of elective activity had been achieved but mentioned that the initial plan had been reduced. It was advised that the restoration dashboard within the report, displayed the key priorities which were being focused on.

The Chief Operating Officer communicated that long cancer waits/patients waiting over 62 days had decreased. However, the number of patients waiting over 52 weeks had increased in March and continued to increase throughout April and May. It was highlighted that outpatient activity had increased as the Trust were able to outsource, as well as utilise areas without beds.

The Chief Operating Officer advised that challenges in relation to waiting times/follow up waiting times continued to exist within the Maxillofacial, neurology, dermatology and gynaecology departments.

It was communicated that the Emergency Department had experienced its busiest month on record. The Chief Operating Officer explained that the introduction of the new navigation system, which allowed some patients to go directly to other parts of the urgent care system instead of through the Urgent Treatment Centre (UTC), helped alleviate these pressures.

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The Chief Operating Officer commented that the Diagnostic service waits had decreased to 91.8%. A deterioration in the endoscopy service was noted but expected due to the high level of performance the previous month. An improvement in Cancer services was highlighted, which included the achievement of five of the eight necessary standards. The Chief Operating Officer explained that the Trust had failed both the 62 day screening and 32 day subsequent screening by one patient each.

The Chief Operating Officer concluded by noting a reduction in positive Covid Patients to between 5-12 patient in April and May. It was understood that there were likely to be challenges ahead, relating to the Surrey Safe Care implementation, but the necessary plans were in place to rectify issues presented.

The Chairman confirmed that plans existed to address any issues, commenting that the Surrey Safe Care transformation programme had gone remarkably well, thanking the Director of Finance and Information's team, all clinicians and administrative staff.

STATUTORY

COG-23/22 **Constitution Group Committee Minutes**

The Associate Director of Corporate Affairs and Governance advised that the minutes could be taken as read. She explained that there had been ongoing discussion at the Constitution Group Committee meeting relating to the merging the Hounslow, Kingston-upon-Thames and Richmond-upon-Thames constituency with the Rest of England constituency. It was understood that the merging of the two would allow for two elective governors from this new constituency. The Associate Director of Corporate Affairs and Governance communicated that elections would take place later in the year.

The Chairman confirmed that this decision had been agreed as the most sensible way to move forward.

The Council NOTED the report.

COG-24/22 **Membership of the Council of Governors**

The Associate Director of Corporate Affairs and Governance requested that the Council of Governors note the current register of the members, before raising the current gap in representation from Runnymede Borough Council. The Associate Director of Corporate Affairs and Governance advised that Mark Adams had been unsuccessful in the local borough council elections and commented that Deborah Hughes had stood down from her position at Woking Borough Council and was to be replaced by Councillor Ellen Nicholson for a period of three years.

The Chairman expressed thanks to Mark Adams and Deborah Hughes for their time as appointed governors, adding that he looked forward to working with both their replacements. The Chairman confirmed that elections for elected governors would be taking place at the end of the year.

Chris Howorth commented that an upcoming meeting would determine who would be taking over Mark Adam's duties.

The Council RECIEVED the report.

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STRATEGY

COG-25/22 ***People*** **- Staff Survey 2021**

The Director of Workforce Transformation explained that a debrief had taken place in the Trust Executive Committee and the People Committee in relation to the staff survey; this involved the reflections and planned actions from each division. Some work had already been put in motion and overlapped with the recruitment and retention plan.

The Director of Workforce Transformation advised that there had been a high response rate which led the results to be reflective of more employees. Whilst the national results had deteriorated, the Trust continued to reach and occasionally surpass the national average, suggesting good performance against the national trend.

It was communicated that the NHS had grown by 10% since the Covid-19 pandemic, however, productivity metrics displayed a reduction in productivity by 16%. A question within the staff survey relating to whether employees felt they that the correct resources to do their jobs effectively had decreased from the previous year results by 11%. The Director of Workforce Transformation stated that this showed an increased requirement to manage a pandemic and run the organisation differently.

The Director of Workforce Transformation advised that the Trust was one of 23 sites that had been asked to take part in the 'People Plan Programme' pilot. This had allowed the results of the survey to be analysed against the domain of the people plan.

The Director of Workforce Transformation continued to explain that the staff engagement score was a useful figure when measuring engagement and culture over a long period, highlighting that the responses related to advocacy had deteriorated.

It was communicated that triangulating the staff survey results with the CQC findings provided the ability to monitor the consistency of the findings, as well as providing opportunity to identify specialities/professional groups where people were expressing disengagement.

Colin Hood queried what actions the Trust had in place in response to the staff survey results, as it was predominantly the government who have control over pay/conditions/workload of NHS staff. The Director of Workforce Transformation responded that there was ongoing work around the engagement of teams. An example of the engagement work related to the Elective Centre was discussed, highlighting the presence of staff engagement experts who had been involved in the implementation of change. DF had previously expressed the importance of 'people change' as a fundamental component within this type of provider collaboration. The Director of Workforce Transformation explained that in this example, focusing on engagement would hopefully allow surgeons and theatre staff to express a positive narrative related to their involvement of change when visited by the CQC.

The Director of Workforce Transformation continued to highlight the ongoing work regarding inclusion, stating that plans were in place to ensure that focus was placed on coaching employees to improve relationships within the Trust, linked with the Transformation Programme.

The Director of Workforce Transformation also responded that efforts were being made to find more opportunities to work in an agile and effective way. Recently, improvements

in rostering services, as well as flexible working, had been well received and had contributed to retention.

Shirley Holmes questioned whether the national increase in staffing by 10% was mirrored at Ashford and St Peter's and the Director of Workforce Transformation confirmed it was. There had been investment in a combination of clinical, administration and catering staff; employees had been hired to support the Surrey Safe Care implementation, as well as the increase of care needed related to the surge in hospital beds. However, the survey displays that the employment of more staff was not felt on the hospital floor.

Michael Smith questioned why there had been a decrease in motivation and advocacy since the 2020 survey. The Director of Workforce Transformation responded that the decrease had also been experienced nationally and attributed it to the workforce feeling tired after supporting the organisation through repeated waves of the pandemic. The Medical Director commented that we had experienced repeated waves of Covid-19 since the 2020 survey, highlighting that patients and population were also likely to be tired of waiting for necessary treatment.

COG-26/22 ***People*** **– Recruitment and Retention**

The Director of Workforce Transformation shared a presentation which summarised the Recruitment and Retention action plan. The presentation highlighted the following information:

- The annual operating plan includes an annual review of Workforce Establishments and recruitment plans. This would be presented to the Trust Executive Committee, the People Committee, and the Board. The review is then converted into a recruitment forecast route; updates would be provided regarding progress against the forecast and internal scrutiny groups, led by clinical executives, would analyse progress.
- Existing workforce gaps were driving bank and agency pressures. The Trust had begun to look internationally for therapy staff to aid these pressures. The establishment was under constant review, with the impact of the bed reduction programme/reverting back to pre-Covid operating practices being considered.
- Social media marketing campaigns around recruitment opportunities were in place to attract employees. Grow your own / anchor organisation strategies, as well as working with North West Surrey Alliance colleagues to look at opportunities to recruit to joint posts/ rotational posts, were in place.
- Survey results suggested that the Trust's attention to wellbeing had improved. There was a wellbeing framework in place with many resources, as well as an improvement in relaxation and catering facilities.
- The Trust had been approached to be one of the 23 sites nationally to take part in the 'People Plan Programme'/ 'People Promise Exemplar Programme'. The Trust was currently in month 3 out of 12. The programme was supplemented by a 'people promise' which had been developed by NHS staff. The results from the survey displayed that we were failing to match the promise in some areas. The goal was for the promise to be fulfilled nationally by 2025. The promise should allow for Trust to take part in position assessments, presenting and implementing change; It would provide the Trust with increased support, as well as examples of best practise.
- Leaver's data had been analysed and a target existed for this figure to be under 14%, with voluntary turnover to be less than 10%. The Trust was not currently

meeting the required figure. Burnout and investment in career opportunity had contributed to turnover.

- Two key aims of the programme were shared: to improve the retention of our staff by improving measurable staff experience and to stabilise the current staff leaver rates across all staff groups and maintain a level of turnover lower than the regional average
- A Monthly Highlight report would be delivered to Trust Executive Committee, The People Committee and NHS Improvement.

Shirley Holmes mentioned those leaving for better conditions and questioned whether there was any knowledge of the reward packages being offered elsewhere. The Director of Workforce Transformation responded that many employees on lower bandings who had been recruited during the pandemic when the labour market was low had returned to the service sector. It was explained that the service sector was able to offer higher pay for less stressful work. The Director of Workforce Transformation assured the Council of Governors that the Trust was working alongside their system partners to ensure that outbidding, via pay-rates, for staff was not taking place. The was to be a focus on how the organisation could sell the non-pay benefits of working in the NHS.

Lilly Evans questioned the amount we could learn from our neighbouring organisations regarding retention and recruitment. The Director of Workforce Transformation responded that Michael Pantlin (Chief People Officer, Surrey Heartlands) had shared retention and recruitment information for Surrey Heartlands. It was communicated that the participation in the People Plan programme pilot allowed the Trust to gain access to feedback and best practise.

The Chief Executive commended the staff wellbeing changes that had been delivered, commenting that she had acknowledged how well it had been received. The Chief Executive praised the Director of Workforce Transformation and her team, stating that their recent selection to be involved in the People Plan pilot programme was an accolade to the organisation which would provide additional data which could be shared with system colleagues. The Chief Executive concluded that the fundamental workforce efforts provided a foundation for change management.

The Chief Nurse expressed excitement related to the Trust's involvement in the people promise exemplar programme, mentioning that all chief nurses across the 23 pilot sites would work together to improve recruitment and retention in nursing and midwifery.

Melaine Coward advised that there had been a campaign at the University of Surrey to encourage adult nursing. It was noted that there had been a decrease in the number of applicants for 2022, so the campaign would continue. Melaine Coward commended the ongoing work of the Director of Workforce Transformation, highlighting that student satisfaction as ASPH was high.

The Chairman expressed how wellbeing could be increased even through small gestures, noting that the distributing of jubilee cakes across the Trust recently had been well received. He acknowledged that the labour market was now very different, therefore it was important that the organisation was clever in terms of how they recruited and retained.

Chris Howorth placed a question in the meeting chat relating to pay, querying whether there was a utopian attitude towards pay. The Chairman responded that this question

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would be revisited as it was complex, before highlighting the importance of having awareness of the impact of inflation/rise in cost of living.

Andy Brown mentioned that he had observed a lack of cushions in the Wellbeing Hub. The Director of Workforce Transformation responded that she would look into this, highlighting that staff were expected to look after the area in order to maintain its appearance. **LMcK**

COG-27/22 ***Quality of Care*** **– CQC Action Plan Progress Report**

The Chief Nurse explained that an unannounced CQC inspection in November 2021 had provided the basis for the action plan. The Chief Nurse explained many actions were in progress, whilst some had been completed and she provided the following background information regarding the inspection:

- The inspection looked at the services of Medicine at ASPH, focusing on the 'safe' and 'Well-led' domains.
- The inspection had been triggered by whistle-blowers from both the theatres and anaesthetic departments over a period of 18 months, covering aspects of safety and behaviours.
- As a result of the inspection, medicine increased from 'requires improvement' score to 'good' in the domain of 'safe' and maintained a score of 'good' in the 'Well-led' domain. The Ashford Surgery increased to 'good' in both the 'Safe' and 'Well-led' domains. Both sites remained at 'Requires improvement', however, the Trust as remained at a score of 'good' overall.

The Chief Nurse explained that the action plan could be broken down into 3 elements: 'Must dos' (in order to comply with our legal obligations relating to CQC regulation 12 - providing safe care and treatment), 'Should dos' and 'other recommendations'.

'Must dos' actions:

- Related to medical device management and servicing in theatres. The Chief Nurse updated that this action had now been completed, explaining that an external company had been utilised to analyse the organisation's asset register and check structures in place were robust. This action was to be followed up at the Medical Device Committee.
- Related to environmental elements in theatres which compromised IPC. The Chief Nurse updated that both minor and major works still ongoing, and future plans aimed to incorporate an IPC refurbishment of St. Peter's theatres.

'Should dos' actions:

- Theatre Culture: the Chief Nurse updated that there had been a large body of work executed which related to this topic. A reduction in whistle-blowers was mentioned, which the Chief Nurse attributed to an increase in engagement.
- Pharmacy staffing concerns: the Chief Nurse advised that the pharmacy department had been in a business continuity phase, however a recruitment campaign was ongoing.
- Mandatory training/Safeguarding training did not reach required level: the Chief Nurse advised that this was likely due to precedence that Surrey Safe Care training had taken. However, it was explained that work was now being done to increase the percentage levels of mandatory/safeguarding training. This action was to be monitored through both the Safeguarding Committee and the Mandatory training working group.

- Nurse staffing concerns: the Chief Nurse explained that in Medicine, the previous Covid-19 wave had led to high sickness levels, leaving the organisation to rely on temporary staff. In response to the inspection, the Trust presented the CQC with existing rigorous procedures related to staffing. It was understood that the CQC were content with the measures in place.
- Clinical practise-nutrition scores were not completed: the Chief Nurse commented that there had been an improvement in this area, with assessment completion rates sitting at an increased 94%.
- NG tube management: the Chief Nurse updated that compliance had improved, and the organisation was adhering to the national alert.
- Physiological observations were not being completed on time: the Chief Nurse updated that there was a focus on this area; the implementation of Surrey Safe Care would aid this action.
- Bare below elbows: the Chief Nurse explained that there was a lack of compliance; constant reminders were needed to ensure this action was adhered to.

The Chairman explained that the progress was being monitored through the Quality Committee. The Chairman also advised that, although the whistleblowing had originally come from the Ashford theatres, these areas increased in scoring after the CQC inspection, thus the initial trigger was not the issue.

The Chief Nurse mentioned that the CQC report had initially been challenged as it had made no reference to the context of the Covid-19 pandemic or its impact. The CQC later reflected this into the action plan.

Derek Barnes requested an update on drop off times for hospital parking, reminding attendees that the governors had proposed an increase in drop of time to 30-40 minutes. The Medical Director confirmed that the topic had been discussed within the Executive team; it had been agreed that the drop off time parking time would remain at 20 minutes. The Director of Finance and Information commented that the financial impact of increasing the drop of parking time was too significant and they had been unable to determine a way to mitigate it. He assured attendees that a range of measures were in place to mitigate the impact of the 20 minute drop of parking time on certain individuals with complex issues.

Derek Barnes requested an update on body worn cameras which were piloted in early December 2020, commenting that the use of these cameras could enable staff to feel more supported and safer in their working environment. The Director of Workforce Transformation responded that body worn cameras continued to be used after the pilot period.

The Director of Workforce Transformation explained that a recent incident in the emergency department had prompted her to consider how the cameras could be used further, highlighting that their usage may be beneficial in the ITU areas. It was understood that the lifting of visiting restrictions would lead to higher hospital footfall, which could lead to a higher number of incidents. The Chairman requested to see the feedback from the pilot. The Director of Workforce Transformation agreed, highlighting that it may be difficult to analyse the data, as public presence within the hospital had decreased during the Covid-19 pandemic. It was explained that, as well as a means to record, the cameras could also be used to diffuse aggressive behaviour from patients/visitors, as the camera shared a mirror screen, allowing the individual to visually experience their own behaviour.

Minute		Action
COG-28/22	**Any Other Business** There was no other business.	
COG-29/22	**Date of Next Meeting** Wednesday 7th September 2022, 4-6pm	

KEY	
✔	Complete
ND	Not due
---	On track

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
8.6.22	**COG-20/22**	**Membership and Community Engagement Group Report**	Attend the next MCEG meeting to update on the work with Bourne Academy.	**TS**	22.8.22	Invited and attended	✔
8.6.22	**COG-26/22**	**Strategy - *People* – Recruitment and Retention**	Look into the lack of cushions in the Wellbeing Hub	**LMcK**	ASAP		