Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
16th October 2024, 4.00 – 6.00 pm
St Peter's Hospital

PRESENT:	Edwin Addis	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**EA**
	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**
	Shirley Holmes	Public Governor, Woking and Guildford	**SH**
	Chris Howorth	Appointed Governor, Royal Holloway University	**CH**
	Mohamed Imam	Staff Governor, Medical and Dental	**MI**
	Chad Lake	Public Governor, Spelthorne	**CL**
	Ellen Nicholson	Appointed Governor, Woking Borough Council	**EN**
	Ann Ooms	Public, Governor, Elmbridge	**AO**
	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**
	Aimee Aubeeluck	Appointed Governor, University of Surrey	**AA**
	Sue Doran	Appointed Governor, Spelthorne Borough Council	**SD**
	Richard Evans	Public Governor, Spelthorne	**RE**
	Karen Howkins	Public Governor, Spelthorne	**KH**
	Helen Pernelet	Public Governor, Elmbridge	**HP**
	Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**SW**
IN ATTENDANCE			
	Jason Bincalar	Chief Digital Information Officer	**JB**
	Andy Brooks	Non-Executive Director	**ABr**
	Ellen Bull	Interim Chief Nurse	**EB**
	Jane Dale	Senior Independent Director/Non-Executive Director	**JD**
	Jane Dickson	Non-Executive Director	**JDi**
	Melanie Irvin-Sellars	Interim Chief Medical Officer	**MIS**
	Jo Fanning	Chief People Officer	**JF**
	Katie Fisher	Interim Chief Executive	**KF**
	Stephen Hepworth	Director of Planning and Contracting	**SHe**
	Chris Kane	Non-Executive Director	**CK**
	John Machin	Non-Executive Director	**JM**
	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**

DRAFT

	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-50/24 **Apologies**

Apologies as listed on the previous page.

On behalf of the Council of Governors, the Chair conveyed condolences on the passing of Malcolm Cressey. Malcolm had been the Appointed Governor representing Runnymede Borough Council for almost 3 years, ending his tenure earlier this year. It was advised that a letter of condolence had been sent to Malcolm's family.

COG-51/24 **Introducing the new Non-Executive Directors**

The Chair welcomed three new non-executive directors. Julie Pearce had been unable to attend the meeting, but Jane Dickson and Andy Brooks provided a brief synopsis on their professional experience.

COG-52/24 **Declarations of Interests in the Proceedings**

None

COG-53/24 **Minutes of the Meeting held on 14th August 2024**

The minutes of the meeting held on 14th August 2024 were agreed as a correct record.

COG-54/24 **Matters Arising**

The updated action log was noted.

Andy Brown thanked the Chief Operating Officer on the progress being made with appointment letters. Signage and pamphlets were to be tackled next. The Director of Planning and Contracting invited Andy's assistance with the work being undertaken on wayfinding at Woking Community Hospital.

FEEDBACK FROM GOVERNORS

COG-55/24 **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.

The Council NOTED the report.

COG-56/24 **Patient Experience Group Report**

It was advised that the Chief Operating Officer and Associate Director of Operations for General and Specialist Medicine had attended the last meeting to talk through the Waiting Well project. The Chief Operating Officer advised that Anne Eden, Regional Director and Dan Bradbury, Chief Operating Officer for NHS England - South East

DRAFT

Minute **Action**

Region, had looked at the progress on the elective centre at Ashford Hospital and had been impressed by the Waiting Well project.

The Council NOTED the report.

STRATEGY

COG-57/24 **Clinical Strategy**

The Chair advised that this was the Trust's core strategy which had been developed by clinicians across every speciality. This would now provide the foundations for the development of other strategies including those for estates, digital and people. The final version of the Clinical Strategy was signed off at Board on 10th October 2024.

The Director of Strategy and Sustainability advised that the strategy had been developed over a period of two years with thorough engagement with staff throughout the Trust. The strategy was ambitious and tackled inequality with the aim to improve the health of the community while assisting the organisation to make the best decisions for patients.

The Interim Chief Executive advised that since the clinical strategy provided the baseline position it would work well within the Group Model. In response to the query around how often the strategy would be visited it was advised that the implementation would be through the annual business planning process.

The issue of staffing needed for expanding programmes was raised. The Director of Strategy and Planning advised that the resulting reduction in turnover would help the Trust provide better health outcomes more effectively. The Director of Planning and Contracting added that this clinical strategy would help develop support planning for developing digital solutions. The example of outpatient appointment booking was noted where currently each appointment took 20 minutes to arrange and that each of these was then, on average, changed three times. The Chief Digital Information Officer advised that efficiencies would be realised once the digital function was up and running allowing patients to book their own appointments. Referencing the importance of booking patients chronologically the Chief Operating Officer advised that the patient booking windows functionality would be used here to manage referrals.

In response to the query regarding virtual wards and at home digital solutions, the Director of Strategy and Sustainability advised that the plan would be to help people to be cared for at home where possible. The Chief Digital Information Officer added that video conferencing would help expand effective virtual care in due course.

The Council NOTED the Clinical Strategy.

COG-58/24 **ASPH RSFT Collaboration**

The Interim Chief Executive Officer shared a set of slides which had been used during sessions with staff that explained proposals for a group model with Royal Surrey Foundation Trust (RSFT) and Ashford and St Peter's Foundation Trust (ASPH). The fundamental objective for a group model is working with a neighbouring trust to enable the creation of safer and more sustainable services by supporting clinical collaboration where this would work best for patients.

Minute **Action**

It was advised that the Royal Surrey was also holding their Council of Governors meeting that day and discussing the same paper.

The Chair advised that the Board recommended proceeding with the group model along with the appointment of Louise Stead, current CEO at RSFT, as group CEO for both trusts who is very well regarded regionally and has an excellent track record of performance. The Chair invited comments and questions from the Governors.

Lead Governor, Michael Smith, considered that group model working would enable faster co-working and being clinically led would be key. This may result in cost savings but the initiative was not being led by this. The two trusts were equal in size and reputation and working together would benefit patients. For that reason he was happy to endorse the group model.

Further comments and questions from Governors included discussion around how the group model brought with it certainty and clear leadership. It was also confirmed that the group model proposals were in line with NHS England's policies for encouraging increased collaboration.

It was queried whether there was any evidence that group model working might lead to staff choosing to leave, and it was advised that the opposite was more likely to be the case as improving retention and recruitment might be easier with established centres of excellence that a group model may facilitate. Nonetheless, it was noted that most staff would not be likely to see a change in their day to day working.

The Interim Chief Executive outlined a few areas where joint working would improve services and the patient experience. A query relating to what would happen if in 10 years a different model was put forward. It was advised that since there was no legal change it would be possible to change direction fairly easily.

It was advised that a full set of questions and answers resulting from the staff sessions would be published. **KF**

Further support was received for the group model and the need for flexibility was stressed. It was agreed that a few joint posts would be needed and further highlighted how important it would be to include members of the public on the journey.

Staff governors noted that morale in the Trust had improved significantly in recent months. This was supported by the interim Chief Medical Officer.

Unanimous support was expressed by all Governors for the group model, and it was noted that there was a belief that Louise Stead could provide the visibility and accessibility needed to build trust in her leadership.

The Council SUPPORTED the Group Model proposal (recommendations No. 1, 2 and 4 of the paper) and agreed to progress to the next steps in establishing this.

COG-59/24 **Group Chair**

The Chair advised that the Board had approved the proposal to progress with the appointment of a group Chair for both Trusts but that a caveat had been introduced by a non-executive director, and then agreed by a majority of the full Board, that this

Minute		Action
	appointment should be subject to a full and open recruitment process. The Chair noted that she had ruled herself out from applying for the new group Chair post. In the interests of retaining momentum for the group model, the Lead Governor offered the following amendment to the document: *Further, in relation to item 3, the Council of Governors agreed that, to avoid any delay to implementation of the group model from January 2025, the current Chair of RSFT be invited to act as group chair across ASPH and RSFT until such time as the open recruitment process can be completed.* The Deputy Lead Governor seconded this proposal. The Chair and interim CEO were also supportive. The Council rejected the amendment as Governors expressed that they would prefer a transition period retaining a separate Chair for each Trust until a group Chair had been appointed. Governors noted the importance of avoiding any possible negative interpretation if both joint posts for group CEO and group Chair come from the same trust. Staff governors felt especially strongly about this matter. The Interim Chief Medical Officer supported this view on behalf of consultants and doctors, saying that she felt the Trust had come a long way in building trust within the clinician body and considered a transition period would be a much gentler approach and would reassure staff. Nonetheless, the Council agreed that the process to appoint a joint Chair should get underway immediately and that they agreed with the RSFT's suggestion to establish a working group of non-executive directors and governors from each trust led by the two senior independent directors. The Interim Chief Executive advised that the same paper presented here was being shared with RSFT's Council of Governors and that a lot of discussion had taken place since the Board meetings. The Council DID NOT AGREE to the proposed addendum as detailed above and AGREED to move to a group Chair subject to a full recruitment process.	**JF/SM**
COG-60/24	**Any Other Business** None	
COG-61/24	**Date of Next Meeting** Wednesday 11th December 2024, via MS Teams	

DRAFT

Action Long

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
14.8.24	**COG-46/24**	**Quality of Care – Eliminating Corridor and Escalation Care**	Consider tabling Patient Flow at a future Council meeting.	**AS**	ASAP		
16.10.24	**COG-58/24**	**ASPH RSFT Collaboration**	Publish a full set of questions and answers resulting from the staff sessions.	**KF**	ASAP	Shared 25/10/24	✔
16.10.24	**COG-59/24**	**Group Chair**	Convene a meeting involving both trusts to discuss the recruitment process for the Joint Chair.	**JF/SM**	ASAP	Arranged for 5/11/24	✔

DRAFT