Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
7th September 2022 via Microsoft Teams

PRESENT:	Edwin Addis	Public Governor - Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**EA**
	Miranda Alcock	Public Governor – Woking and Guildford	**MA**
	Frances Ansell	Public Governor – Elmbridge	**FA**
	Derek Barnes	Public Governor – Spelthorne	**DB**
	Susan Bell	Public Governor - Runnymede, Surrey Heath, Windsor and Maidenhead	
	Andy Brown	Staff Governor – Volunteers	**AB**
	David Carpenter	Public Governor – Elmbridge	**DC**
	Malcolm Cressey	Appointed Governor – Runnymede Borough Council	**MC**
	Lilly Evans	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Emma Gilmore	Public Governor – Spelthorne	**EG**
	Colin Hood	Public Governor – Spelthorne	**CHo**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Hina Malik	Public Governor - Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**HM**
	Ellen Nicholson	Appointed Governor – Woking Borough Council	**EN**
	Helen Pernelet	Public Governor – Elmbridge	**HP**
	Michael Smith	Public Governor – Woking and Guildford	**MS**
	Matt Stevenson	Staff Governor – Allied Health Professionals	**MSt**
APOLOGIES:	Tracey Bradshaw	Staff Governor – Nursing and Midwifery	**TB**
	Rose Chandler	Appointed Governor – Spelthorne Borough Council	**RC**
	Melaine Coward	Appointed Governor – University of Surrey	**MC**
	Jane Dale	Non-Executive Director	**JD**
	Shirley Holmes	Public Governor (Lead) – Woking and Guildford	**SH**
	Mohamed Imam	Staff Governor – Medical and Dental	**MI**
	Aidan Parsons	Staff Governor - Staff Governor – Ancillary, Admin, Clerical and Managerial	**AP**
	Arun Thiyagarajan	Non-Executive Director	**AT**
	Sylvia Whyte	Public Governor - Runnymede, Surrey Heath, Windsor and Maidenhead	**SW**
IN ATTENDANCE			
	Dami Adedayo	Non-Executive Director	**DA**
	David Fluck	Medical Director	**DF**
	Chris Kane	Non-Executive Director	**CKa**
	Chris Ketley	Non-Executive Director	**CK**
	Andrea Lewis	Chief Nurse	**AL**
	John Machin	Associate Non-Executive Director	**JM**
	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**
	Julie Smith	Chief Executive	**JS**
	James Thomas	Chief Operating Officer	**JT**
	Marcine Waterman	Non-Executive Director	**MW**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

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COG-30/22 **Apologies and Welcome**

Apologies as listed on the previous page.

The Chairman welcomed Malcolm Cressey and Ellen Nicholson to their first Council of Governors meeting. He also welcomed the members attending.

COG-31/22 **Declarations of Interests in the Proceedings**

None

COG-32/22 **Minutes of the Meeting held on 8th June 2022**

The minutes of the meeting held on 8th June 2022 were agreed as a correct record.

COG-33/22 **Matters Arising**

The updated Action Log was noted.

Further clarification was received for the following actions:

COG-26/22 - Strategy - *People* – Recruitment and Retention
The Director of Workforce Transformation advised that members of her team visited the Wellbeing Centre regularly to check on facilities. The area had been open for some time and was now due for a deep clean.

FEEDBACK FROM GOVERNORS

COG-34/22 **Governor Activities**

Michael Smith, Deputy Lead Governor, presented the paper in the Lead Governor's absence. Michael advised that the Governors had undertaken a lot since the last meeting with only June's Patient Experience Group meeting having to be cancelled due to the Membership and Engagement Manager's absence.

The Chairman expressed how he was struck with the amount of activity the Governors had undertaken, especially since their roles were unpaid. In response to the Chairman, the Membership and Engagement Manager advised that Governors were invited to the Schwartz Rounds. The Chairman recommended the Governors attended, if they were able to.

The Chief Executive thanked the Governors who had assisted during the Tidy-up initiative which had had a significant impact. The Chief Executive added that this was not a substitute for in-house cleaning but efforts on the day had been much appreciated. The Chairman considered it had been a great idea and those staff dressed in womble

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costumes were especially appreciated. Derek Barnes confirmed that two physiotherapists at Ashford Hospital had dressed up in the womble costumes.

Chris Howorth advised that he had attended a recent Schwartz Round and considered these were very effective in bringing to light the strains and stresses staff experienced. Chris also recommended these meetings to the Governors.

Michael advised that the Governors really appreciated being sent the links to Trust Board meetings with several attending the last meeting and many more listening to the recording afterwards. The Chairman apologised for the poor quality of sound but stated that the Trust was looking at ways to improve this if hybrid meetings were required going forward.

The Council NOTED the report.

COG-35/22 **Membership and Community Engagement Group Report**

Lilly Evans presented highlights from the report advising that the Director of Strategy and Sustainability led a good discussion on his collaboration with Bourne Education Trust which looked after around 25 schools. This had resulted in an action and Lilly invited other Governors to get in touch if they wanted to get involved. Lilly advised that anyone from the age of 14 could become a member of the Trust.

Lilly advised that the Group also discussed the benefit of regular communications with members and highlighting the advantages of becoming a member. Lilly welcomed new members to the Group and if interested to let the Membership and Engagement Manager know.

The Chairman considered the possibility of having a youth Governor and Lilly advised that the Constitution stated that anyone aged 16 and above could nominate themselves to be a Governor. The Chairman considered it was important there were more young members so they had a voice.

Edwin Addis mentioned visiting schools and engaging using social media. Lilly advised that several Governors had volunteered to accompany the Director of Strategy and Sustainability on his visits to schools. The Director of Strategy and Sustainability advised that he would be looking at the Membership Strategy with the Chief Executive and Membership and Engagement Manager. He mentioned that he had met one of the younger members at the Tidy-up and had asked him what had enticed him to become a member and he had advised it was the opportunity to volunteer and exploit what was on offer. The Chairman advised that members' events involving clinicians had taken place very successfully before the pandemic.

Colin Hood highlighted that the Group had also discussed linking in with ex-service personnel. The Chairman advised that the Trust was very active in this area and there was a monthly club where ex-service personnel met at the Trust. Andy Brown added that the Trust was not currently inviting them to become members and that this would be looked into. The Chief Executive considered a more strategic approach to link in with those areas that were under-represented was needed.

The Council NOTED the report.

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PERFORMANCE

COG-36/22 **Assurance Report**

The Chief Executive took the report as being read and welcomed feedback since it was her first report as Chief Executive. The Chief Executive advised that the report was split into three areas and the main purpose of the report was to demonstrate to Governor colleagues that she was fulfilling her duties in terms of leading executive colleagues and the organisation. It was advised that the report largely emphasised the work undertaken in Surrey Safe Care, the Main Effort and Surrey Heartlands Elective Centre.

The Chief Executive advised that much progress had been made in finance and the Trust remained on track; although it was forecasting a deficit position. The next section was an update on events and the Chief Executive advised that she liked to be visible and regularly walked around the Trust. It was advised that her next report would focus less on the diary of events and more on the big ticket items.

The Chief Executive advised that the last section of her report highlighted the triangulation of risks that related to all the items of work being undertaken and how they featured in the Board Assurance Framework (BAF). Each of the five sub-committees that sat below the Trust Board had responsibility for scrutinising and challenging each of those key risks.

Edwin Addis queried the resources available for mental health, community services, primary care and secondary care provision. The Chief Executive advised that there were no additional resources available but it was an opportunity to find ways of doing things differently and ascertaining which areas would benefit from working more collaboratively. The Trust was fortunate to have good relationships across the North West Surrey Alliance.

The Director of Strategy and Sustainability advised that there were nine primary care networks across North West Surrey. There would be a focus on three of these in the first wave covering the Walton, Spelthorne and Woking areas initially and then rolling out to other areas in the patch. Public health data indicated that there were around 200,000 carers in the Surrey area and ways of including them in this piece of work was being looked at.

The Chairman advised that he had attended a meeting of the Central Surrey Health public board and Chris Armitage had been in attendance. Chris had previously worked for St Peter's Hospital and was now working for the North West Surrey Alliance, leading on the collaboration in the three pilot areas.

Ellen Nicholson referred to the work with Surrey Heartlands Integrated Care System and queried whether there were any early impacts or anything to look out for. The Chairman advised that he would be speaking at the NHS Providers Chairs and Chief Executives National Forum on working with ICBs the following day and he considered there were good things coming out of the Integrated Care Board (ICB). The Chairman advised that he also had regular 1:1s with the ICB Chair Ian Smith. He reflected that there was often a doubling up of assurance with the Trust having to accommodate several requests from different bodies to provide data in different formats. The Chairman considered that it was important to get to a place where assurance was channelled through the ICB and that the ICB balanced its assurance and enablement

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roles. The Chief Executive agreed it was still early on in incorporating with new statutory responsibilities for the ICB. There was a real opportunity of working collaboratively to drive forward some of the improvements that were needed. These included making services accessible and reducing variation and having parity of access whilst addressing some of the health inequalities across Surrey.

In response to Michael Smith, the Chief Executive confirmed that the red rating and higher numbers indicated a greater risk.

The Council NOTED the report.

COG-37/22 **Performance Report**

The Chief Operating Officer presented highlights from the performance report explaining that Surrey Safe Care would be covered more fully later on in the meeting.

The Chief Operating Officer advised that Surrey Safe Care and continued inpatients with Covid-19 had had a bearing on performance during June. At the time of reporting the Trust was two weeks in after the Surrey Safe Care Go Live date. During June, flow through the hospital had begun to improve with fewer patients having to wait overnight for a bed and lengths of stay of over 21 and 7 days remained good. A lot of this was due to the work being undertaken under the umbrella of the Main Effort ensuring that patients were admitted that genuinely needed to be in hospital and not in another healthcare facility and that at the end of their care, arrangements were in place for their safe discharge home.

The Chief Operating Officer advised that external reporting of diagnostics had been paused during June due to the implications of the new system.

The Chief Operating Officer advised that cancer services had seen increased referrals and these had continued to increase in more recent months. Actions included moving in a dedicated manager to support cancer recovery as well as arranging additional clinics and recruiting two colorectal nurses.

Ellen Nicholson referred to the A&E target and the dip in performance during June and queried whether performance had improved more recently and the Chief Operating Officer advised that the A&E target continued to be a challenge. However, work was being undertaken as part of the Main Effort which included engaging with all the divisions. It was a requirement at the monthly Trust Executive Committee for divisional triumvirates to report back on the work they were doing to improve urgent care performance.

The Chairman advised that the Trust was about to appoint to several A&E consultant and specialist positions which should help performance. In response to a query from the Chairman, the Chief Operating Officer advised that the Trust was benchmarking around middle of the table in the region and nationally.

Lilly Evans referred to reporting and how comparisons could be made on the data provided. The Chairman advised that the Trust reported as directed by the Department of Health. Lilly further queried those patients that were classed as “stranded” and how external influences affected this position. The Chairman advised that as the Trust was now part of the Integrated Care System (ICS); provider partners were working closely together on this issue. The Chief Executive advised that patients that were stranded

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and had come to the end of their stay in an acute setting was certainly a hot topic. She added that although the Trust had a number of patients who were continuing to stay in hospital when they were medically fit for discharge, the Trust was in a much better position than other trusts in the surrounding area. The Trust continued to work collaboratively with community care and primary care colleagues and supported the work of the North West Surrey Alliance to ensure it was in a better position moving into the winter period. The Chief Executive added that an acute setting was not the best place to be as there was a risk of infections, slips and falls. Ensuring only those patients that needed to be in hospital were in hospital allowed the Trust to close excess beds and reduce agency staff costs.

The Chief Nurse returned to the A&E target and highlighted the focus on the Main Effort and the work being undertaken with partners which would enable the Trust to improve performance in this regard. One particular initiative was introducing nurse navigators to ensure all patients entering the Emergency Department were navigated to the right pathway. Nurse navigators would also be present in other areas of the hospital.

Ellen Nicholson turned to page 16 of the report and the 21 breaches in the 62 urgent GP referral performance target and the Chief Operating Officer advised that the target was 85%. The Chief Operating Officer confirmed that each patient who breached the 62-day standard care was reviewed and discussed clinically. An acute and community multi-disciplinary meeting took place to discuss breaches. Weekly meetings took place every Thursday to go through each cancer patient's care to ensure they were seen in a timely manner. He added that previously the Trust had been compliant against the standard and it was only in the last few months that this had not been the case.

The Council NOTED the report.

STATUTORY

COG-38/22 **Membership of the Council of Governors**

The Membership and Engagement Manager advised that the paper reflected the changes to the membership of the Council of Governors, namely in the representatives from the borough councils.

It was advised that:

- Malcolm Cressey had replaced Mark Addams from Runnymede Borough Council
- Ellen Nicholson had replaced Deborah Hughes from Woking Borough Council
- Rose Chandler had replaced Denise Saliagopoulos from Spelthorne Borough Council

The Chairman welcomed the new Appointed Governors and considered they brought with them a different perspective. The Chairman also wanted to record the Council's gratitude for those Appointed Governors that had left the Council.

The Council NOTED the report.

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COG-39/22 **Council of Governor Elections 2022**

The Membership and Engagement Manager advised that the paper provided an update on the forthcoming Council of Governor elections. It was advised that nominations had been invited from members as of 15th August in the qualifying constituencies; these being:

1. Elmbridge – 3 positions
2. Hounslow, Kingston, Richmond and Rest of England – 2 positions
3. Spelthorne – 3 positions
4. Woking and Guildford – 3 positions
5. Staff: Allied Health Professionals – 1 position
6. Staff: Nursing and Midwifery – 1 position

In total there were 13 positions up for election and nominations would close on 29th September 2022.

Voting would begin on 21st October and close on 15th November, with results being declared on 16th November.

The Membership and Engagement Manager confirmed that there would be an Induction and Training day for new Governors which would be taking place on 5th December 2022 and that their term would run from 1st December 2022 to 30th November 2025.

Malcolm Cressey queried who could vote in the elections and it was advised that any person that was a member of the constituency; for example, anyone living in the Woking and Guildford area who was a member of the Trust could vote in that particular election.

The Council NOTED the report.

STRATEGY

COG-40/22 ***Collaborate* – Strategy Refresh Update**

The Director of Strategy and Sustainability advised that the Trust's Strategy had undergone a refresh since its launch in 2018. The refreshed Strategy would be shared with the Governors when it had been approved.

The Director of Strategy and Sustainability advised that the refreshed Strategy incorporated:

- The NHS Long Term Plan (2019)
- COVID-19 pandemic
- Health and Social Care Act (2022)
- Increase in demand for healthcare
- National reviews
    - Francis
    - Berwick
    - Keogh
    - Ockenden
    - Paterson
    - Pascoe

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The Strategy still included the Trust's mission, vision, values, aims and five strategic objectives. Within the five strategic objectives, the Director of Strategy and Sustainability provided further information about the focuses within each.

The Director of Strategy and Sustainability advised that the next step would be to launch the Strategy through a range of channels and then working on other strategies across the Trust.

The Chairman advised that the refreshed Strategy had been ready to go before the new Chief Executive's appointment but it was considered the new Chief Executive should have the opportunity to look through and provide her feedback. The Chief Executive welcomed the opportunity and considered the Strategy underpinned all the work the Trust was taking forward and thanked the Director of Strategy and Sustainability for all his efforts into producing an excellent document.

Andy Brown referred to the 22 key focuses and queried how progress and timescales were tracked. The Director of Strategy and Sustainability agreed it was a challenge and advised that the Board met every two months and examined the KPIs to track delivery. A strategic implementation plan would also be drawn up.

The Chairman added the Board committee structure had been restructured some years ago to align with the strategic objectives.

Susan Bell queried how Governors could communicate what the strategy meant in a practical way as opposed to theoretical and how the executives tackled the mindset of continuous improvement. The Chairman considered it was important for the Communications Team to work closely with the Director of Strategy and Sustainability in order to frame communications so they were relevant to members of the public. The Medical Director considered it was the role of the Board to create the right environment by setting the tone and addressing culture by encouraging learning and transparency. The Trust welcomed feedback on how it was doing from both patients and staff.

In response to Edwin Addis, the Director of Strategy and Sustainability confirmed that the five critical areas of focus as highlighted by Ian Smith, Chair of the Surrey Heartlands Integrated Care Board were incorporated in the clinical strategy since these were highlighted after the Strategy refresh had taken place.

Malcolm Cressey stressed the importance of ensuring the community was happy with what the Trust is doing. The Chairman considered Malcolm made a valid point and assured him that this was covered in the work the Trust was undertaking to become an anchor institution and fell under the Collaborate strategic objective.

The Council NOTED the update.

COG-41/22 ***Collaborate*** **– COVID Waste Update**

Due to shortage of time, the Chairman took the report as being read. The Governors did not seek any further clarification from the Director of Strategy and Sustainability.

The Council NOTED the update.

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COG-42/22 ***Digital* – Surrey Safe Care Update**

Chris Ketley introduced the presentation by advising that staff at the Trust had undertaken a great deal of work to incorporate Surrey Safe Care and this had not been without its challenges. Efforts had been focused to ensure there was mitigation in place against any risks. Nick Sands, Director of Transformation at the Royal Surrey, had provided a very comprehensive assurance pack both in terms of BAU and joint assurance governance. Further detail would be provided to Governors in the Governor-Non-Executive Director meeting in October.

The Director of Finance and Information highlighted that Surrey Safe Care was the largest project the Trust had undertaken and affected all operations. It was now 15 weeks since Surrey Safe Care had gone live and there remained challenges in outpatients and training. £2.3million extra funding had been secured.

The Director of Finance and Information advised that around 4,500 issues had been logged since going live and 4,000 of these had now been cleared. The risks had been managed during this time and stabilisation work-streams had been set up. There had been around 12 clinical risks highlighted and these had now reduced to four.

The Director of Operations advised that a few of his team had been seconded over to help with stabilisation of Surrey Safe Care. GPs were not experiencing any issues and continued to refer patients to the hospital. Clinicians were being supported to undertake speedier referrals onwards to a specialty/area. There had been challenges with booking appointments and clinics had had to be re-programmed and staff trained. Every patient now received a call to agree an appointment and this was followed up with letters and text messages. There were one or two issues with the letters which were being resolved. The checking in facility would be turned back on and receptionists retrained. Further works involved booking follow-up appointments, clearing the backlog of clinic letters, monitoring waiting lists and ensuring results were reviewed and actioned.

The Trust had employed the services of MBI to assist with data quality and they had 15 people on site who had validated around 9,500 patients. There were further items to sort out over the coming three months to ensure operational recovery and optimisation of the system was being achieved.

The Chairman clarified that the purpose of the presentation was to provide assurance that the Trust was doing what it should be. The top priority was patient care and to ensure patient harm was avoided.

Lilly Evans queried how assured the non-executive directors were that potential data security issues had been mitigated. Chris Ketley advised that a lot of work had been undertaken in the area of cyber security and it remained on the agenda. The Director of Finance and Information advised that the Trust was more assured now but it was impossible to be completely assured. However, Cerner provided a broad range of defence mechanisms. The Director of Finance and Information confirmed that there were multiple layers of defences and backup. The weaknesses were in staff password controls and this was an area the Trust was further strengthening.

Ellen Nicholson congratulated the Trust on the excellent work being undertaken. Ellen highlighted the issues with pathology results but understood the Trust was working hard to improve the situation.

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Malcolm echoed Ellen's comments and advised that he had worked in IT for a considerable time so he understood the challenges the Trust was facing. Malcolm queried the length of time being allowed for operational recovery and referred to data clean-up and whether this was the result of migration or quality of the original data. The Director of Finance and Information provided reassurance that this was not the consequence of poor data. There were around 3000 sets of data that required manual intervention but 750,000 records had been successfully migrated over.

The Director of Operations clarified that operational recovery also referred to recovery of the Trust's utilisation of theatres and outpatients and getting back on top of the activity that would have been undertaken during this time.

Susan Bell queried how the Trust was planning to ensure the accuracy and validation of data going forward. The Director of Operations advised the Trust would be using a reporting tool which would assist in picking up any cases of patients going to the wrong area.

Michael Smith highlighted hospital patient data and what happened when a patient moved to a different area. The Director of Finance and Information advised that GPs were able to access a new patient's data through a spine. This was the central NHS repository and was almost instantaneous when a patient registered with a new GP. The Surrey Care record would allow the sharing of data across organisations and make available clinical records to other clinicians in whatever setting they were in, be it primary care, mental health or the acute sector.

The Council NOTED the update.

COG-43/22 **Any Other Business**

None

COG-44/22 **Date of Next Meeting**

Wednesday 7th December 2022, 4-6pm

KEY	
✔	Complete
ND	Not due
---	On track

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
7.9.22	**COG-38/22**	**Membership and Community Engagement Group Report**	Speak with the Chief Nurse to link in with ex-service personnel attending the breakfast club in order to invite them to become members of the Trust.	**AS**	ASAP	This action is included as part of the Membership and Community Engagement Group.	