Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
14th August 2024, 5.30 – 6.30 pm
Via MS Teams

PRESENT:	Edwin Addis	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**EA**
	Aimee Aubeeluck	Appointed Governor, University of Surrey	**AB**
	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**
	Kate Colban	Staff Governor, Allied Health Professionals	**KC**
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Richard Evans	Public Governor, Spelthorne	**RE**
	Shirley Holmes	Public Governor, Woking and Guildford	**SH**
	Karen Howkins	Public Governor, Spelthorne	**KH**
	Chris Howorth	Appointed Governor, Royal Holloway University	**CH**
	Chad Lake	Public Governor, Spelthorne	**CL**
	Helen Pernelet	Public Governor, Elmbridge	**HP**
	Michael Smith	Lead Governor/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**
	Mark Williams	Appointed Governor, Runnymede Borough Council	**MW**
	Gavin Wood	Staff Governor, Ancillary, Admin, Clerical and Managerial	**GW**
APOLOGIES:	Miranda Alcock	Public Governor, Woking and Guildford	**MA**
	Sue Doran	Appointed Governor, Spelthorne Borough Council	**SD**
	Mohamed Imam	Staff Governor, Medical and Dental	**MI**
	Ellen Nicholson	Appointed Governor, Woking Borough Council	**EN**
	Ann Ooms	Public, Governor, Elmbridge	**AO**
	Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**SW**
IN ATTENDANCE			
	Jason Bincalar	Chief Digital Information Officer	**JB**
	Ellen Bull	Interim Chief Nurse	**EB**
	Jane Dale	Senior Independent Director/Non-Executive Director	**JD**
	Simon Devonshire	Non-Executive Director	**SD**
	Susan Holton	Associate Director for Digital Operational Delivery	**SH**
	Jo Fanning	Chief People Officer	**JF**
	Katie Fisher	Interim Chief Executive	**KF**
	David Fluck	Medical Director	**DF**
	Chris Kane	Non-Executive Director	**CK**
	Simon Marshall	Chief Financial Officer	**SM**
	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**
	Tom Smerdon	Director of Strategy and Sustainability	**TS**

	James Thomas	Chief Operating Officer	**JT**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute **Action**

COG-40/24 **Welcome and Apologies**

Apologies as listed on the previous page.

COG-41/24 **Declarations of Interests in the Proceedings**

None

COG-42/24 **Minutes of the Meeting held on 19th June 2024**

The minutes of the meeting held on 19th June 2024 were agreed as a correct record.

COG-43/24 **Matters Arising**

The updated action log was noted.

FEEDBACK FROM GOVERNORS

COG-44/24 **Governor Activities**

A full list of activities undertaken by the Governors during the two months after the last Council of Governors meeting was shared with the Council.

Michael Smith advised that several Governors had attended the last Board meeting which took place on 1st August.

The Council NOTED the report.

STRATEGY

COG-45/24 **Quality of Care – Patient Experience: Outpatient Bookings and Processes**

The Chief Operating Officer (COO) began by reminding Governors of the work the Chief People Officer (CPO) and her team were doing around the values and behaviours refresh and the proposal to change Patients First to People First. Of those that had responded so far, 62% of staff agreed with this change. Staff would continue to be encouraged to submit their feedback until the end of August. It was proposed to undertake a wider consultation piece after this time. It was considered that the Patient Panel was not truly reflective of the patients the Trust served and that the patient body should be consulted too. It was agreed to feed this suggestion back to the CPO. The low response rate from staff was highlighted and it was advised that the exercise was still live and that a number of listening events were also taking place. **JT**

The COO then turned to outpatient letters and the errors around detailing the wrong site and not matching the language used for services on the hospital sites. It was advised that a lot of work had been done to modify templates on Cerner to reduce administrative errors as well as additional training being provided and audits

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	undertaken. Work was taking place to ensure the language used matched the signage around the Trust and parking charges were accurate.	
	The Chief Financial Officer (CFO) presented an update on initiatives to improve wayfinding and advised that a wayfinding working group was to be set up and anyone wishing to be involved should let the Membership and Engagement Manager know. It was appreciated that this work was long overdue and feedback from Governors was welcomed.	**All**
	It was advised that volunteers often highlighted areas were not clearly stated in appointment letters and this made it difficult to help people to navigate the hospital sites. Text messages were very brief and did not contain enough information. Conversations via phone calls often failed to include clear directions. It was agreed that Andy Brown would meet up with the COO after the meeting. The Chair considered it would be very useful to gain insight from the vast experience the volunteers had gained in this regard.	**AB/JT**
	It was recognised that People First included staff and patients but it was suggested that the values and behaviour matrix needed to be more specific to encompass both. The Interim Chief Executive (CEO) advised that she had spoken with many colleagues during her time at the Trust and since it had such a diverse workforce there were many staff worried about their safety, especially due to the recent unrest and turmoil. Making the change to People First would raise the profile of staff without lessening the emphasis on patients. This was a real opportunity to step up and show how important staff were to the Trust at a time when they felt less welcome.	
	It was highlighted how some hospitals no longer sent out letters but text messages instead. The CFO confirmed it was the objective to reduce the number of letters sent but before this could happen the connectivity and signage needed to be improved.	
	The Chief Digital Information Officer (CDIO) highlighted the importance of ensuring communication was consistent and advised that the patient portal which had been introduced in February 2024 was the digital solution. 70,000 patients had already registered on the portal and letters and leaflets were all available there. The portal would allow for patients to communicate with the Trust on appointments, surveys and research.	
	Chris Howorth advised he had had a useful conversation with the COO earlier in the week and considered that things were finally progressing on the quality of communications sent out. He had spent some considering and now understood the reasons for the proposal to change Patients First to People First. Staff were the Trust's major asset and many were having to face awful experiences. The Chair added that it was the aim to ensure the Trust was as inclusive as possible.	
	It was advised that it had been agreed to cover Waiting Well at the next Governors' Patient Experience Group meeting on 9th September and that all Governors would be invited to attend for this update.	**AS**
COG-46/24	**Quality of Care – Eliminating Corridor and Escalation Care**	
	The Director of Strategy and Sustainability (DSS) advised the objective was to ensure the Trust operated within the substantive bed base without the need to use escalation beds for non-elective patients and with no patients being cared for in the ED corridor or non-designated inpatient beds. This was a very complex problem to resolve and was a	

Minute		Action
	cause of distress to both patients and staff. The DSS outlined initiatives on how to achieve this objective and early improvements had already been achieved. Staff were being encouraged to try things that might work with each team owning their performance. There were some issues raised in relation to admitting patients without a diagnosis or not needing a bed as well as inappropriate placing of patients on the Clinical Assessment Unit (CAU) before being moved to the right ward. The COO agreed that the CAU should not be utilised as an escalation area. The whole system needed to work better by improving the flow through the hospital. The Chair considered that Patient Flow could be tabled as a subject for a future meeting.	**AS**
	STATUTORY	
COG-47/24	**Membership of the Council of Governors** The Membership and Engagement Manager advised that this paper reflected that Mark Williams had taken over from Malcolm Cressey as Appointed Governor representing Runnymede Borough Council. The Council NOTED the updated register.	
COG-48/24	**Any Other Business** None	
COG-49/24	**Date of Next Meeting** Wednesday 16th October 2024, F2F, Chertsey House, St Peter's Hospital	

Action Long

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
14.8.24	**COG-45/24**	**Quality of Care – Patient Experience: Outpatient Bookings and Processes**	Suggest that the CPO include the whole patient body should a wider consultation be needed.	**JT**	-		
14.8.24	**COG-45/24**	**Quality of Care – Patient Experience: Outpatient Bookings and Processes**	If anyone is interested in joining the wayfinding working group to let the Membership and Engagement Manager know.	**All**	ASAP	Andy Brown has joined the group.	✔
14.8.24	**COG-45/24**	**Quality of Care – Patient Experience: Outpatient Bookings and Processes**	AB to meet JT to provide further detail on the issues he has come across.	**AB/JT**	ASAP	Complete	✔
14.8.24	**COG-45/24**	**Quality of Care – Patient Experience: Outpatient Bookings and Processes**	Table Waiting Well at the next Patient Experience Group and invite other Governors to attend.	**AS**	9.9.24	JT and Megan Beardsmore-Rust attended the meeting.	✔
14.8.24	**COG-46/24**	**Quality of Care – Eliminating Corridor and Escalation Care**	Consider tabling Patient Flow at a future Council meeting.	**AS**	11.12.24		