Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
11th December 2024, 4.30 – 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	**AA**
	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**
	Sue Doran	Appointed Governor, Spelthorne Borough Council	**SD**
	Richard Evans	Public Governor, Spelthorne	**RE**
	Heather Hall	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**HH**
	Shirley Holmes	Public Governor, Woking and Guildford	**SH**
	Chris Howorth	Appointed Governor, Royal Holloway University	**CH**
	Toc Husain	Staff Governor, Medical and Dental	**TH**
	Chad Lake	Public Governor, Spelthorne	**CL**
	Ann Ooms	Public, Governor, Elmbridge	**AO**
	Trevor Sherwood	Public Governor, Elmbridge	**TS**
	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**
COG-62/24 – 65/24 only	Caroline Warner	Chair	**CW**
	Mark Williams	Appointed Governor, Runnymede Borough Council	**MW**
	Gavin Wood	Staff Governor, Ancillary, Admin, Clerical and Managerial	**GW**
	Denis Wright	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**DW**
APOLOGIES:	Miranda Alcock	Public Governor, Woking and Guildford	**MA**
	Karen Howkins	Public Governor, Spelthorne	**KH**
	Ellen Nicholson	Appointed Governor, Woking Borough Council	**EN**
	Helen Pernelet	Public Governor, Elmbridge	**HP**
IN ATTENDANCE			
	Jason Bincalar	Chief Digital Information Officer	**JB**
	Andy Brooks	Non-Executive Director	**ABr**
	Ellen Bull	Interim Chief Nurse	**EB**
	Melanie Irvin-Sellars	Interim Chief Medical Officer	**MIS**
	Jo Fanning	Chief People Officer	**JF**
	Katie Fisher	Interim Chief Executive	**KF**
	Don Iro	Non-Executive Director	**DI**
Chair from COG-66/24	Chris Kane	Non-Executive Director / Chair	**CK**
	Simon Marshall	Chief Financial Officer	**SM**

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	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**
	Julie Pearce	Associate Non-Executive Director	**JP**
	Mark Roland	Chief Medical Officer	**MR**
	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-62/24 **Apologies and Welcome**

Apologies as listed on the previous page.

On behalf of the Council of Governors, the Chair welcomed new Governors Trevor Sherwood, Heather Hall, Denis Wright and Toc Husain. She thanked leaving Governors Lilly Evans, Mo Imam and Sylvia Whyte for their service and added that Chris Howorth would be leaving the Council when the Royal Holloway appointed his successor.

COG-63/24 **Declarations of Interests in the Proceedings**

None

COG-64/24 **Minutes of the Meeting held on 16th October 2024**

The minutes of the meeting held on 16th October 2024 were agreed as a correct record.

COG-65/24 **Matters Arising**

The updated action log was noted.

Chris Kane, Non-Executive Director, took over as Chair from this point onwards

FEEDBACK FROM GOVERNORS

COG-66/24 **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-67/24 **Patient Experience Group Report**

Shirley Holmes advised that a good discussion on corridor had taken place at the meeting and since this subject was also appearing on the agenda later; Governors would be able to pose their questions then.

The Council NOTED the report.

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COG-68/24	**Patient Experience Group Annual Report and Terms of Reference** Shirley Holmes advised that she had been appointed Chair of the Patient Experience Group at the last meeting. She wanted to thank the visitors attending meetings in the past year that had provided a greater understanding of the work being undertaken in their area of work. The Patient Experience Group was very popular with Governors and much of this was due to Chris Howorth's role as Chair. Discussions were often lively but focused. There were two places available on the Group and anyone interested in becoming a member should contact the Membership and Engagement Manager. Group members had been canvassed and meetings would now take place on Wednesdays with at least two of these being face to face in order to undertake a visit to a department at each hospital site. The Ashford visit would be to the new Elective Centre and Shirley welcomed thoughts on where to visit at St Peter's.	**All**
	STRATEGY	
COG-69/24	**Corridor Care** The Chief Operating Officer shared his presentation which contained several metrics highlighting that the Trust's performance had improved from 2½ years ago. The Team was undertaking some impressive work to make this happen. Getting patients in the right bed remained a challenge and the delays in achieving this resulted in caring for them in the corridor. Three half day seminars had taken place over the summer period to discuss the winter response and ways of avoiding corridor care and the Emergency Pathway Improvement Programme (EPIP) group met every week. Fortnightly reports went to the Trust Executive Board and a full plan had been presented to the Finance and Performance and Quality of Care committees this month. A number of actions were being taken to improve the flow through the hospital. The Emergency Department (ED) was a small area and work was focused on working with the space. The Ambulatory Care Centre would be opening the following week which would be key to supporting ambulatory pathways and reducing lengths of stay. In addition, more work would move to the Ashford site and two initiatives; the Get Up, Get Dressed, Get Moving initiative to promote independence and the mental health mind and body programme had been introduced. The new Operational Pressures Escalation Level (OPEL) Plan was to be launched which described the Trust's response to emergency pressures such as those seen in winter. A graph which highlighted Decision To Admit (DTA) was shared and it was advised that there had been fewer DTA's over the last two weeks despite attendances of over 450 each day. The graph also showed fewer patients had been waiting in the corridor during this time as improvements were being realised. In response to a query on patients that did not need to attend the ED it was advised that this was not always recorded but that the Urgent Treatment Centre was primary care led. The impact on elective work resulting from the day ward being closed was raised and it was advised that it had been a real challenge to continue delivery of the elective schedule but the initiatives shared previously would assist the work. Data was captured and shared with colleagues to highlight where patients were in the system. Discussion around ensuring the less serious patients were placed on the corridor took	

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place. The Interim Chief Nurse advised that initiatives such as quality care rounds and weekly harms reviews took place as well as ensuring the correct patient/nurse ratios were maintained. There was a limit on what work could be moved to the Ashford site but this would increase over time; for example the next surgical robot would be housed at the Ashford site.

It was queried whether decision making in the ED could be undertaken more quickly and highlighted that the Ambulatory Care Unit (ACU) had been opened three years previously, so why had it been closed and now recreated. The Interim Chief Medical Officer advised that the ACU had not been closed but had been slightly modified in relation to the which patients could be seen there. The Chief Operating Officer advised that he was working with clinical teams to discuss whether diagnostics were always necessary to enable decision making. It was added that patients could be wheeled through to another, more private area in order to have a medical consultation.

The last graph indicated results as a result of a number of marginal improvements but it was difficult to isolate which had made a difference. Collaborating with partners in the community was highlighted and it was advised that waiting times in the community was not looked at but that partners had increased the hours care was provided at home to assist the Trust.

Finally, the importance of letting Main Reception know that SDEC (Same Day Emergency Care) had extended its working hours and where to signpost patients was stressed.

The Council NOTED the update on Corridor Care.

COG-70/24 **Digital**

Don Iro, Non-Executive Director, introduced the presentation advising it reflected where the Trust was and its future vision. The introduction of Surrey Safe Care, now Millennium EPR, was a joint initiative with the Royal Surrey and had been a significant challenge to implement. The new Executive position of Chief Digital Information Officer had been introduced and a lot of progress had been made since although there were still issues.

The Chief Digital Information Officer advised that during 2024 there had been a significant change in approach which was now clinically led and connected to the Quality of Care Committee. A number of actions had been undertaken, including staff training, introducing the self-service patient portal, looking at patient experience and replacing old systems whilst ensuring patient safety was the prime focus. A stronger digital team was now in place and staff were able to go to one place to solve all their IT issues. In relation to incidents; there had been a spike in incidents in 2022 but in 2024 incidents had greatly reduced. Since 2022 there had been a huge drop in paper records being produced which had led to improved data quality. ECGs would move to digital in January 2025 and cataract surgery would be supported from February 2025.

More than 84,000 patients had registered for the patient portal and over 52,000 had opted to go paper free. Over the coming months further features would be added to include booking and cancelling appointments and video consultations. The Trust had recently been successful in its bid for £850K for EPR improvement secured from the National Frontline Digitisation Programme.

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The Chief Digital Information Officer mentioned the public view platform which provided data on nationally recognised metrics as well as those looked at by the Trust and how it benchmarked against other trusts.

Connectivity was highlighted and it was advised that workstations on wheels had been introduced and the legacy wireless network would be replaced to improve connectivity and access speed for both staff and patients. It was advised that there was a business continuity and disaster recovery plan in place should the internet go down and actions included returning to paper procedures during this time and there was back-up for each speciality.

The Chief Information Officer responded to the statement that staff were overwhelmed by new systems by advising that staff were encouraged to attend face to face training, with e-learning also available, and colleagues were urged to train each other.

It was considered making data accessible to all was a great idea. Colleagues had many ideas and that how these could be shared in order to improve the system was queried. The Chief Information Officer requested that feedback was passed to him. He also clarified that the Trust originally purchased the software from Cerner and that the software was Millenium. This had been later acquired by Oracle Health and now the Trust referred to it as Millenium EPR. In relation to the progress on timelines it was advised that there was a timebound improvement plan in place which ascertained where the challenges were. Don Iro advised that they would endeavour to keep the Council updated on progress going forward. **DI**

It was considered that the system was slow and that it did not recognise adverse drug reactions. It was advised that the Millenium software had existed for some time and that it was Oracle Health's ambition to write a replacement offering. It was confirmed that PCs also needed to be replaced. Clinicians were familiar with medications and adverse reactions and they were responsible for inputting this information into the system.

Security of data was raised and it was advised that an NHS smart card and PIN was needed to log into the system. There were several forms of cyber security in place and staff were constantly reminded not to click into links or leave their PCs logged in to ensure data was safe.

COG-71/24 **Group Model**

The Chief Executive advised that plans were progressing well. The Interim Chief Medical Officer advised that it had been proposed that Haematology be the first area of collaboration and positive meetings had taken place which had been clinically led. A further face to face meeting was due to take place the following week to discuss how to deliver on quick improvements. It was anticipated that the second area of collaboration would be Orthopaedics.

The Interim Chief Executive advised that both Ashford and St Peter's and the Royal Surrey were exploring high volume pathways to ascertain how to deliver care collectively and early opportunities had been identified. The Governors would be updated regularly on progress. The Interim Chief Executive stressed that group model working succeeded when focusing on areas of common ground as reaching an agreement was more rapid and successful leading to the deepening of relationships. The Lead Governor considered the letter to staff had been excellent and recommended that a similar letter was sent to staff at the Royal Surrey.

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STATUTORY

COG-72/24 **Membership of the Council of Governors**

The Membership and Engagement Manager advised that the paper reflected the changes to the Council as a result of recent elections. The Council welcomed Trevor Sherwood, Heather Hall, Denis Wright and Toc Husain and congratulated Sue Bell, Gavin Wood and Andy Brown for being re-elected. The Council also thanked leaving Governors Lilly Evans, Mo Imam and Sylvia Whyte for their commitment. As previously mentioned Chris Howorth would also be leaving once his successor was appointed.

COG-73/24 **Any Other Business**

Car parking issues were highlighted. On certain days patients were having to allow up to 45 minutes to park which often led to them missing their appointments. Chris Kane advised that this would be taken forward.

COG-74/24 **Date of Next Meeting**

Thursday 13th March 2025

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Action Long

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
11.12.24	**COG-68/24**	**Patient Experience Group Annual Report and Terms of Reference**	Any Governor interested in joining PEG to register their interest with the Membership and Engagement Manager.	**All**	ASAP	Heather Hall, Denis Wright and Chad Lake have registered their interest and have been sent meeting invites.	✔
11.12.24	**COG-70/24**	**Digital**	It was agreed to keep the Council updated on progress in relation to timelines through the timebound improvement plan which highlighted where the challenges were.	**DI**	13.3.25	Update to be provided as part of the agenda item on Digital.	✔

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