Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
6th September 2023, 4.00 - 6.10 pm
Lecture Theatre, Education Centre, Ashford Hospital

PRESENT:	Miranda Alcock	Public Governor, Woking and Guildford	**MA**
	Frances Ansell	Public Governor, Elmbridge	**FA**
	Susan Bell	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**SB**
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery	**TB**
	Andy Brown	Staff Governor, Volunteers	**AB**
	Med Buck	Appointed Governor, Spelthorne Borough Council	**MB**
	Kate Colban	Staff Governor, Allied Health Professionals	**KC**
	Malcolm Cressey	Appointed Governor, Runnymede Borough Council	**MC**
	Richard Evans	Public Governor, Spelthorne	**RE**
	Shirley Holmes	Public Governor (Lead), Woking and Guildford	**SH**
	Chris Howorth	Appointed Governor, Royal Holloway University	**CH**
	Mohamed Imam	Staff Governor, Medical and Dental	**MI**
	Helen Pernelet	Public Governor, Elmbridge	**HP**
	Michael Smith	Public Governor, Woking and Guildford	**MS**
	Anthony Tweh	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**AT**
	Caroline Warner	Chair	**CW**
APOLOGIES:	Edwin Addis	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**EA**
	Melaine Coward	Appointed Governor, University of Surrey	**MC**
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Chris Frazer	Public Governor, Spelthorne	**CF**
	Shashi Irukulla	Deputy Medical Director	**SI**
	Carmel Keane-Maher	Public Governor, Spelthorne	**CKM**
	Ellen Nicholson	Appointed Governor, Woking Borough Council	**EN**
	Ann Ooms	Public, Governor, Elmbridge	**AO**
	Aidan Parsons	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**
	Ellen Bull	Interim Chief Nurse	**EB**
	Jane Dale	Non-Executive Director	**JD**
	Simon Devonshire	Non-Executive Director	**SD**
	David Fluck	Medical Director	**DF**
	Donald Iro	Non-Executive Director	**DO**
	Chris Kane	Non-Executive Director	**CKa**
	John Machin	Non-Executive Director	**JM**
	Ian Mackenzie	Interim Chief Digital Information Officer	**IM**

	Simon Marshall	Chief Financial Officer	**SM**
	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Julian Ruse	Associate Director of Performance	**JR**
	Tom Smerdon	Director of Strategy and Sustainability	**TS**
	Julie Smith	Chief Executive	**JS**
	James Thomas	Chief Operating Officer	**JT**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-26/23 **Welcome and Apologies**

Apologies as listed on the previous page.

The Lead Governor welcomed the Chair to her first Council of Governors meeting.

The Chair thanked the Lead Governor for welcoming her to the Trust and shared her first impressions on the challenges and opportunities ahead.

Med Buck, Simon Devonshire, Ellen Bull and Ian Mackenzie were also welcomed to their first Council of Governors meeting.

COG-27/23 **Declarations of Interests in the Proceedings**

None

COG-28/23 **Minutes of the Meeting held on 6th June 2023**

The minutes of the meeting held on 6th March 2023 were agreed as a correct record.

COG-29/23 **Matters Arising**

The updated action log was noted.

FEEDBACK FROM GOVERNORS

COG-30/23 **Governor Activities**

The Lead Governor highlighted two events which Governors had attended and these were the Community Day and QI event. There had been good attendance at the Community Day and over 60 new members had been recruited by Governors during the day. The QI event had been an excellent opportunity to see staff and hear about the new initiatives underway.

Finally, there had been a number of Governors attending Andy Field's leaving do.

The Lead Governor wished to thank Carmel (Ann) Keane-Maher for her time as Public Governor and advised she had had to step down as she no longer lived in the Spelthorne area. The Lead Governor added her thanks to Aidan Parsons, Staff Governor for Administrative, Clerical, Managerial and Ancillary staff, who was leaving the Trust at the end of September and wished him well in his future role at the Royal Surrey.

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The Council NOTED the report.

COG-31/23 **Patient Experience Group (PEG) Report**

The Chair of PEG, advised that the Group had been pleased to hear from Associate Director in Infection Prevention and Control, who had provided an update on infection and prevention control and the Associate Director for Digital Operational Delivery and Outpatients Service Manager, on patient communications. There were a number of issues raised pertaining to outpatient letters and Group members were informed that work was underway to improve communications, mainly letters, and the Group looked forward to further updates. The Interim Chief Digital Information Officer advised that he would pick this up later during his presentation. The Chair of PEG advised that he spoken with the Non-Executive Director and Chair of the Integrated Digital Committee and highlighted the issues raised.

The Council NOTED the report.

COG-32/23 **Membership and Community Engagement Group (MCEG) Report**

The Staff Governor for the Volunteers advised that he would be covering the report in the Chair of MCEG's absence.

It was good to see that regular bulletins being produced by the Communications Team and that the Aspire magazine was back to being produced quarterly.

More members had been recruited at the recent Community Day and hoped that the next Community Day at Ashford Hospital would be just as successful.

The Group had analysed the results of the membership and engagement survey which would be shared later in the meeting by the Membership and Engagement Manager.

Further analysis of the action plan resulting from the Governors' Away Day had been undertaken and the branding work had been delayed to the next quarter.

Finally, new members to the Group were welcomed, especially from the Spelthorne constituency.

The Council NOTED the report.

PERFORMANCE

COG-33/23 **Assurance Report**

The Chief Executive advised her report covered three parts: an overview of the length and breadth of work being undertaken; a financial update and the Board Assurance Framework (BAF).

The Chief Executive advised how she, the Chief Nurse and Medical Director presented the Maternity Improvement Plan to the Surrey County Council Adult and Health Select Committee. The presentation was well received and illustrated the significant progress made against the actions following the CQC inspection. The regional midwife had visited the previous week and the feedback received was very promising on various

initiatives including the new triage facility, patient pathways and tackling vacancies. The Community Day had been excellent and the next one at Ashford Hospital was being planned for 25th November 2023 which was being led by the Director of Strategy and Sustainability.

The Chief Executive highlighted the forthcoming Clinical Strategy workshops and how all staff would be invited to take part to help the Trust work towards developing its clinical strategy. Further sessions on individual specialties would also be taking place.

The Chief Executive advised that the work under the Main Effort umbrella continued focusing on front down and safe and timely discharges. The Trust's data in relation to this was the lowest in the area for acute hospitals.

The Chief Executive was pleased how well the Surrey Heartlands Elective Centre was progressing with works to begin late September 2023.

The Chief Executive highlighted the Strategic Committees in Common where each provider would come together to increase collaborative working. The first meeting was due to take place on 14 September.

On finance the Trust was on track to achieve a deficit position of £17.5 million by the end of the financial year. The main challenges were around the stretch Cost Improvement Plan target, Elective Recovery Fund performance and the impacts of the industrial action taken by doctors.

The Chief Executive advised that there were 18 risks on the BAF and each aligned to a strategic objective. These were scrutinised by the sub-committees.

Referring to the CQC report, a concern was raised around what was being done to avoid a similar situation reoccurring. The Chief Executive advised that the report had been devastating to the Trust and covered areas such as triage, leadership, oversight and vacancies. There had always been visibility of the area but triage had not been implemented properly and had not been placed on the risk register. A deep dive on all risks had resulted with a number of risks being added. The CQC report highlighted issues in need of urgent address which the Trust has now acted upon. The Interim Chief Nurse advised that triage had been remodelled and oversight had improved. All meetings reflected on the CQC findings and scrutinised the progress made thus far. The Medical Director was grateful that the CQC had highlighted the issues and the gap in the governance structure. The regional midwife that had visited the Trust recently had praised the culture. The Governors were assured that a close eye was being kept on progressing actions.

The Non-Executive Director and Chair of Quality of Care advised that the non-executive directors were supporting maternity too and that she had been maternity champion previously with Arun Thiyagarajan taking over the role more recently. Managers were tasked with presenting to every committee meeting and assure the non-executive directors that they were doing what was needed. There had been a huge impact on staff morale and Jane advised that she and her colleagues had spent time walking around the area and speaking with staff. The Non-Executive Director and Chair of Quality of Care had also held "drop-ins" where staff could speak with her informally. Triage had indeed been a concern but had not been raised at the Quality of Care committee. Governors were assured that she and Arun would continue to walk the area and monitor the work that needed to take place.

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The Chief Executive stressed it had been a difficult year with industrial action, issues with the implementation of new digital systems and cost of living challenges. The Trust was working hard to improve the wellbeing offer, listen to what staff were saying and ensuring managers had the skills to support staff. A number of concerns were shared through the Freedom to Speak Up (FTSU) initiative. The Chief Executive advised that she had written a letter to staff recognising how busy everyone was and talking about the aspirations of being the best employer. The Medical Director advised that Amanda Pritchard, Chief Executive of NHS England, had written to trusts after the Lucy Letby case asking that a period of reflection be carried out. This had resulted in a FTSU assessment which will be presented to the People Committee.

The gap in the governance structure was highlighted and it was queried who was responsible for scrutinising the gaps elsewhere. The Medical Director advised that the who Board was responsible and would be working hard to ensure there were no gaps.

The Appointed Governor from the Royal Holloway considered the CQC report seemed to suggest that maternity staff were aware of the situation but may have not raised their concerns or were not heard. It would be interesting to hear from the non-executive directors at the next Governor-NED meetings to understand the ways in which staff can raise concerns and how these are addressed and learnt from. The Chair agreed the Governors should seek assurance from the non-executive directors that incidences such as the Lucy Letby case would not happen at the Trust. The Director of Workforce Transformation advised that staff were able to raise concerns through the FTSU guardian and she presented a bi-annual report to the People Committee. The focus now was to reduce the anonymous nature of FTSU concerns to enable a better understanding of the concerns raised and be able to provide feedback. The Non-Executive Director and Chair of Modern Healthcare advised that when concerns were raised these were taken seriously and a deep dive was undertaken to understand whether it was a systemic issue. The FTSU bi-annual report also went to the Audit and Risk Committee and there was software available to analyse anonymous issues. **AS**

A concern was raised that discouraging concerns being raised anonymously was not the right approach and the Director of Workforce Transformation clarified that raising concerns anonymously would always be an option but the Trust was trying to create a culture where staff felt safe to raise concerns.

The Council NOTED the report.

COG-34/23 **Performance Report**

The Chief Operating Officer advised that he had recently circulated more updated data and that he and the Associate Director of Performance would provide the narrative.

The Associate Director of Performance referred to the industrial action by doctors and how this was putting a further strain on capacity. Performance data was presented covering the A&E 4 hour target and Referral to Treat (RTT) 18, 52 and 65 weeks targets. A national comparison of RTT data was also included and the Trust was in the top 3rd. The aspiration was to improve still further and have no patients waiting more than 65 weeks whilst reducing follow-ups.

The Chief Operating Officer turned to the Monthly Diagnostics Waiting Times and Activity Data (DM01) and Endoscopy data and advised the Trust was performing at

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91% and 89% respectively. Cancer targets were averaging 91% with all not only being met but superseded. The Chair considered the improving data was very impressive.

The Non-Executive Director and Chair of Quality of Care advised that at the Quality Committee the whole patient journey was looked at and patients were continually checked to see whether they were waiting well and safely. It was advised that patients needed to be empowered to understand the signs that their condition deteriorating. The Chief Operating Officer added that potential risks in pathways were ascertained. Text messages were also sent checking in with patients asking whether their condition had changed.

The Council NOTED the report.

STATUTORY

COG-35/23 **Membership of the Council of Governors**

The Membership and Engagement Manager advised that the paper reflected one change and welcomed Cllr Med Buck who had replaced Cllr Rose Chandler as Appointed Governor representing Spelthorne Borough Council. As the Council had learnt earlier, Ann (Carmel) Keane-Maher was stepping down from the Council since she no longer resided in the Spelthorne area. The register of membership would be amended to include this addition and be published on the Trust's website.

The Council APPROVED the register.

COG-36/23 **Council of Governors By-Election 2023**

The Membership and Engagement Manager advised that paper highlighted the staff governor vacancy arisen due to Aidan Parsons leaving the Trust. The by-election had received seven nominations which was up from four received the previous time.

It was added that the by-election was currently in the voting stage and results would be declared on 14 September 2023.

The Council NOTED the update.

COG-37/23 **Membership and Engagement Survey**

The Membership and Engagement Manager advised that this paper reflected the results from the recent membership survey which had resulted from the Governors' Away Day earlier in the year. 454 responses were received to a questions covering the membership offer, communications, Governors, events and focus groups. Members were also asked what they wanted from their membership.

The majority were happy with the level of planned communications, ie the quarterly magazine and monthly bulletins. Many wanted to hear from their Governor and also wanted the reintroduction of members' events and selected their preferred topic. Several also liked the suggestion of taking part in focus group.

The paper highlighted five recommendations which the Membership and Engagement Manager provided updates on.

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The Membership and Engagement Manager advised that once the recommendations were approved by the Council, the survey results would be shared with the members.

The Council APPROVED the recommendations.

STRATEGY

COG-38/23 ***Modern Healthcare* – Estates Update**

The Chief Financial Officer presented graphic designs of the proposed new investments in the Abbey Wing at St Peters, the Surrey Heartlands Elective Centre at Ashford Hospital and the Community Diagnostic Centre at Woking Community Hospital.

The Chief Financial Officer explained that the Trust had been in the fortunate position of being able to undertake a significant amount of work above normal budgets, for example the refurbishment works on Cherry Ward.

The initial work on the Abbey Wing included a new lift and plans are being developed to refurbish the whole area. A business plan would be submitted detailing what was needed across Maternity and NICU and this was due to be completed by the end of March 2024.

£10 million had been secured to undertake the exciting work at Ashford Hospital on the Surrey Heartlands Elective Centre and enabling works had already begun. The new centre would greatly assist with reducing elective waiting lists and increase the Trust's and Surrey Heartlands' overall capacity.

The plans for Woking Community Hospital and a development at Ashford Hospital to house the new Macmillan Support Centre, had been signed off.

The Chief Financial Officer confirmed that no RAAC (Reinforced Autoclaved Aerated Concrete) had been found at any of the Trust's sites to date.

The Council NOTED the update.

COG-39/23 ***Digital* – Digital Update**

The Director of Workforce Transformation referenced RotaGeek and advised that this was a rostering system the Trust had brought in a few years ago. The objective was to find a system that would locate what resources were available in the system and highlight the gaps in the medical and nursing workforce. This was not possible to do with the previous model, Allocate, and NHS England had also been interested in finding an alternative supplier to meet multi-disciplinary needs. 2,000 staff were put on RotaGeek and staff were trained to use the system. Rosters could be produced and circulated well in advance, ie 8-12 weeks and this helped to reduce the need for last minute agency costs. However, the doctor rosters were different and it had been a challenge for them to adopt RotaGeek. There was a timescale for getting them on board and early next year RotaGeek would link in with ESR.

The Non-Executive Director and Chair of the Integrated Digital Committee agreed that adoption of new digital systems was a challenge and it remained important to interact

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with all users. The Interim Chief Digital Information Officer advised that he was undertaking some work to improve adoption and a move towards a clinical led strategy. The Interim Chief Digital Information Officer advised that he had been in his current role for four weeks and had previously worked for St Peter's Hospital from 1983.

It was advised that from May 2022 Cerner had conducted around 250,000 tests. There were still things that needed to be done, as will always be the case. Typically, it took seven years to begin to realise the benefits of digital systems. Concerns were being addressed and managed using a clear process.

The Non-Executive Director and Chair of the Integrated Digital Committee was pleased to advise that the new position of Chief Digital Information Officer had attracted a number of candidates and that the preferred candidate had been offered and had accepted the role.

The Non-Executive Director and Chair of the Integrated Digital Committee considered what digitisation looked like and stressed the importance of engaging and allowing for two way communication. The anticipated patient portal was a further step towards engagement. The Interim Chief Digital Information Officer added that the patient portal was due to go live at the end of January 2024. The programme selected was Zesty and it was well known and worked well. The portal would provide on-line access to appointments and other patient information. The patient would then be able to access their clinical record after the initial first phase of adoption. It was understood that 98% of patients had access to a mobile phone and text messaging was already being used.

The Appointed Governor from the Royal Holloway was pleased to note the patient portal linked in with the NHS app and welcomed the Non-Executive Director and Chair of the Integrated Digital Committee and the Interim Chief Digital Information Officer to a Patient Experience Group meeting at a later date to update further on progress. Chris pointed out that some people did not have suitable access and this needed to be considered. Concerns around the quality of letters were highlighted as patients were often arriving at Reception with incorrect or not enough details in their letters. Signage often did not match what was written in letters. The Interim Chief Digital Information Officer advised that there was an opportunity to review and improve letters. The portal would provide standard instructions and include a map. **AS**

The Staff Governor for Nursing and Midwifery staff referred to when a patient decided to cancel and rebook an appointment and queried how staff would be notified. The Interim Chief Digital Information Officer advised that cancelling and rebooking would not be going live in January but would be possible during Phase 2 or 3 of the project. The inability of responding to messages and letters was highlighted and it was advised that the portal would allow for replies although the process would require managing. The Medical Director agreed it was important to include everyone's needs and with more people choosing to take up the digital offer this would allow more time to be dedicated to where it was needed. The real advantage was that patients would be able to access information.

The Non-Executive Director and Chair of the Audit and Risk Committee issued a word of caution about the financial impact and the Chair advised that there would be many opportunities to discuss this further. The Non-Executive Director and Chair of the People Committee advised that the doctors were amenable to digital systems as long as they could see the benefits. It was important to enthuse them and get them on board.

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It was highlighted that the Trust should be learning from other trusts and seeing what worked to reduce time and costs. The Chief Executive confirmed that other trusts had been visited and their learning sought. Surrey Safecare groups had been set up and there had been good discussions at the Clinical Advisory Board. It was considered the portal would minimise patient risk and that patients would welcome having access to their records and being able to make informed decisions on their health. The Non-Executive Director and Chair of the Audit and Risk Committee added that the provider collaborative was a good avenue for sharing intel and good practice.

The Non-Executive Director and Chair of the Integrated Digital Committee considered that human contact remained important but that people would be encouraged to use the improved technology available to them.

The Council NOTED the update.

COG-40/23 **Any Other Business**

The Non-Executive Director and Chair of Quality of Care wanted to add that FTSU was only one way that staff were able to raise concerns. Other ways of doing so were via incidents, complaints and exit interviews. Sickness and areas where harm occurred were also analysed. Jane wanted to assure the Council that there were a number of measures that were looked at.

COG-41/23 **Date of Next Meeting**

Wednesday 21st February 2024, 4-6pm

KEY	
✔	Complete
ND	Not due
---	On track

Action Long

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
6.6.23	**COG-33/23**	**Assurance Report**	Ensure the next Governor-NED meeting includes the opportunity for Governors to seek assurance that staff concerns are listened to and addressed and that incidences such as the Lucy Letby case would not happen at the Trust.	**AS**	Oct 2023	Complete	✔
6.6.23	**COG-39/23**	***Digital* – Digital Update**	Invite NED/Chair of the Integrated Digital Committee and Interim CDIO to a future Patient Experience Group meeting.	**AS**	ASAP	Further update to be provided to the Council of Governors 21.02.24	✔