

Minutes of the Meeting of the Council of Governors
4 October 2018, Hyde Park Room 1st Floor, Lanesborough Wing

Name	Title	Initials
Gillian Norton	Trust Chairman	Chairman
Mia Bayles	Public Governor, Rest of England	MB
Anneke de Boer	Public Governor, Merton	ADB
Nigel Brindley	Public Governor, Wandsworth	NB
Val Collington	Appointed Governor, Kingston University	VC
Jenni Doman	Staff Governor, Non-Clinical	JM
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Kathryn Harrison	Public Governor, Rest of England (Lead Governor)	KH
Helen McHugh	Staff Governor, Nursing & Midwifery	HMH
Richard Mycroft	Public Governor, SW Lambeth	RM
Damian Quinn	Public Governor, Rest of England	DQ
Simon Price	Public Governor, Wandsworth	SP
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Anup Sharma	Staff Governor, Medical & Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
In Attendance		
Ann Beasley	Non-Executive Director	NED
Avey Bhatia	Chief Nurse & Director of Infection Control (Part)	CN
Stephen Collier	Non-Executive Director	NED
Stephen Jones	Director of Corporate Affairs	DCA
Jacqueline Totterdell	Chief Executive Officer	CEO
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Apologies		
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Nick de Bellaigue	Public Governor, Wandsworth	NDB
Frances Gibson	Appointed Governor, St George's University	FG
Jenny Higham	Non-Executive Director	NED
Doulla Manolas	Public Governor, Wandsworth	DM
Derek McKee	Public Governor, Wandsworth	DMK
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Stephen Sambrook	Public Governor, Rest of England	SS
Clive Studd	Public Governor, Merton	CS
Secretariat		
Richard Coxon	Membership & Engagement Manager	MEM

1.1 Welcome and Apologies

The Chairman opened the meeting and noted the apologies as set out above.

The Chairman informed the Council that Nigel Brindley would be resigning as a public Governor for Wandsworth later that month as he was moving out of the area. She thanked

him for his contribution to the Council of Governors and the Trust. His departure would create a vacancy and the Council considered the options set out in the Trust's Constitution for addressing this. As there were no runners-up in the Wandsworth constituency following a resignation earlier in the year, the only remaining option for filling the seat would be to hold a special election for the remainder of the existing term (to 31 January 2020). Given the costs involved and the limited time any incoming Governor would have in post as Governor after such an election was held, it was agreed that the post should remain vacant. Although the Council recognised that this was not ideal, it noted that Wandsworth would continue to be represented by five public Governors until the outcome of the next election in early 2020.

1.2 Declarations of Interest

No declarations of interests were made.

1.3 Minutes of the meeting held on 24 July 2018

The minutes of the previous meeting were agreed as an accurate record. The Lead Governor requested that in future draft minutes be circulated for consideration promptly after each meeting.

1.4 Action Log and Matters Arising

The Council reviewed the Action Log and noted the open actions which were not yet due.

2.1 Annual Members' Meeting: Reflections and Feedback

The Chairman asked the Council for their reflections and feedback on the Annual Members' Meeting (AMM) which had taken place the previous week, on the 27 September 2018.

The Lead Governor thanked the DCA and his team for the arrangements for the AMM and felt the turnout was good and that the event had been a success. The patient story given by Libby Keating had been particularly good and it was insightful to hear so eloquently and candidly about the care she had received at the Trust following her accident. The NHS 70 film that was shown had been another highlight for many who attended the meeting. It had been expected and was appropriate that there were some challenging questions from the public about the cardiac surgery service. There was general agreement among the Governors that the Chairman did an admirable job in responding to these. KS's contribution at the meeting in which he provided assurance to the public around the Governor's challenges to the NEDs had also been positive in demonstrating Governors carrying out their role.

2.2 Governors' Role

The Chairman introduced the item, noting that developments in cardiac surgery had highlighted some issues about the Governors' role which she and a number of Governors felt it would be helpful to discuss. The Trust was committed to providing Governors with the information needed to assist them in performing their roles. However, some information, particularly in relation to staffing matters, was not appropriate to share. A number of Governors expressed the view that the briefing sessions in August and September had been very useful and had helped ensure Governors were aware of the key developments and had an opportunity both to ask questions to the Non-Executive Directors and to represent the views of their members. It was also suggested that the Trust re-establish the web portal for Governors, which could be a useful way of ensuring members could access information in a secure way.

The Chairman also noted that a number of Governors had queried the approach taken at the previous Board meeting in which items explored in depth at the sub-Committees of the Board were presented for assurance, rather than explored again in depth. The Chairman stated that she and the NEDs considered that this helped ensure that Committees were

fulfilling their role appropriately and the Board was focused on the level of assurance it could take from those earlier discussions. There was agreement that this approach needed to be explicit so that Governors understood when there was limited challenge at Board. It also meant that Governors who attended sub-Board Committees should ideally circulate their reflections on the meeting for the benefit of fellow Governors. The NEDs agreed that feedback from Governors who attended the meetings they chaired would also be helpful.

In order to assist Governors in performing their roles, the Council agreed that a code of conduct should be developed which would help clarify how Governors should work in holding the Non-Executive Directors to account for the performance of the Board and in representing the interests of their members. There was broad agreement that this would be part of the Governors away day in the new year. The use of a Governors web portal would also be part of the away day agenda.

ACTION: MEM to circulate potential dates for a Governors' away day in the new year.

2.3 Patient Partnership and Engagement: Feedback on draft strategy

The CN introduced the report on the draft Patient Partnership and Experience Strategy for 2018-19. The strategy set out a proposed vision for engaging with service users, carers and families. She highlighted the five elements of the strategy and stated that she was keen to receive the feedback of Governors prior to presenting the strategy to the Quality and Safety Committee and the Trust Board for approval later in the month.

A number of Governors welcomed the development of the draft strategy and recognised that it was an important step for the organisation. Making a reality of the commitments set out would be key. Some expressed disappointment that it had taken longer to produce than originally planned, noting that the original intention had been to launch it in time for St George's day in April. KS expressed the view that the strategy could be more ambitious and transformative in scope.

The CN welcomed these comments and acknowledged that some useful and insightful comments had already been received from the wider Patient Partnership and Engagement Group, on which Governors were represented, and other colleagues. This had resulted in changes to the strategy, including:

- Making explicit reference to 'new' ward-based groups as well as working with more established groups across the Trust;
- Adding in details relating to assessing the success of the strategy and how this would be measured;
- Revisiting the principles to see if these could be further refined;
- Being clear that co-production included staff as well as patient partners.

The Chairman thanked the Governors for their feedback on the strategy, and noted that any further comments and suggestions should be sent direct to the CN before 11 October so that these could be considered ahead of circulating papers for the Quality and Safety Committee.

2.4 Membership Engagement Committee Report

The Chair of the Governors' Membership Engagement Committee provided an update of the meeting on 4 September 2018, its first formal meeting since the decision of the Council in July to reconstitute the Committee. The Committee had agreed to produce a new membership engagement strategy. This would be developed throughout the autumn and be published to coincide with the publication of the Trust strategy in Spring 2019. The Committee had agreed that the key priority should be to strengthen engagement with the existing membership of the Trust. However, where opportunities existed to increase membership, particularly among groups that were currently under-represented, these should

also be pursued. To inform this work, the Committee had agreed to undertake a survey of the Trust's public members, noting that similar survey of staff members should be avoided while the NHS Staff Survey was live. The survey was intended to help understand how members wanted the Trust and its Governors to engage with them, and the issues about which members were most interested.

There was a question about the scope of the survey but after debate the recommendation was agreed. There was some discussion around whether members could be engaged through text messages. The Council also agreed that the survey should also be undertaken in hard copy focused on those members for whom the Trust did not hold email contact details. In the longer term, it was suggested that the Trust may wish to consider introducing an App for members as a means of increasing engagement. It was agreed that these ideas would be considered through the Membership Engagement Committee.

The recommendations set out in the report were agreed.

2.5 Overview of Non-Executive Directors and Board Committee Chairman

It was noted that the Board Committee reports had been circulated separately to the Council of Governors for information prior to the meeting.

Sarah Wilton, Audit Committee Chairman

SW reported that there had not been a meeting of the Audit Committee since the last Council of Governors meeting in July and that the next meeting would take place on 11 October. It was noted that the Internal Auditor now presents regularly to the Trust Executive Committee and that this helped ensure that outstanding internal audit actions were given greater visibility and could be monitored more closely.

Ann Beasley, Finance and Investment Committee Chairman

AB reported on the work of the Finance and Investment Committee (FIC), which had met twice since the last Council meeting. The executive team were pushing hard to ensure that the financial plan was delivered and the Committee had been challenging in relation to this given the importance of achieving the deficit target of £29 million in 2018/19. KS asked about the number of staff who attended FIC and queried whether they were all required to be there. AB responded that not everyone was required for the whole meeting and would only attend for their items. However, given the Trust was in financial special measures attendance from key Executive Directors and the Chief Executive was important. The Trust Chairman also planned to attend FIC regularly until the Trust was taken out of special measures.

Stephen Collier, Workforce and Education Committee Chairman

SC reported that the Workforce and Education Committee had met in August and would meet again in October. He noted that staff turnover had decreased and more vacancies had been filled. The number of agency staff continued to be a challenge. The annual national NHS staff survey was scheduled to start on the 8 October and staff were encouraged to participate. The Trust has appointed a Diversity Lead and was planning to incorporate the Race Equality Standards into a workforce strategy. The external employment environment meant the Trust had overspent on junior doctors. The appraisal rate for staff remained disappointingly low.

Sir Norman Williams, Quality and Safety Committee Chairman

SNW reported that the Committee had met twice since the last Council meeting. There had been some significant improvements in quality. This included the fact that there had been no cases of MRSA for several months and the Trust's mortality rate was lower than the national rate. The annual report for Serious Incidents (SIs) had shown a reduction in numbers. The Committee was also monitoring the Quality Improvement Plan (QIP) which was reviewing all

the issues raised by the CQC to ensure that they were resolved. It was also noted that the Trust was now shadow reporting on Referral-to-Treatment times with the expectation that the Trust would return to reporting in the new year. There had been some reported instances of patients left on trolleys for over 12 hours in A&E and this was found to relate to mental health patients and capacity for suitable beds elsewhere.

Tim Wright, Information Technology

TW reported that the Cerner/iClip rollout on the wards at the Tooting site would start the following week and would be complete by the end of November. There had been a good level of engagement with staff and most were excited to be using the new technology. A large number of user champions had been trained to assist other staff with any issues that may arise. Matt Laundry, Clinical Chief Information Officer would be taking TW around the wards in the coming days to meet staff who would be using iClip. At the Queen Mary's Hospital site, the Cerner/iClip rollout was in the discovery phase and there had been some resourcing issues. The intention was that everyone would be using the same system across the Trust. It was noted that there was a project to improve the Wi-Fi around the Trust drawing on funding from NHSI and the St Georges Hospital Charity.

The Board Committee updates were received.

2.6 Cardiac Surgery Update

The CEO gave a presentation to the Council of Governors on developments in the cardiac surgery service, following the earlier briefing events held in August and September. The CEO again highlighted the key findings of the independent report by Professor Mike Bewick, which the Trust had accepted in full, and the actions taken to date to implement these at pace. Many of the problems facing the service were longstanding and tackling the issues that had led to the NICOR alerts was a key priority. The Trust was committed to maintaining a cardiac surgery service, but this required significant changes to improve safety, performance and behaviours within the unit.

A number of temporary service changes had been introduced in September in order to give the service the space required to improve. This included diverting patients who required the most complex cardiac surgery to other London hospitals. Following discussions with the Trust, in September Health Education England had withdrawn trainee doctors from the unit for an initial six month period. The way in which cardiac surgery operated at the Trust had been completely overhauled in recent weeks. All referrals to cardiac surgery now came through cardiology. A consultant cardiologists, Dr Raj Sharma, had been appointed as programme director for cardiac surgery and the cardiology governance lead had been appointed to lead governance in relation cardiac surgery. There had been some early signs of improved multi-disciplinary team working and attendance at MDTs had increased significantly. The Trust was continuing to work closely with NHS Improvement, NHS England and the CQC to ensure the safety of the service, and were working with NHSI and the coroner on learning from past events and reviewing cardiac deaths. Following a request from the Trust, NHSI had appointed an Independent Scrutiny Panel to oversee the actions the Trust was taking to improve the service. Alongside this, NHSI and NHSE had established a programme board to oversee developments in the service and the Trust was working closely with external parties. A daily dashboard of performance and quality metrics has been implemented and was scrutinised each day by the Medical Director and Chief Nurse.

There was support and commitment from system partners for St George's to remain a cardiac surgery centre. The longer term strategic plans for cardiac surgery in South London were being discussed on a regional basis with NHS England.

3.1 Any other business

RM reported that 16 Governors had responded positively to the suggestion of holding a

Governors' Christmas meal on the 18 December after the next Council of Governor meeting and encouraged any other Governors who were interested in attending to get in touch.

JH asked that a Trust strategy update be included on the agenda for the next meeting which was agreed. **ACTION: MEM to add Trust Strategy Update to Action Log**

3.2 Reflections on meeting

There was general agreement that the meeting had been useful, that a number of important issues had been addressed, and that everyone had contributed well to the meeting.

3.3 Meeting close

The Chairman thanked everyone for their contributions.

Date and time of next meeting: 18 December 2018, 14:00, Hyde Park Room