

**Minutes of the Meeting of the Council of Governors
27 July 2019, 15:00-18:00, GVR2.19, 2nd Floor, Grosvenor Wing**

Name	Title	Initials
Gillian Norton	Trust Chairman	Chairman
Mia Bayles	Public Governor, Rest of England	MB
Val Collington	Appointed Governor, Kingston University	VC
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Kathryn Harrison	Public Governor, Rest of England (Lead Governor)	KH
Richard Mycroft	Public Governor, SW Lambeth	RM
Dr Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	DSP
Simon Price	Public Governor, Wandsworth	SP
Damian Quinn	Public Governor, Rest of England	DQ
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Stephen Sambrook	Public Governor, Rest of England	SS
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	AB - NED
Stephen Collier	Non-Executive Director	SC
Paul Dossett	External Auditor, Grant Thornton (Item 2.3)	EA-GT
Terence Joe	Head of Patient Experience and Partnership (Item 2.2)	HPEP
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Elizabeth White	Chief Information Officer (Item 2.1)	CIO
Sir Norman Williams	Non-Executive Director	NW
Sarah Wilton	Non-Executive Director	SW
Tim Wright	Non-Executive Director	TW
Apologies		
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Nick de Bellaigue	Public Governor, Wandsworth	NDB
Anneke de Boer	Public Governor, Merton	ADB
Jenni Doman	Staff Governor, Non-Clinical	JM
Frances Gibson	Appointed Governor, St George's University	FG
Marlene Johnson	Staff Governor, Nursing & Midwifery Designate	MJ
Rebecca Lanning	Appointed Governor, Merton Council	RL
Doulla Manolas	Public Governor, Wandsworth	DM
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Derek McKee	Public Governor, Wandsworth	DMK
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.

It was noted that an unannounced CQC inspection had commenced earlier that day with inspection teams arriving at both the St George's and Queen Mary's sites that morning. The

CQC was undertaking a wide-ranging inspection which included the Emergency Department, Surgery, Medical, Children's services and outpatients.

The Council congratulated Richard Mycroft who had been elected as Lead Governor earlier in the month and expressed its gratitude to Kathryn Harrison as the outgoing Lead Governor for her significant contribution to the Council and to the Trust as a whole.

1.2 Declarations of Interest

No new declarations of interests were made.

1.3 Minutes of the meeting held on 22 May 2019

The minutes of the meeting held on 22 May 2019 were agreed by the Council as a true and accurate record.

1.4 Action Log and Matters Arising

The Council reviewed the Action Log and agreed to close the following actions:

- COG.15.05.18/31: Presentation on Volunteering at a future meeting. This was on the agenda for the meeting and the Council agreed it could be closed.
- COG.22.05.19/01: The CN would facilitate regular reporting of PPEG (Patient Partnership and Engagement Group) to the Quality and Safety Committee and Sir Norman Williams would provide routine updates on progress to the Council of Governors. The Council agreed to close this action on the basis that PPEG was a regular item at the Quality and Safety Committee and was reported on in Sir Norman's report to the Board. The Council also noted that the Governor's Membership Engagement Committee (MEC) had PPEG as a standing item on its agenda for each meeting and this was reported to the Council through the MEC report.
- COG.22.05.19/02: The Chairman agreed to draft a letter on behalf of the Council to flag concerns with NHSI about the process for the selection of the local indicator for the 2018-19 Quality Account. The Council noted that this action could be closed as the letter to NHSI had been submitted.

The remaining items on the action log remained open and were due at the next Council of Governors meeting on 22 October 2019.

2.1 Information Technology Update

Elizabeth White, Chief Information Officer (CIO), gave a presentation on IT. This followed a request from the Council of Governors at its meeting in May 2019. The CIO explained that her department covered a wide range of IT services including infrastructure, clinical systems, information management and information governance and had 150 members of staff. The department was undertaking a large number of projects including Wi-Fi deployment, cyber security, and the introduction of Microsoft Office 365. The various decision making groups within IT reported to the monthly Informatics Governance Group (IGG) which, in turn, reported to the Trust Executive Committee (TEC). The CIO noted that the areas of highest risk were due to old technology and included the network, Wi-Fi, email capability, the data centre and use of cloud services. The rollout of Microsoft Office 365 across the Trust was expected to alleviate some of these issues. It was noted that the usage of Cerner iClip had been deployed across the Tooting site and was expected to be rolled out to the Roehampton site in September 2019. The CIO reported that champion users and trainers were available to assist staff and deal with any problems. A Digital Strategy for the Trust was being developed. This was one of the supporting strategies to the Trust's Clinical Strategy, which had been agreed earlier in the year.

SP asked whether the level of staff satisfaction in ICT was measured. The CIO responded that this had not been surveyed. In response to a question about iClip, the CIO explained that clinical staff who encountered problems with iClip could speak to the user champions or to the Chief Clinical Information Officer, Dr Matt Laundry. SP reported on his experience of IT as a junior doctor at the Trust, noting his experience of problems with iClip. He had canvassed colleagues who had also had mixed experiences with the system. The CIO responded that each division had its own representatives on the programme board for the deployment of iClip and there were established governance processes to ensure that problems could be escalated and dealt with. The CIO explained that it may be that the issue was one of communication, if junior doctors were unaware of the options for escalating issues to the programme board and would raise this with Richard Jennings, Chief Medical Officer.

ACTION: COG.17.07.19/01 CIO to raise with CMO communication with junior doctors over options for escalating problems with iClip to programme board.

KS said the Trust was focused on the basic functionality of its ICT systems but did not appear to be particularly ambitious in terms of how digital technologies could be used to improve patient care. The CIO responded that using digital technology to ensure patients did not always have to attend hospital was a key element of the developing Digital Strategy. Greater use of telephone and video conferencing was a key part of this. The four Trusts who were part of the South West London Acute Provider Collaborative were working together to make sure that there was a complementary approach to this across South West London, given all four organisations would be using iClip.

AS reported that consultants had experienced issues with connecting to iClip but said that this had improved. The CIO responded that there had been real progress and the use of mobile phones was the way forward.

NW reported the he was not aware of any serious incidents relating to ICT affecting patient care or safety. TW reflected that engagement and feedback was very powerful and that it was clear that there had been a good deal of responsiveness to issues as they had been raised. He also commended the work of the CIO in the progress made in the deployment of iClip and the stabilisation of the Trust's IT systems.

The Chairman thanked the CIO for her presentation and asked that a presentation on the Digital Strategy be brought back to the Council of Governors next year.

ACTION: COG.17.07.19/02 The CIO to bring a presentation on the Digital Strategy to COG next year.

2.2 Volunteer Update

Terence Joe, Head of Patient Experience and Partnership (HPEP) gave a presentation on volunteering. The purpose of the Voluntary Services Department was to encourage involvement of local people in the day to day running of the Trust's services. Volunteer roles were advertised on the volunteering pages of the Trust's website and, once accepted volunteers completed the same recruitment checks as members of staff. This included Disclosure Barring Service (DBS) checks. All new volunteers attended a corporate induction received a volunteer handbook, and also received a local induction. The HPEP reported that there were 290 active volunteers at the Trust who had a named volunteer supervisor to support them and were given refreshment vouchers, free parking or reimbursement of their travel expenses. There was an organised summer outing, Christmas lunch, spring tea party and recognition of long service. It was noted

that there was a good mix of age ranges and ethnicity among the 290 volunteers. The HPEP would be developing and implementing a new volunteer strategy in 2020. This would aim to increase the number of volunteers, enhance the opportunities for volunteering and explore ways of improving volunteer feedback. More focus would also be given to promoting the service and building links with local partners such as the South West London Carers Association.

SS, who was himself a volunteer at the Trust, stated that some Trusts had many more volunteers. For example, Kingston Hospital had over 500 volunteers, Chelsea & Westminster Hospital over 1,000 and Epsom & St Helier over 500. He also stated that the £2 refreshment vouchers given to volunteers who had completed a 3 hour shift were only redeemable at one of the Trust's refreshment outlets. SS also noted that in May 2015 volunteers were asked for feedback but little had been done in response. This included feedback relating to incorrect or not enough signage and lack of wheelchairs.

DR suggested that it may be helpful to explore people's motivations for volunteering and asked whether any Trusts had looked into and measured this. It was noted that other trusts had different volunteering models and some had been very active in recruiting and creating new volunteer roles. In response to a question from AS about how to ensure volunteers were valued across the Trust, the HPEP explained that he was working with the communications team to promote the work of volunteers and their role in supporting the delivery of services. The Chairman thanked the HPEP for the presentation and asked that he come back to present to the Governors next year on the new strategy.

ACTION: COG.17.07.19/03 HPEP to present the new volunteering strategy to the COG in 2020, once agreed.

2.3 External Auditors Report 2018-19

Paul Dosset, External Auditor, Grant Thornton (EA-GT), joined the meeting to present the External Auditor's Annual Audit Letter and the Quality Report 2018-19. The EA-GT stated that the Annual Audit Letter summarised the key findings arising from the audit work carried out for the Trust for the year ending 31 March 2019. The letter was intended to provide a commentary on the results of the audit work to the Trust and external stakeholders and to highlight any issues. The EA-GT gave an unqualified audit opinion having raised no significant issues. He also gave an overview of the Quality Report 2018-19, which was a mandatory part of a Foundation Trust's Annual Report. The aim of the Quality Report was to encourage and improve Trusts' accountability for the quality of care they provide. The auditors had tested 3 indicators, the third (the SHMI) having been selected by the Council of Governors:

- i) A&E 4 hour target
- ii) 62 week cancer target
- iii) Summary Hospital-level Mortality Indicator (SHMI)

The Quality Report was, by its nature, a limited assurance review. The auditors had provided an unqualified opinion on the Quality Report. The EA-GT thanked Trust staff for their co-operation and timely production of the Report.

The reports were received.

2.4 Membership Engagement Committee Report

RM, Chair of the Membership Engagement Committee (MEC), presented the report from the Committee's meetings held on 17 June and 2 July 2019. RM reported on the successful Membership Strategy launch on 5 July 2019. The launch had been supported by a range of

communication activities linked to the 71st birthday of the NHS. The strategy set out the Trust's ambitions for improving the quality of engagement with its members. The key was now to ensure the strategy was delivered successfully. The Committee was therefore overseeing the delivery of the Year 1 Implementation Plan. This was on track and the Committee had received a report setting out progress made on implementing the strategy to date. The Committee was also exploring opportunities for closer joint working between MEC and the Patient Partnership and Engagement Group (PPEG). The two groups naturally shared a common interest in promoting engagement of those who had been treated at the Trust. It would be important to ensure going forward that the groups worked together in a complementary way, recognising that the Governors had a statutory duty to engage with and represent the interests of the Trust's members.

KS stated that he thought the membership strategy had been an excellent piece of work. In light of the strategy's stated aim of promoting membership among younger people, he said that it would be interesting to know how many younger volunteers the Trust had and whether there was any shared learning between membership and volunteer service. In terms of the Trust's effort to promote membership to younger people, the CCAO reported that the membership office was working with local schools, colleges and St George's University of London to explore opportunities to recruit younger members. This would include providing careers talks and explaining the benefits of membership, volunteering and work experience. Opportunities for working with volunteer services would also be explored.

The report was received.

2.5 Annual Members Meeting

The CCAO presented a paper outlining the plans for the Annual Members Meeting (AMM) which would be held on 26 September 2019. As in previous years, a patient story would provide the focus of the event, with other segments of the agenda being the Chief Executive's review of the year and updates on the financial performance of the Trust and the presentation of the annual audit report by the Trust's external auditors. Two possible patient stories were currently being explored and this would be confirmed shortly. As part of the new Membership Strategy, the Council of Governors had made it a priority to increase attendance at the meeting and had set a goal of attracting a minimum of 100 members to attend the AMM. To attract more attendees, the CCAO reported that there was a major push planned for marketing the event via social media and paid for advertising, as well as by holding a marketplace event before the formal meeting where attendees could get free health checks and meet the Governors.

KH asked whether the marketplace stalls could be located in the reception area of the Grosvenor Wing which was closer to the Monckton Lecture Theatre to ensure attendees did not leave before the meeting.

ACTION: 17.07.19/04 It was agreed that the marketplace stalls for the AMM would be located at in the Grosvenor Wing reception area.

The report was received.

2.6 Non-Executive Director Appointments: Update on process and timetable

The CCAO presented an update report on the recruitment of a new Non-Executive Director to replace Sarah Wilton whose term of office would end in January 2020 and a new Associate Non-Executive Director (NED). The search for the two roles was scheduled to begin on 29 July 2019 with a closing deadline of 11 September 2019. The meeting dates for the shortlisting of

candidates and final interviews would be confirmed shortly. As with the NED appointment in 2017, it had previously been agreed by the Council that the Nomination and Remuneration Committee would conduct the interviews with shortlisted candidates. The Committee would make its recommendations to the Council of Governors for both roles for consideration at its meeting on 22 October 2019. RM asked if the NED job descriptions could be re-circulated which was agreed.

ACTION: COG.17.07.19/05 NED job descriptions to be re-circulated to Governors for information.

There was some discussion around the composition of the interview panel and focus groups. The Council agreed that the process outlined in the paper meant that a wide range of Governors had an opportunity to be involved in the process and to meet and question candidates. The feedback from the focus groups gave the interview panel additional insight into candidates and it was agreed that this format would be followed again. RM suggested the Council revisit its previous decision that the Nomination and Remuneration Committee as a whole interviewed shortlisted candidates and proposed that a sub-set of Committee members form the interview panels. The CCAO commented that the previous process had followed the 2017 process but this could be revisited.

ACTION: COG.17.07.19/06 The Council agreed that smaller interview panels would be established composed of members of the Nomination and Remuneration Committee and agreed that the exact make-up of the panels would be delegated to the Chairman following consultation with the Committee

The report was received.

2.7 Council of Governor Elections 2020

The CCAO gave an update on the plans for the next Governor elections. There were 8 Governor seats for both Staff and Public Governors which would be open to election with the new terms of office starting on 1 February 2020. The process would start in earnest the autumn, with marketing around the upcoming elections planned for October in order to ensure members were aware of the elections and of their opportunity to stand as candidates.

DR asked whether a public Governor could also be a member of staff. The Chairman responded that in the case of Simon Price he was a public Governor for Wandsworth but was currently undertaking his junior doctor training at the Trust as part of his rotation. As a result, he was not a permanent member of staff and was not fulfilling the role of a staff governor.

The report was received.

2.8 Overview of Non-Executive Directors and Board Committees and Feedback from Committee Chairman

Quality & Safety Committee (QSC)

Sir Norman Williams, Chair of the QSC, provided an update on the work of the Committee and gave an overview of the two recent meetings. The Committee was working well, and had improved following the Committee effectiveness review earlier in the year. It had a robust forward plan and had focused on reducing the length of agendas to focus on the key issues, with a dedicated slot at each meeting for a deep dive on a particular area. A deep dive into the Maternity Service had recently been received by the Committee and heard that the service was going through a significant transformation project focusing on quality improvement. The

Committee had received a report from the Consultant Microbiologist about the root cause analysis in the recent infection control cases of candida auris and salmonella typhimurium and the unique circumstances that gave rise to these incidents. The in depth report gave the Committee assurance that the incidents were managed effectively and robust mechanisms put in place to limit these incidents re-occurring.

There were CQC outstanding actions from previous inspection which were reviewed by the Committee. These related to medical records storage and mandatory staff training. The Committee heard that the Trust was doing everything possible to address this by releasing staff to undertake and complete mandatory training. The Committee had received a report on mortality data by day of admission and was assured that based on the hospital standardised mortality ratio there is not a trend of higher mortality at the weekend. The Committee had considered the Trust's progress against 4 key standards for implementing 7 day services for emergency care patients by April 2020. Whilst the Trust was compliant with most of the standards it was currently not able to provide MRIs at the weekend.

A report from an independent review of clinical governance across the Trust had been received which had looked at clinical governance processes and in particular at Multi-Disciplinary Team meetings. The Trust had accepted the findings of the review and had put in place an action plan. The review had found that some areas of the Trust were very good but less so in others. AS asked if the report had gone to the Trust Board and NW confirmed that it had, that the Board had agreed it, and it was available on the website. KS stated that he had not had an opportunity to attend the Committee recently but had a sense that it was making progress on quality issues. NW felt that the Trust was being more proactive and reviewing areas of concern.

Finance and Investment Committee (FIC)

Ann Beasley (AB-NED), Chair of the FIC, explained that there were now two parts to the Committee's meetings, the first devoted to finance issues and the second to estates. Financially, the Trust is currently on plan for the year. However delivery of Cost Improvement Plans (CIPs) were currently £3m off target. AB-NED felt that the financial planning function was better and in a more mature place. The Trust now had block contracts in place with its commissioners which had some advantages as it guaranteed a certain level of income. There had also been good discussions at the Committee about long term planning. The Committee was monitoring the risks allocated to it under the Board Assurance Framework. This included ICT risk, and the Committee had focused on the iClip rollout to Queen Mary's Hospital. The Committee had also been focused on capital given the estates needs of the Trust.

HH asked if the Trust was on target to meet its control total for the year. AB-NED responded that it would be challenging, but it was too early in the year to give any definitive predictions at this stage.

Estates

Tim Wright (TW), Lead Non-Executive Director on estates issues reported that the FIC had held its first focused meeting on estates on the 23 May 2019 in order to focus on the estates risks and plans for addressing them and providing greater assurance. There had been two reports to the Trust Board in May and June and it was noted an Estates Management Group (EMG) had been formed to provide operational oversight of all Estates related matters which would report through the Trust Executive Committee to FIC (Estates) and the Trust Board. It was acknowledged that there were a number of challenges the Trust is currently facing with estates risks and that much work was required to address these issues. It was noted that progress had been made on Water, Fire and Ventilation systems and it was clear that the estates team now

had a better understanding and grip on the actions that were necessary to improve the situation in these areas. The emphasis on planning of short, medium and long term actions had been welcomed and it was acknowledged that the capacity of the estates department to deliver these changes is a critical factor in making progress. It was noted that an estates strategy would be developed later in the year to align with the new Trust Clinical Strategy.

3.1 Any Other Business

KH asked if there were any plans to holding further Cardiac Service briefings for the Council of Governors. The CCAO confirmed that further briefings were being planned for the autumn and details would be provided in due course.

ACTION: COG.17.07.19/07 Cardiac Surgery Service briefing dates for Governors to be circulated.

AS asked about the results of the last staff survey and engagement plan. The Chairman responded that Harbhajan Brar, the Chief People Officer (CPO), had presented a paper to the Board in June 2019 and more work was currently being undertaken on this. It was agreed that the CPO would be invited to give a presentation to the Council at a future meeting.

ACTION: COG.17.07.19/08 CPO to give a presentation on staff survey/engagement plan at future meeting.

DSP asked about the NHS Providers London Governors Network event being held at the Trust in September. The CCAO confirmed that St George's would be hosting an NHS Providers on Monday 16 September 2019 between 10:00am and 16:00am. As host Trust, St George's had been allocated 10 places and expressions of interest in attending would be circulated shortly.

ACTION: COG.17.07.19/09 Details of NHS Providers London Governors Network event on Monday 16 September 2019 to be circulated to Governors

RM asked about Governors training and development that had been discussed at the last meeting. The CCAO responded that this was on the action log and a report would be brought to the next meeting setting out plans for a comprehensive training needs assessment for governors linked to a Council of Governors effectiveness review.

3.2 Reflections on Meeting

KS felt that the CIO had provided an in depth ICT presentation and felt more confidence in the Trust's ICT system and planned improvements.

3.3 Close

The meeting closed at 18:00

Date of next Meeting: 22 October 2019, 15:00 – 18:00