

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

26th January 2016

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

<b>Present:</b>	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)	Dr Frances Gibson (FG)
	Robin Isaacs (RI)	Cllr Sarah McDermott (SMD)
	Jan Poloniecki (JP)	Brain Dillon (BD)
	Stuart Goodden (SG)	Dr Tim Hodgson (TH)
	Derek McGee (DMG)	Gail Adams (GA)
	Mike Grahn (MG)	Cllr Philip Jones (PJ)
	Anneke de Boer (AdB)	

Christopher Smallwood, Chairman (CS)  
Miles Scott, Chief Executive (MS)  
Sarah Wilton, Interim Chair (SW)  
Jill Hall, Interim Board Secretary (GH)  
Rob Elek, Director of Strategy, (RE)  
Tom Ellis, Head of Business Planning (TE)  
Richard Coxon, Membership & Engagement Manager (RC)

<b>Apologies:</b>	Jenni Doman	Stephen Miles
	Will Hall	Dr JP van Besouw
	Dr Val Collington	David Flood

1. CS opened the meeting by saying this was his final appearance before retiring at the end of the week. Sarah Wilton would be Interim Chair for 3 months until a new Chair is appointed and thought she would do extremely well.

### 1.2 Declarations of Interest

None.

- 1.3 The minutes from the previous meeting on the 27<sup>th</sup> October 2015 were approved as an accurate record subject to agreed amendments.

JP raised the issue of the latest version of the Trust's constitution not appearing on the Monitor website. JH said she would investigate.

**Action: JH**

## 2.1 MS gave an update on highlights from the Chief Executive's Report:

The Urogynaecology service was suspended in June 2015 due to safety reasons. The Trust has undertaken an internal and external consultation to consider the long term provision which ended on the 4<sup>th</sup> December 2015. The outcome and proposed next steps will be discussed at the March Board meeting.

There had been questions raised on whether the paediatric & adolescent gynaecology service would be affected as the lead clinician who left was the same as for the Urogynaecology service. MS made it clear that this service is being retained and has not been suspended. Current patients have been reviewed to make sure there were no unidentified safeguarding risks and no such risks had been found.

The junior doctor's strike planned for this week has been called off but at this time we do not know what will happen with the next strike action planned for two week's time. Negotiations between the DoH and BMA continue. On the previous strike days operations and appointments were cancelled in advance and any patient who turned up expectantly were seen by other members of staff, everyone working together to minimise disruption. If the next planned strike goes ahead it would be more difficult.

Personnel changes to note – Gill Hall has joined the Trust as Interim Board Secretary until Luke Edwards starts in March. Sofia Colas, Divisional Director of Operations for Children and Women's Division is leaving us and Sean Biggs, currently General Manager for Neurosciences, will take up role in interim. Louise Halfpenny, Head of Communications is also leaving the Trust this week.

MS is now holding monthly informal 'Ask Miles' sessions for staff which has been positively received. We will be redoubling efforts with staff communication with a staff experience plan for next year. Some things relate to capital programme, basic things which if fixed are hugely appreciated by staff.

JP asked about the PWC report and MS reaction to the critical aspects. MS responded that he and the Board had fully accepted the report and to date 80% of the recommendations have been implemented with AB's support and will be fully complete by the end of March.

MG noted that all the Trust's communications team had repeatedly failed to place Board Papers onto the website in advance of Board meetings over the past six months and he considered this a failure of governance.

Quality – the Council noted the Trust is still not meeting some of the

national target indicators but is working with the CCG on 'One version of the truth' to improve decline over the next 3-4 years. There has been a large increase in the number of patients using our services and there are no easy opportunities for improvement. Overall the quality is holding up well.

SMD asked about the 70% achieved safeguarding training for staff when it should be 100%. MS responded that it was a combination of ensuring staff were released for training., improving online training and the accurate recording of those who have completed training. This was also being undertaken with all new staff on induction.

JP asked about 95% A&E 4 hour wait target as he thought that at the February 2015 Board meeting it had been said that the target would have been met by April 2015. MS responded that sounded unlikely as our current 90% indicator was comparable to all other Trusts in London. Everything that could be done is being done and is being monitored at all levels. However he would check relevant minutes and respond to JP separately.

**Action: MS**

Finance – the Council noted that the budgets in the autumn were better than forecasted but still a long way to go. CIPs are better than expected with a target of £38m and over £40m collected.

Workforce – there continues to be a high turnover of staff but is a comparable position with other trusts

The results of the annual Staff Survey along with other workforce issues such as training, support, exit interviews, bullying and harassment will be discussed as a key theme at future CoG.

## **2.2 Business Planning 2016/17**

RE introduced the business plan for 2016/17 for Monitor. The Trust normally goes through the annual business planning process between September and April, building up a picture of proposed trust activity, service developments and the income and expenditure required to deliver that activity.

The 2016/17 Turnaround Reforecast Process was completed and submitted to Monitor on the 31<sup>st</sup> December 2015, addressed at a high level, the proposed Trust financial position in 2016/17. A draft annual plan needs to be submitted on the 8<sup>th</sup> February and a final plan on the 11<sup>th</sup> April. A 5 year Strategic Plan will need to be submitted to Monitor in June taking into account the SW London and Surrey health economy and our sustainability transformation.

DM stated that it seemed that we were working in a 'bubble' and not with other organisations. RE responded that although we are an autonomous NHS organisation we do work closely with local CCG's, Surrey Downs Partnership. We have to agree with commissioners on

our long-term plans to dovetail with SW London health services as we are the largest part of the health economy in SW London.

SMD asked about generating income for the Trust. RE responded that we will be looking at different opportunities including our site and looking for investors to redevelop buildings and promote private health services which will in turn benefit our NHS services.

JP asked about PFI schemes to fund any building/redevelopment projects. RE responded that as an FT we can arrange private funding as a 'mortgage' at preferential rates rather than a PFI. Any such scheme would require full Governor and Board scrutiny and approval.

- 2.3** AB introduced a report on the Trust's Financial Recovery and was pleased to report that we were on track to complete the PWC recommendations. A 2 year Turnaround Recovery Plan had been submitted to Monitor on the 31<sup>st</sup> December 2015 and has now been approved. They have requested that we defer a 5 year plan due to sector pressures until June.

In 2016/17 the 'big ideas' we will be focussing on broadly fit into 6 key themes:

1. Workforce Efficiency
  - Reducing the average unit pay costs
  - Optimising the size and shape of workforce
  - Facilitating workforce productivity
2. Clinical Transformation
  - Theatre productivity
  - Diagnostic productivity
  - Patient flow and ambulatory care
3. Portfolio organisation
  - Fix/close/transfer
  - Commercial inc private patient income
  - Outpatients reconfiguration
4. Divisional/Functional Improvements
  - Divisional general efficiency – housekeeping
  - Medicines management
5. Corporate Efficiency
  - Back office review
  - Procurement
6. Infrastructure
  - Fixed assets
  - Estates and facilities inc community estates

There has been a 60% drop in agency staff costs and Mitie contract has been renegotiated for a further 3 years with £4m in savings.

RI asked how sensitive the turnaround forecasts were to a possible

rise in borrowing costs/interest rates. AB responded that a rise is not foreseen imminently and that funding costs were to some extent fixed. The plan was more sensitive to the availability of funding rather than an increase in the cost of funding.

**Action: WB**

GA asked about caps on agency staff spend and how that was being enforced and monitored. Agencies were now changing their processes to get around the legislation. AB responded that we are not yet meeting targets with 10% agency staff spend mainly due to individuals with specific skills. We are looking at all agency use and which agencies we are using.

MG noted that in the recovery plan, the Portfolio Optimisation workstream was forecasted to provide significant cost savings during 2016/17. Since this would, in part, require changes to clinical services, had sufficient time been allocated in the plan for full and proper consultation of staff, patients and other stakeholders? AB responded that the 'fix/transfer/close' element of the workstream was not expected to contribute to cost savings until the final quarter of the year and this would primarily be achieved through improvements in service delivery rather than closure of services. Full consultation and analysis impact on patient safety and experience would be carried out in cases where changes or cessation of services was involved.

### **3.1 Quality Account Voluntary Indicators**

JH presented a paper on the Quality Account 2015/16. The Governors are required to write a statement for the final Quality Account report that reflects upon the Trust's quality outcomes from last year and priorities (i.e. the indicators we select) for improvement for 2016/17. These will be circulated to Governors for discussion at the next meeting.

**Action: JH**

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

SB gave an update from the last meeting held on the 16th January 2016. Mark Turner, Regional Director of Monitor had attended to explain why Monitor and the TDA (now NHS Improvement) had stepped in to prevent the appointment of chosen candidate for Chair position. Mr Turner had confirmed that the correct process had been followed and checks by the Trust and Saxton Bampfylde had been rigorous. However information had come to light late in the day which meant the candidate was unsuitable.

A new Chair recruitment would now take place and Mr Turner had confirmed that Monitor would closely work with the Trust to ensure the best possible candidate is found. Saxton Bampfylde confirmed that there would be no additional costs to the Trust to secure a suitable candidate.

MS reported that Monitor had identified 2 possible candidates for the Chair position and Saxton Bampfylde were also looking at possible

new candidates to be agreed with Monitor.

Sarah Wilton would be interim Chair until a new permanent Chair has been appointed and Mike Rappolt had agreed to extend his contract for 3 months as NED and Deputy Chair.

The committee had agreed to proceed with the recruitment of the two NED positions with a shortlisting meeting set for 1<sup>st</sup> February 2016. Monitor will not have any involvement with the appointment of the NED positions.

KH raised concerns that the long list of NED candidates provided by Saxton Bampfylde had only male candidates and that the positions had not been advertised widely enough.

GA was also concerned that there were no female candidates to shortlist from and felt that more diversity was needed on the Board to reflect the local communities which the Trust serves.

SB responded that Saxton Bampfylde had approached female candidates but none wished to be put forward. They had gone away to provide a refreshed list and to approach any new candidates which was due to be received in the next couple of days.

The council voted on whether shortlisting should be postponed until suitable female candidates could be found. It was overwhelmingly agreed (17 votes to 4) to press ahead with shortlisting despite no female candidates on long list.

GA asked about whether using recruitment consultants was appropriate? MS responded that this could be discussed at a future Nomination & Remuneration meeting once the new Chair is appointed.

### **3.3 Council of Governor meeting dates**

JH provided a table of the CoG meetings for this year and also the Board and committee meetings. It was noted that there would be Extraordinary meetings required for the ratification of successful candidates for Chair/Ned appointments.

## **4. Any other business**

- 4.1** CS noted that a long list of questions had been received from Dr Mike Squires and these would be responded to by email and Governors copied in to response.

**Action: JH**

KH thanked CS for his and time as Chair and guiding the Council through the first year as an FT.

- 4.2** The next planned CoG meeting will take place on Monday 26<sup>th</sup> April 2016, at 2.30pm