

## MINUTES OF THE COUNCIL OF GOVERNORS (PUBLIC MEETING)

19th July 2016

Hyde Park Room, Lanesborough Wing, St George's Hospital

**Present:**

Kathryn Harrison (KH)	Yvonne Langley (YL)
Sue Baker (SB)	Felicity Merz (FM)
Sheila Eden (SE)	Doulla Manolas (DM)
Hilary Harland (HH)	Dr Patrick Bower (PB)
Mia Bayles (MB)	Jenni Doman (JD)
Robin Isaacs (RI)	Dr Dagan Lonsdale (DL)
Jan Poloniecki (JP)	Brian Dillon (BD)
David Flood (DF)	Will Hall (WH)
Derek McGee (DMG)	Dr Val Collington (VC)
Mike Grahn (MG)	Cllr Philip Jones (PJ)
Stuart Goodden (SG)	David Kirk (DK)
Gail Adams (GA)	Dr Frances Gibson (FG)
Cllr Sarah McDermott (SM)	

Sir David Henshaw, Chair (DH)  
Luke Edwards, Board Secretary (LE)  
Prof Sir Norman Williams, Non-Executive Director (NW)  
Gillian Norton, Non-Executive Director (GN)  
Karen Charman, Director of Workforce & OD, (KC)  
Nigel Carr, Director of Finance, (NC)  
Paul Moore, Director of Quality Governance, (PM)  
Richard Coxon, Membership & Engagement Manager (RC)

**Apologies:**

Dr Tim Hodgson	Sarah Wilton
Noyola McNicolls- Washington	Sheila Eden
Anneke de Boer	Jenni Doman

**1.1** DH welcomed everyone. Tim Hodgson, Noyola McNicolls-Washington, Sarah Wilton, Sheila Eden, Jenni Doman and Anneke de Boer all sent their apologies.

### **1.2 Declarations of Interest**

NW declared that he is a special advisor to the Secretary of State for Health and GN stated that she is the health lead for the South London Partnership (Joint Committee of 5 south west London Boroughs). This currently includes being one of the STP triumvirate for the region building on work already initiated with CCGs collectively.

### **1.3 Minutes of the last meeting**

The minutes from the previous meeting on the 26<sup>th</sup> April 2016 were approved as an accurate record subject to agreed amendments.

## 2.1 Chair's Report

DH reported that Simon Mackenzie was taking a well-deserved week's holiday. Overall current position, providing good care for patients which was borne out during the CQC inspection. High level of care given however pretty damning on poorly led, condition of estates, lack of investment etc. DH and SM had met with CQC privately before and what was presented was confirmed during inspection. There were 2-3 pages of issues. We have not yet received the final report but we acted upon their initial feedback and when they came back to inspect, they were pleased action had been taken so quickly. They have been very helpful and supportive which is unusual for a trust in our situation. We are continuing a dialogue with them regarding our proposals for outpatients who see 40,000 patients a month and have met separately with the fire brigade to discuss the risks associated with our buildings. The Trust is in a good place with NHSi with the steps we are taking over our financial position where we continue to lose money. One example is theatres where we send work out which could be done here and generate more income.

The CCG's have been very supportive regarding the SDP process and we are continuing our conversations to work more collaboratively with Epsom & St Helier to take costs out and improve patient care. Some specialist services could be shared with other trust or moved elsewhere. Our trauma centre costs us £12m a year which is unfunded. This will all be discussed in more detail at next week's joint Board/CoG meeting.

VC asked if there had been any feedback from staff post CQC visit. DH responded that it was realised that we had lost touch with basics which we became aware of during mock inspections.

DL asked about the all staff email that had been sent out post CQC visit which singled out surgical staff wearing their scrubs and surgical gowns around the hospital. He felt this was unfair as there could be valid reasons why they had not changed. DH responded that he accepted that there could be good reasons but felt that the point was that staff felt they could not challenge those wearing 'sterile' garments outside of the surgical environment.

GA stated that as staff are 90% our investment, staff should be encouraged to raise issues of concern. One issue seems to be that there have been so many changes at board level filled with interim appointments that it does not give a feeling of permanence. DH responded that interim appointments were sometimes needed to facilitate change to bring about a stable leadership. NW agreed that to attract really good permanent executives the organisation needs to be stable and a centre of excellence. DH further added that Chris

Rolfe Had joined us as permanent Associate Director of Communications and was organising weekly messages to staff to update them on progress and he and Simon were meeting with staff to get first hand feedback.

GA stated that the Governors appreciated the challenges facing the Trust and were happy to help in any way they could.

DH said that all of the challenges would be discussed next week at the joint Board/CoG meeting (28 July) and at the Board away days next month. We would share paper on programme on senior recruitment next week which will start in the autumn.

## **2.2 Quality/Finance Reports**

NC, interim Director of Finance was introduced and updated the meeting on the Trust's month 2 financial position which is down £11.9m so far this year. There are a number of factors contributing to this such as under performance in elective surgery. There were lower agency staffing costs however we are still exceeding our agreed agency cap and looking at causes working with other providers. We set our targets with the CCGs and where we exceed our bed and theatre capacity we have to send patients elsewhere so lose income. Financial situation is stabilising but we are still not performing well.

NW agreed that better utilisation of bed space and discharging patients more quickly could be achieved such as twice daily consultant rounds.

**Action:** It was agreed that a finance workshop would be set up for Governors with NC.

**2.3** KC, interim Director of Workforce & OD was introduced and spoke of the phenomenal amount of work being done with the HR team to ensure the Trust has a workforce with the rights skills and feel supported. HR provides support through an extensive Health & Wellbeing programme which offers counselling; bullying & harassment advice and diversity support. We currently carry out a staff survey once a year which is not enough so are going to increase to quarterly. Acting up arrangements are being reviewed with no open ended arrangements allowed going forward.

DL asked about the issue of staff shifts and not enough doctor cover for night shifts. KC agreed to look into problem with DL after the meeting. The new junior doctor's contract is available from the 3<sup>rd</sup> August 2016 and the Transitions will commence in October 2016.

## **2.4 CQC Inspection update**

This had been discussed earlier in the meeting and will be picked up at the joint Board/CoG meeting on the 28 July.

### **3.1 Membership Strategy action plan**

RC introduced the action plan formulated at the Membership & Engagement Committee chaired by DM. Governors were asked to note the proposal to hold a Trust Community Open Day next year. A date is yet to be agreed but would rely on staff giving up their time on the weekend. The communications team are launching a new quarterly magazine for staff and members/patients in the autumn which would be available online which a number of copies printed to be picked up at the hospitals entrances. We are unable to post out due to high cost of postage.

### **3.2 Nomination & Remuneration Committee update**

It was noted that we are now looking to recruit three Non-Executive Directors as Stella Pantelides has resigned early to take up another position. The roles are currently being advertised with the closing date of the 15 August. Gateby Sanderson will sift applications and provide a long-list of candidates for the Governors to agree during w/c 22 August. The short-list will then be provided during w/c 12 September with interviews to be scheduled over two days during w/c 26 September.

It was agreed that an extraordinary CoG would be arranged following the interviews so the Governors could formally ratify appointments of the chosen candidates.

### **4.1 Any other Business**

JP asked about vascular surgery situation. DH stated that following a review by the Royal College the elective care service was deemed unsafe and staff from Guys & St Thomas's were brought in to run the service safely. There are meetings taking place with the Medical Director to decide future of the elective care service. NW however agreed that the Trust would continue to provide a vascular service as we have to as the major trauma centre for south west London

There is a 7 day working plan paper going to the Board next week for consideration.

Complaints – NW stated that as Chair of the Quality and Risk Committee he was concerned about the number of complaints and turnaround time. A workshop is planned to improve the complaints process with an action plan including learning from complaints. PM, interim Director of Quality Governance stated that one of the problems has been the Trust's Datix system where staff record data to help with complaints. The system has not had a software update for a long time and an upgrade to the latest version is taking place during August which should assist staff.

NW confirmed that the two main areas for complaints are outpatients

and waiting times. However we must aspire to be the best as the number of complaint are a marker of how well the Trust is performing.

#### **Date of Next Meeting**

**4.2** The next meeting – 2<sup>nd</sup> Thursday in October?? TBC



